



SAFE Payment Program · Virginia Victims Fund
Officially Criminal Injuries Compensation Fund

Payment Voucher Instructions



www.VirginiaVictimsFund.org • P.O. Box 26927 • Richmond, Virginia 23261 • Safe@virginiavictimsfund.org • p: 1.800.552.4007 f: 804.823.6907

Before handing the attached vouchers to the patient, it is imperative that you follow the steps below to ensure optimal patient care and seamless payment of eligible expenses.

- 1) Ensure the patient is eligible for payment of all examination-related expenses according to the SAFE Payment Program's policy and guidelines. You may refer to the policy and guidelines as well as the eligibility flowchart. **If the patient is not eligible, payment of prescriptions and follow-up care will be denied. Questions or concerns about eligibility should be directed to the SAFE Payment Program Coordinator.**
- 2) Fill in the top portion of the Prescription Payment Voucher and Medical Care Payment Voucher. You may use a patient label to provide the patient's information.
- 3) Contact the pharmacy to let them know to expect the patient and explain this payment program. When possible, please use a pharmacy that has already established a relationship with the SAFE Payment Program.
- 4) Contact the medical provider to schedule the first appointment and to explain this payment program.
- 5) Provide the two vouchers as well as the Payment Information for Patient to the patient. Explain the purpose of the vouchers and to whom the vouchers should be given.

For questions, please contact the SAFE Payment Program Coordinator at 1-800-552-4007.





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Payment Information for Patient



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In Virginia, you have the right to seek evidence collection through a Physical Evidence Recovery Kit (PERK), to be paid for by the state. The SAFE Payment Program of the Virginia Victims Fund pays for expenses associated with the collection of medical forensic evidence. Your provider will direct bill our program for these services. In addition, we can cover the cost of the HIV post-exposure prophylactic treatment that the forensic nurse examiner or physician has recommended for you. We will pay for the medication plus the necessary medical care to support you during this treatment.

You have been provided with two vouchers – one to give to the pharmacist to pick up the prescribed medication without any cost to you and one to give to your healthcare provider to direct bill follow-up medical care services to us. Below is an explanation of what is paid for as well as additional resources that you may find beneficial.

Eligible Medications:

- ♦ **28-day supply of the HIV nPEP medication** as prescribed by the health care practitioner (e.g. Truvada, Isentress, etc.).
- ♦ **28 to 30-day supply of an antiemetic** (anti-nausea) as prescribed by the health care practitioner to prevent nausea/vomiting.
- ♦ **One-time dose of Azithromycin:** 1 GM by mouth taken once
- ♦ **One-time dose of Cefixime:** 400 mg by mouth once
- ♦ **7-day supply of Doxycycline:** 100 mg by mouth twice a day
- ♦ **14-day supply of Erythromycin Base:** 12.5 mg by mouth four times a day
- ♦ **One-time dose of Phenergan:** 12.5 mg by mouth once
- ♦ **One-time dose of Phenergan:** 25 mg by mouth once
- ♦ **One-time dose of Zofran ODT:** 8 mg by mouth once per day
- ♦ **One-time dose of Plan B :** (Levonorgestrel 1.5 mg): 1 tablet by mouth once

Eligible Follow-up Medical Care:

- ♦ It is important that you take the medication exactly as prescribed for the duration prescribed. Failure to do so may decrease the effectiveness of the medication and create unnecessary health risks. **In order to minimize unpleasant side effects and ensure your health, it is important that you receive appropriate medical care while taking the HIV nPEP medications.** The SAFE Payment Program will cover the costs of at least two follow-up visits — the first within at least 1 week after starting the HIV nPEP medication and the second after you have completed the medication for the prescribed duration. Your visits should consist of a physical examination by the health care provider of your choosing as well as laboratory testing for a complete blood count and serum chemistry.





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Additional Resources:

- ♦ The Family Violence and Sexual Assault Hotline at 1-800-838-8238 or the Victim Assist Helpline at 1-855-4-HELP-VA can help you locate local victim advocates for access to additional services such as transportation, support, counseling, and assistance through the criminal justice process.

- ♦ **The Virginia Victims Fund** may be able to assist with additional crime-related costs such as:
 - Moving or home security expenses
 - Lost wages
 - Counseling expenses
 - Replacement of clothing and/or bedding seized as evidence
 - Replacement of glasses or other prosthetics and more

To obtain a claim application or for more information please contact us at safe@virginiavictimsfund.org or call 1-800-552-4007.





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Prescription Payment Voucher

Please give this form to the pharmacist.

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FNE/SANE Name and Phone Number:	This section to be completed by forensic examiner.	Patient Name:
Patient's Insurance (if no insurance, mark N/A):	Exam Facility:	Date of Exam:

Eligible Medications:

- **28-day supply of the HIV nPEP medication** as prescribed by the health care practitioner (e.g. Truvada, Isentress, etc.).
- **28 to 30-day supply of an antiemetic** (anti-nausea) as prescribed by the health care practitioner to prevent nausea/vomiting.
- **One-time dose of Azithromycin:** 1 GM by mouth taken once
- **One-time dose of Cefixime:** 400 mg by mouth once
- **7-day supply of Doxycycline:** 100 mg by mouth twice a day
- **14-day supply of Erythromycin Base:** 12.5 mg by mouth four times a day
- **One-time dose of Phenergan:** 12.5 mg by mouth once
- **One-time dose of Phenergan:** 25 mg by mouth once
- **One-time dose of Zofran ODT-** 8 mg by mouth once per day
- **One-time dose of Plan B** (Levonorgestrel 1.5 mg): 1 tablet by mouth once

Pharmacy Agreement

By signing below, the provider agrees to all of the following:

Required documentation for payment:

- ♦ **Please submit by fax or mail within one (1) year from the date of service:**
 - 1) **This form with signature below and date.** One form is sufficient to cover dispensing the prescriptions that are filled incrementally.
 - 2) **The billing statement** including provider name, address, phone number and tax ID number as well as patient name, prescribing physician, medication name and quantity, date filled, and amount due. Bag tags are acceptable. Only the medications described above will be reimbursed.
 - 3) If applicable, **explanation of insurance benefits paid and/or denied.**

Insurance:

- ♦ Provider agrees to bill the patient's health insurance if:
 - 1) **The patient is covered by a federally-funded insurance** (such as Medicaid, Medicare, Tricare, Veterans' Administration, etc.) or,
 - 2) **The patient elects to bill private health insurance coverage.**

Payment:

- ♦ If there is no other Memorandum of Agreement on file with our office, provider agrees to bill the SAFE Payment Program at the pharmacy's cost price and accept that amount as payment in full.
- ♦ Payment should be received within 30 days of expense approval by the SAFE Payment Program. Status requests or questions should be directed to the SAFE Payment Program at 1-800-552-4007 or safe@virginiavictimsfund.org.
- ♦ In accordance with 19 2-368.5:2 of the Code of Virginia, collection action may not be taken against the patient while a claim for payment is pending with the SAFE Payment Program.
- ♦ Fees for any other prescriptions are the responsibility of the patient or the patient's insurance; however, the patient may file a claim with the Virginia Victims Fund to access all available benefits.

Pharmacy Name/Phone Number:	Pharmacist Name:	Pharmacist Signature:	Date:
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Medical Care Payment Voucher



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FNE/SANE Name and Phone Number:	This section to be completed by forensic examiner.	Patient Name:
Patient's Insurance (if no insurance, mark N/A):	Exam Facility:	Date of Exam:

Eligible Medications:

- **28-day supply of the HIV nPEP medication** as prescribed by the health care practitioner (e.g. Truvada, Isentress, etc.).
- **28 to 30-day supply of an antiemetic** (anti-nausea) as prescribed by the health care practitioner to prevent nausea/vomiting.
- **One-time dose of Azithromycin:** 1 GM by mouth taken once
- **One-time dose of Cefixime:** 400 mg by mouth once
- **7-day supply of Doxycycline:** 100 mg by mouth twice a day
- **14-day supply of Erythromycin Base:** 12.5 mg by mouth four times a day
- **One-time dose of Phenergan:** 12.5 mg by mouth once
- **One-time dose of Phenergan:** 25 mg by mouth once
- **One-time dose of Zofran ODT-** 8 mg by mouth once per day
- **One-time dose of Plan B** (Levonorgestrel 1.5 mg): 1 tablet by mouth once

Eligible Follow-up Medical Care

- The recommended time frame for follow-up care is within at least 1 week after starting the HIV nPEP medication and at the completion of the medication for the prescribed duration. The SAFE Payment Program will cover the costs of **at least two follow-up visits** including:
 - 1) **Physical examination by the health care provider.**
 - 2) **Laboratory testing for complete blood count and serum chemistry.**



Medical Provider Agreement

By signing below, the provider agrees to all of the following:

Required documentation for payment:

- **Please submit by fax or mail within one (1) year from the date of service:**
 - 1) **This form with signature below and date.** One form is sufficient to cover all dates of service in the time frame referenced above.
 - 2) **The billing statement** including provider name, address, phone number and tax ID number as well as patient name, date of service, and detailed itemization including CPT codes of services rendered. Only the care as described above will be reimbursed.
 - 3) If applicable, **explanation of insurance benefits paid and/or denied.**

Insurance:

- Provider agrees to bill the patient's health insurance if:
 - 1) **The patient is covered by a federally-funded insurance** (such as Medicaid, Medicare, Tricare, Veterans' Administration, etc.) or,
 - 2) **The patient elects to bill private health insurance coverage.**

Payment:

- If there is no other Memorandum of Agreement on file with our office, provider agrees to accept 70% of the amount owed as payment in full and agrees not to bill the patient for the balance.
- Payment should be received within 30 days of expense approval by the SAFE Payment Program. Status requests or questions should be directed to the SAFE Payment Program at 1-800-552-4007 or safe@virginiavictimsfund.org
- In accordance with §19.2-368.5:2 of the Code of Virginia, collection action may not be taken against the patient while a claim for payment is pending with the SAFE Payment Program.
- Fees for any other service provided are the responsibility of the patient or the patient's insurance; however, the patient may file a claim with the Virginia Victims Fund to access all available benefits.

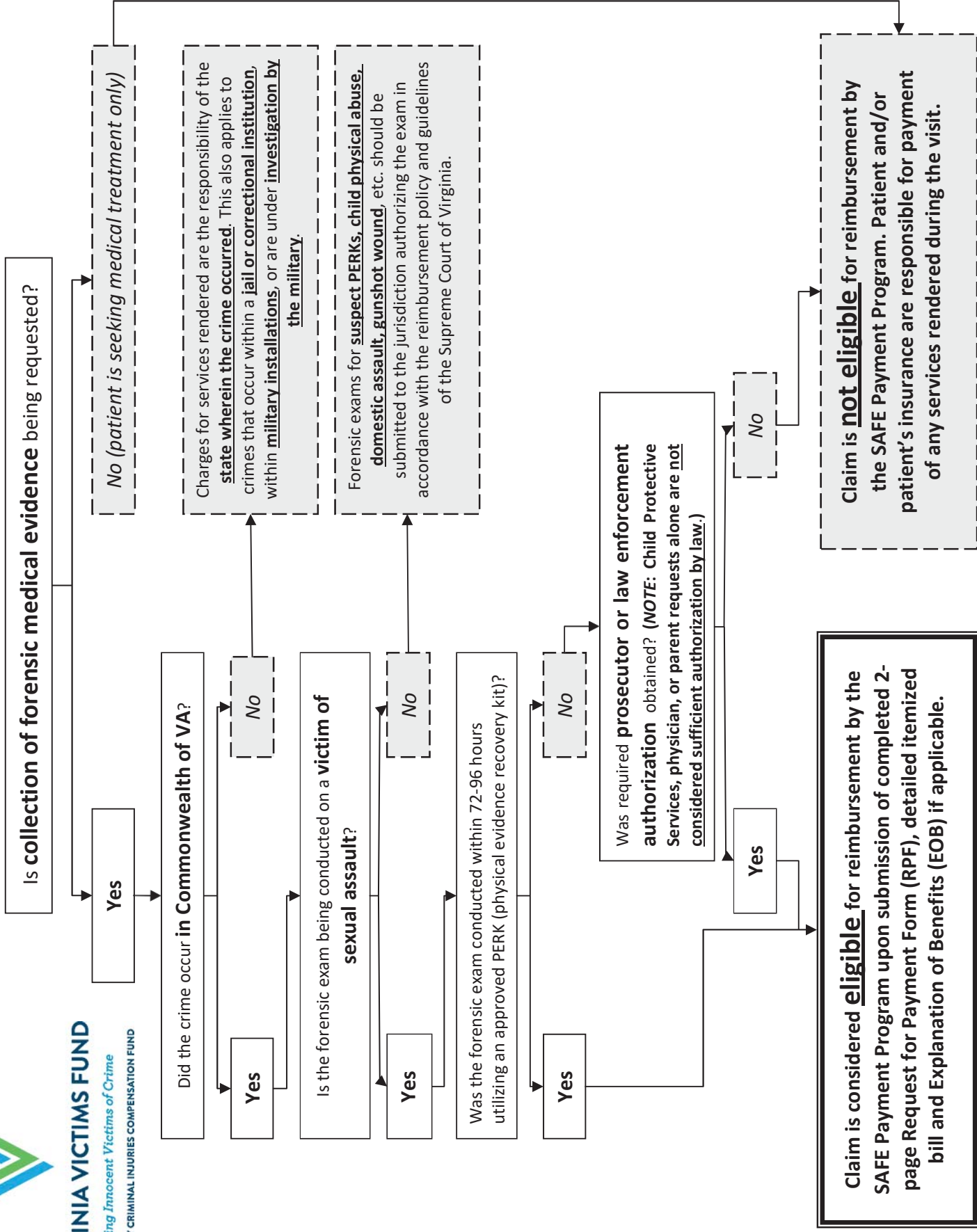
Practice Name/Phone Number:	Provider Name:	Provider Signature:	Date:





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SAFE (Sexual Assault Forensic Exam) Payment Program Claim Eligibility Flowchart



No (patient is seeking medical treatment only)

Charges for services rendered are the responsibility of the state wherein the crime occurred. This also applies to crimes that occur within a jail or correctional institution, within military installations, or are under investigation by the military.

Forensic exams for suspect PERKS, child physical abuse, domestic assault, gunshot wound, etc. should be submitted to the jurisdiction authorizing the exam in accordance with the reimbursement policy and guidelines of the Supreme Court of Virginia.

Claim is **not eligible** for reimbursement by the SAFE Payment Program. Patient and/or patient's insurance are responsible for payment of any services rendered during the visit.

Claim is considered **eligible** for reimbursement by the SAFE Payment Program upon submission of completed 2-page Payment Request for Payment Form (RPF), detailed itemized bill and Explanation of Benefits (EOB) if applicable.