



PUBLIC PROTECTION CABINET

Kentucky Office of Claims and Appeals

Crime Victims Compensation Board

500 Mero Street, 2SC1

Frankfort, KY 40601

Phone: (502) 782-8255

Fax: (502) 573-4817

Andy Beshear GOVERNOR

Jacqueline Coleman LIEUTENANT GOVERNOR

Ray A. Perry SECRETARY

DJ Wasson DEPUTY SECRETARY

Allyson Taylor EXECUTIVE DIRECTOR

HIV POST-EXPOSURE SECOND FOLLOW-UP EXAM / TREATMENT BILLING FORM

Patient Name: _____

Phone Number: _____

Assault Date: _____

To be entered by CVCB

CVCB case #

Authorized medical personnel administering treatment or service: check box for each service rendered.

Fax completed forms and itemized bills to (502) 573-4817. For information, call: (502)782-8255.

Table with 3 columns: Category, Cost Reimbursement, Initials. Rows include Exam, Labs (CBC, CMP, and pregnancy test), and signature fields.

KRS 216B.400(9): No charge shall be made to the victim for sexual assault examinations by the hospital, the sexual assault examination facility, the physician, the pharmacist or the health department, the sexual assault nurse examiner, the victim's insurance carrier, or the Commonwealth.

I authorize the release of this information to the Crime Victims Compensation Board for billing. Patient/Parent and Date fields.