

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

ADULT
Age 18 yrs and over

**For Examinations on or after July 1, 2018,
Documentation Must Include:**

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

**DO NOT BILL THE PATIENT OR PRIVATE INSURANCE FOR
ADULT 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>