VIRGINIA VICTIMS FUND
Helping Innocent Victims of Crime
OFFICIALLY CRIMINAL INJURIES COMPENSATION FUND

A Division of the Virginia Workers' Compensation Commission
vvf.virginia.gov • P.O. Box 26927, Richmond, VA 23261 • 800-552-4007

SAFE (SEXUAL ASSAULT FORENSIC EXAM PAYMENT PROGRAM) REQUEST FOR PAYMENT FORM

Anonymous NFK/Strangulation Claims

SECTION 1 - FORENSIC EXAM

A. Forensic Nurse Examiner Information

Forensic Examiner Name (please print) | *Forensic Examiner Phone Number* | *FNE Signature*

Facility Name | *Facility Billing Address*

Billing Contact Name | *Billing Contact Email Address* | *Billing Contact Phone No.*

SECTION 2 - PATIENT INFORMATION

A. Patient Information

Patient First Name | *Patient M.I.* | *Patient Last Name*

Patient Date of Birth | *Patient Social Security No.* | *Patient Sex*

☐ I have attached a patient label to this form in lieu of completing the patient information section. **(Billing information must still be completed.)**

B. Billing Method (please select one):

○ Patient is covered by a federally funded insurance and would like SAFE to pay any out-of-pocket patient balance remaining.
☐ Medicaid ☐ Medicare ☐ Tricare

○ Patient would like the provider to bill their private health insurance and would like SAFE to pay any out-of-pocket patient balance remaining.

○ Patient asks SAFE to pay all eligible examination-related expenses.

SECTION 3 - INCIDENT/EXAM INFORMATION

Date of Crime (If unknown, use first day of exam month) | *Crime Location - City/County (required)*

Date of Exam

☐ Confirm that this is an anonymous/blind kit

Questions/ Contact SAFE at (800)552-4007 or safe@vvf.virginia.gov.

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INSTRUCTIONS: HOW TO SUBMIT A SAFE CLAIM

Anonymous NFK/Strangulation Claims

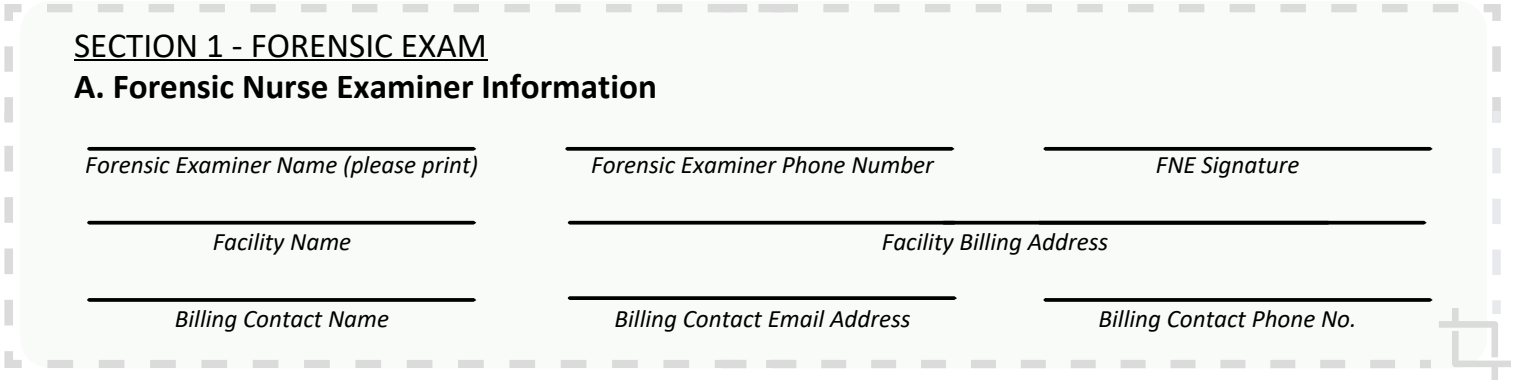
SAFE Request for Payment Form for Anonymous NFK/Strangulation Claims

There are two ways to submit a SAFE Request for Payment Form for Anonymous NFK/Strangulation Claims:

1. Submit through WebFile (preferred method), OR
2. Download the SAFE Request for Payment Form from the VVF website and mail completed form to:
   - Virginia Victims Fund, P.O. Box 26927, Richmond, VA 23261

Please note: Emailed or faxed SAFE Request for Payment Forms are not acceptable and will not be processed.

SECTION 1



SECTION 1 - FORENSIC EXAM

A. Forensic Nurse Examiner Information

Forensic Examiner Name (please print)	*Forensic Examiner Phone Number*	*FNE Signature*
Facility Name	*Facility Billing Address*	
Billing Contact Name	*Billing Contact Email Address*	*Billing Contact Phone No.*

Section 1, Part A: Examiner/Facility Information

- Provide the examiner's name, phone number and signature. Digital signatures are acceptable. The nurse who conducted the exam must complete the Request for Payment Form.
- Provide the name and billing address of the facility.
- Provide the name, email address and phone number for the billing contact person.

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SECTION 2

SECTION 2 - PATIENT INFORMATION

A. Patient Information

Patient First Name	*Patient M.I.*	*Patient Last Name*
Patient Date of Birth	*Patient Social Security No.*	*Patient Sex*

☐ I have attached a patient label to this form in lieu of completing the patient information section. **(Billing information must still be completed.)**

B. Billing Method (please select one):

◯ Patient is covered by a federally funded insurance and would like SAFE to pay any out-of-pocket patient balance remaining.
☐ Medicaid ☐ Medicare ☐ Tricare

◯ Patient would like the provider to bill their private health insurance and would like SAFE to pay any out-of-pocket patient balance remaining.

◯ Patient asks SAFE to pay all eligible examination-related expenses.

Section 2, Part A: Patient Information

- Provide the patient's name, date of birth, Social Security No., and sex.
- Please note that a patient label may be attached to the form in lieu of completing the patient information section, but the billing method section must still be completed.

Section 2, Part B: Billing Method

- Click on the billing method that best describes the patient's preference:
  - Patient is covered by federally funded insurance; SAFE to pay remaining out-of-pocket expenses after billing insurance. (Please note that if a patient is covered by a federally funded insurance, that insurance must be billed before SAFE can cover any expenses.)
    - Click the correct option (Medicaid, Medicare, or Tricare)
  - Patient is covered by private insurance. SAFE to pay remaining out-of-pocket expenses after billing insurance.
  - SAFE to pay all eligible examination-related expenses

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SECTION 3

SECTION 3 - INCIDENT/EXAM INFORMATION

_____ _____

Date/Time of Crime (if unknown, use first day of exam month) *Crime Location - CityCounty (required)*

_____ ☐ Confirm that this is an anonymous/blind kit

Date/Time of Exam

Section 3: Incident/Exam Information

- Date/time of crime (If unknown, please use the first day of the month the exam was conducted.
- Date/time of exam
- Crime location (**mandatory**, jurisdiction only)
- Check the box to confirm that this is an anonymous/blind kit.

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FAQs & TIPS FOR SUBMITTING A SAFE STRANGULATION CLAIM

Submitting a Claim for Processing:

- To **initiate a claim**, submit the SAFE Request for Payment (Anonymous NFK/Strangulation Claims) for the initial date of service.
- To process a claim, **the following supplemental documentation is required**:
  - Complete itemized billing statement, including all charges and CPT/diagnostic codes where applicable.
  - A complete explanation of insurance benefits (if applicable), including explanation of denial codes and patient liability.
  - Requests for Payment Forms, bills, and summaries of insurance benefits for follow-up exams, where applicable.
- While documents can be sent separately, **all documents must be submitted to SAFE within 90 days of the date of service for consideration.**

Submitting Documents:

- WebFile (Preferred)
- US Mail: Virginia Victims Fund, Attn: SAFE Payment Program, P.O. Box 26927, Richmond, VA 23261

Status Requests:

- WebFile (Status can only be verified through WebFile.)

In addition to the forensic exam, the patient had other changes during the visit, such as radiology or a psychiatric evaluation. Are these compensable by SAFE?

- The SAFE Payment Program can only pay for for expenses related to evidence collection for expenses related to evidence collection as it pertains to stranglulation. Other expenses may be compensable if the patient applies to and is eligible for the Virginia Victims Fund compensation program.

The assault took place on a military installation. How should the exam be billed?

- If the assault took place on a military installation and the victim was an active-duty member of the military, the installation should be billed.

How do I know if I'm checking the status of a SAFE claim or a VVF claim?

- VVF claims are numbered XX-0000 through XX-5999. SAFE claims are numbered XX-6000-XX9999. Status can only be verified through WebFile.