IMPORTANT PATIENT INFORMATION

- Once you begin the medication, it is important that you take it as prescribed until the entire prescription is gone.
- You will need support through your treatment. It is recommended that you contact your local rape crisis center. Also, if you do not have a therapist or insurance to pay for one, payment can be considered through Crime Victims Compensation.
- Follow-up visits to your physician or another medical practitioner are necessary to monitor your body’s reaction to the medication and to be screened for other sexually transmitted diseases and (for women) pregnancy that could not be detected at the time of your visit to the emergency room. Use the following schedule for your visits:
  
  Days following the initial visit to the hospital/emergency room:
  
  - Day 7-10: at this time you will be examined and receive a prescription for the remaining 18 days of medication
  - Day 13: at this time you will be examined and a blood screening will be done to monitor your overall health; women will be tested for pregnancy.
  - Day 28: at this time another blood screening will be done to monitor your overall health.
- For your follow-up exams, if you do not have a physician, please contact the Kentucky Association for Sexual Assault Programs for the name of the physician specializing in the HIV in your area. (502) 226-2704, or call the Kentucky Claims Commission at (800) 469-2120.
- If you have any other expenses related to the crime of which you were a victim, please contact Kentucky Claims Commission for information regarding payment. (800) 469-2120, or (502) 782-8255.

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This voucher verifies that ______________________________ qualifies for HIV post-exposure treatment covered by the Kentucky Claims Commission for the following services and payment schedule (107 KAR 2:010)

1. Initial Exam: laboratory testing, 7-day starter pack and 28-day anti-nausea medication/prescription
2. First follow-up visit: exam and 21-day medication/prescription
3. Second follow-up visit: exam and laboratory testing
4. Third and final follow-up visit: exam and laboratory testing

**KRS 49.490 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 health department, the sexual assault nurse examiner, the victim’s insurance carrier, or the Commonwealth.**

Printed name of physician, sexual assault nurse examiner as defined in KRS 314.142, or other qualified medical professional as defined in KRS 216B.400, performing the sexual assault exam: ________________________________

Signature

Initial exam site

Date: ________________________________

Phone number

Forms must be downloaded by provider. For billing/payment information and forms, go to [kycc.ky.gov](http://kycc.ky.gov)

For questions, please contact Kentucky Claims Commission at (502) 782-8255 or (800) 469-2120