



**Andy Beshear**  
GOVERNOR

**Jacqueline Coleman**  
LIEUTENANT GOVERNOR

## 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

**Ray A. Perry**  
SECRETARY

**DJ Wasson**  
DEPUTY SECRETARY

**Allyson Taylor**  
EXECUTIVE DIRECTOR

### HIV POST-EXPOSURE *THIRD* 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.**

Third/Final Follow-up Exam (Day 28)		
Category	Cost Reimbursement	Initials
Exam	Medicaid rate	
Labs (CBC, CMP, and pregnancy test)	Medicaid rate	
I certify completion of the above checked category.		
Printed Name		Signature
Facility (Payee) Address	Phone #	Federal ID #

**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

\_\_\_\_\_  
Date