

**State of Idaho**  
**Crime Victims Compensation Program**  
Sexual Assault Exam Medical Billing Checklist

**MINOR**  
Age 17 yrs and under

**Documentation Must Include:**

- Completed Sexual Assault Forensic Examination Reimbursement Form
- HCFA 1500 and/or UB-04 (incl. CPT Code)
- Sexual Assault Forensic Examination Report and Forensic Interview Report
- All medical records related to the sexual assault examination
- If the patient has private insurance, Medicare and/or Medicaid, attach all explanation(s) of benefits that apply

**DO NOT BILL THE PATIENT FOR  
MINOR SEXUAL ASSAULT FORENSIC EXAMINATIONS**

Direct all correspondence or questions to:

Crime Victims Compensation Program  
Claims Department  
P.O. Box 83720  
Boise, ID 83720-0041  
(208) 334-6081  
FAX (208) 332-7559

All claims must be submitted for reimbursement within two (2) years from the date of program eligibility or the date of service, whichever is later. For a detailed explanation of the benefits available through the Program, visit our website at <http://www.crimevictimcomp.idaho.gov>