



VIRGINIA VICTIMS FUND

Helping Innocent Victims of Crime

OFFICIALLY CRIMINAL INJURIES COMPENSATION FUND

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Director



A Division of the Virginia Workers' Compensation Commission

Web: vvf.virginia.gov • **Email:** safe@vvf.virginia.gov • **Mail:** P.O. Box 26927, Richmond, VA 23261 • **Phone:** 800-552-4007

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

SECTION 1- FORENSIC EXAM

Name/Title of authorizing law enforcement, if applicable (authorization not required): _____

A. Exam Type (please select one):

☐ **ACUTE:** I utilized Physical Evidence Recovery Kit (PERK) number _____ and released it to:
☐ Law Enforcement ☐ DCLS ☐ Other

Is this a restricted or unreported crime? (PERK exams only) ☐ Yes ☐ No

Note: A head-to-toe patient exam is necessary for SAFE reimbursement.

☐ **NON-ACUTE:** No PERK was used.

☐ **FOLLOW-UP:** Initial Date of Service: _____

B. Forensic Nurse Examiner Information

Forensic Examiner Name (please print)

Forensic Examiner Phone No.

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 MI

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/Time of Crime (if unknown, use first day of exam month)

Crime Location- City/County (required)

Date/Time of Exam

Investigating Agency (or say "unreported" if this is an unreported crime)

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



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How to Submit a SAFE Claim

Determining Eligibility

Types of Exams:

- Acute (using a PERK, usually within 120 hours of the assault)
 - PERK ID number required.
- Non-Acute (without a PERK, at any point after the assault)
- Follow-Up

Did evidence collection take place and was a head-to-toe examination performed?

- ? ◦ Yes → Continue.
- ? ◦ No → Exam cannot be billed to SAFE.

Did the crime occur in the Commonwealth of Virginia?

- ? ◦ Yes → Continue.
- ? ◦ No → The exam is not eligible for reimbursement; bill the appropriate state.

Is the patient a victim of sexual assault or child sexual abuse?

- ? ◦ Yes → Continue
- ? ◦ No → Bill the Virginia Supreme Court via the OES Accounts Payable Administrator: 804-225-3346, fiscalap@vacourts.gov.



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How to Submit a SAFE Claim

SAFE Request for Payment Form (1A)

There are two ways to submit a SAFE Request for Payment Form:

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

Please note: A new Request for Payment Form/WebFile request for payment is required for each date of service. Emailed or faxed SAFE Payment Forms are not acceptable and will not be processed.

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

SECTION 1- FORENSIC EXAM

A. Exam Type (please select one):

- ☐ **ACUTE:** I utilized Physical Evidence Recovery Kit (PERK) number _____ and released it to:
☐ Law Enforcement ☐ DCLS ☐ Other
Is this a restricted or unreported crime? (PERK exams only) ☐ Yes ☐ No
Note: A head-to-toe patient exam is necessary for SAFE reimbursement.
- ☐ **NON-ACUTE:** No PERK was used.
Note: A head-to-toe patient exam is necessary for SAFE reimbursement.
- ☐ **FOLLOW-UP:** Initial Date of Service: _____

Name/Title of authorizing law enforcement, if applicable (authorization not required)

Section 1, Part A: Exam Type:

- **Acute/PERK:** The PERK ID number is required. Indicate whether the kit was released to law enforcement, sent to DCLS or stored elsewhere. Indicate whether the exam was reported to law enforcement. Note: A head-to-toe patient exam is necessary for SAFE reimbursement.
- **Non-Acute:** Does not utilize a PERK. Note: A head-to-toe patient exam is necessary for SAFE reimbursement.
- **Follow-Up:** State the date of the initial exam.

SAFE: SEXUAL ASSAULT FORENSIC EXAMINATION PAYMENT PROGRAM

Virginia Victims Fund, P.O. Box 26927, Richmond, VA 23261

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How to Submit a SAFE Claim

SAFE Request for Payment Form (1B, 2A)

A. Exam Type (please select one):

- ☐ **ACUTE:** I utilized Physical Evidence Recovery Kit (PERK) number _____ and released it to:
☐ Law Enforcement ☐ DCLS ☐ Other
Is this a restricted or unreported crime? (PERK exams only) ☐ Yes ☐ No
Note: A head-to-toe patient exam is necessary for SAFE reimbursement.
- ☐ **NON-ACUTE:** No PERK was used.
Note: A head-to-toe patient exam is necessary for SAFE reimbursement.
- ☐ **FOLLOW-UP:** Initial Date of Service: _____

Name/Title of authorizing law enforcement, if applicable (authorization not required)

B. Forensic Nurse Examiner Information

Forensic Examiner Name (please print)

Forensic Examiner Phone No.

FNE Signature

Facility Name

Facility Billing Address

Billing Contact Name

Billing Contact Email Address

Billing Contact Phone No.

Section 1, Part B: Examiner/Facility Information:

- Provide the examiner's name, phone number and signature. Digital signatures are accepted. **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.

SECTION 2- PATIENT INFORMATION

A. Patient Information:

Patient First Name

Patient MI

Patient Last Name

Patient Date of Birth

Patient Social Security No.

Patient Gender

☐ 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:

- Attach a registration label OR enter the requested information.
- Provide the patient's Social Security Number, even if you use a registration label.

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How to Submit a SAFE Claim

SAFE Request for Payment Form (2B, 3)

SECTION 2- PATIENT INFORMATION

A. Patient Information:

Patient First Name *Patient MI* *Patient Last Name*

Patient Date of Birth *Patient Social Security No.* *Patient Gender*

☐ 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 B: Billing Method:

- Federally funded (government) insurance must be billed primarily and must be noted in this section. Please indicate whether it is Medicaid, Medicare or Tricare.
- Private (commercial) insurance billing is optional.
- If there is no billable insurance, select the option to only bill SAFE.

SECTION 3- INCIDENT/EXAM INFORMATION

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

Date/Time of Exam *Investigating Agency (or say "unreported" if this is an unreported crime)*

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)
- Investigating agency (If this is a blind exam, please select "SAFE-not reported" as the law enforcement agency in FNE WebFile, or say "unreported" if completing the form.)

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How to Submit a SAFE Claim

Tips for Submitting a SAFE Claim; FAQs

Submitting a Claim for Processing:

- To **initiate a claim**, submit the SAFE Request for Payment Form 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/diagnosis codes where applicable.
 - A complete explanation of insurance benefits (if applicable), including explanations of denial codes and patient liability.
 - Request 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 one year 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.)

Frequently Asked Questions:

- **In addition to the forensic exam, the patient had other charges during the visit, such as radiology or a psychiatric evaluation. Are these compensable by SAFE?**
 - The SAFE Payment Program can only pay for expenses related to evidence collection. (For example, radiology charges that are directly related to the sexual assault injury may be eligible.) Other expenses may be compensable if the patient applies to and is eligible for the Virginia Victims Fund compensation program.
- **We dispensed a starter pack of HIV prophylaxis in the ED. Is that compensable by SAFE?**
 - Yes. This should be included in the itemized bill submitted to SAFE for payment.
- **Our ED treated a patient for a sexual assault but we transferred the patient to a different ED for the forensic exam. Are these expenses compensable by SAFE?**
 - Please forward the medical record, itemized statement and summaries of insurance benefits (if applicable) for consideration of the emergency room physician bill.
- **The assault took place inside a jail or correctional facility. How should the exam be billed?**
 - Per PREA Standard 115.21(c), SAFE exams must be offered to incarcerated victims at no cost to the victim. Please bill the correctional facility or its insurance provider. SAFE can consider remaining expenses after insurance billing.
- **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 through XX9999. Status can only be verified through WebFile.