

**FORENSIC RAPE EXAMINATION CLAIM FORM**

*Commonwealth of Pennsylvania*

**INSTRUCTIONS:** Please complete all sections. The itemized medical bills should be UB92 HCFA compliant and include the Current Procedural Terminology (CPT) codes.

**Completed claim and above documentation can be mailed or faxed to:**

**Victims Compensation Assistance Program**

**P.O. Box 1167**

**Harrisburg, Pennsylvania 17108-1167 (717) 787-4306-FAX**

**If you have any questions, please call:**

**(800) 233-2339, or (717) 783-5153**

**SECTION 1. Victim Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Option #1** \_\_\_\_\_ I do not have insurance that would cover this treatment.

**Option #2** \_\_\_\_\_ I do have insurance, which will be billed for the treatment I received.  
I understand that any deductibles or co-payments will be paid by VCAP.

**Option #3** \_\_\_\_\_ I do have insurance, but do not want my insurance carrier to be billed.

\_\_\_\_\_  
**Option #3 -Signature of Victim or Person Responsible for the Victim** **Date**

The signature of the person responsible for the victim is required for Option #3 indicating that they have requested not to have their insurance billed for the costs of the forensic rape examination and/or medications provided at the time, as a result of the sexual offense.

Please note that although you selected option #3, you still may be billed directly for services not related to the forensic rape examination.

**SECTION 2. Provider Information**

Name \_\_\_\_\_

FEIN/SSN Number \_\_\_\_\_ Date of Forensic Exam \_\_\_\_\_

Billing Department Contact Person \_\_\_\_\_

Telephone Number \_\_\_\_\_

**The Provider, by law, shall not bill the victim for these services. Payment made to the provider by the Office of the Victims' Services for the forensic rape examination or other physical examination conducted for the purpose of gathering evidence or for medications prescribed, as a direct result of the sexual offense shall be considered by the provider as payment in full.**

**SECTION 3. Crime Information**

**A victim of a sexual offense does not need to report the crime or talk to law enforcement authorities in order for the forensic examination expenses to be paid by the Victims Compensation Assistance Program.**

The forensic evidence was provided to the following police department: \_\_\_\_\_

Date of Assault/Discovery \_\_\_\_\_ (mm/dd/yyyy)

Location of Crime: County \_\_\_\_\_ State \_\_\_\_\_

The District Attorney with jurisdiction in this case will be notified by the Victims Compensation Assistance Program that a Forensic Rape Exam has been performed on the above individual, and the forensic evidence was provided to the above named police department.

**Claim Form Instructions on Back**

**Pennsylvania Commission on Crime and Delinquency**  
**Office of Victims' Services**  
**Victims Compensation Assistance Program (VCAP)**  
**Forensic Rape Examination Form (FRE) Instructions**

Pennsylvania law provides that a victim of a sexual offense shall not be burdened with the costs associated with a forensic rape examination.

- A hospital or licensed healthcare facility may submit a claim for reimbursement for the costs associated with a forensic rape examination.
- VCAP may reimburse up to \$1,000 for the costs associated with the forensic rape examination.
- Payment is to be considered by the provider as payment in full for the forensic rape examination and medications provided at the time of the examination.
- The provider must complete the FRE Form in its entirety and submit to the VCAP within one year of the date of the crime or one year from the date of discovery of the crime, for reimbursement of costs. Failure to submit within one year will result in a denial.
- In instances where the victim may have additional expenses beyond the forensic rape examination costs, such as x-rays or other medical treatment not associated with a forensic rape examination, providers may advise victims to submit the standard VCAP Claim Form. The standard VCAP Claim Form can be obtained at [www.pccd.state.pa.us](http://www.pccd.state.pa.us) or by calling VCAP at 800-233-2339, the county district attorney's office or a county victim service program.

**Claim Form Instructions**

**Section 1. Victim Information**

Please provide all requested information for victim.

Providers must utilize the victim's insurance, which could include Medical Assistance, HMO, PPO, or federally financed insurance programs, such as Medicare or Champus, before applying to the VCAP, unless the victim has requested that their insurance not be billed.

- **Option #1**

If the victim does not have insurance that will cover the forensic rape examination costs, the provider may forward all charges to:

Victims Compensation Assistance Program  
P.O. Box 1167  
Harrisburg, PA 17108-1167

- **Option #2**

If the victim has medical insurance that will cover the costs of the examination, the provider shall bill the victim's insurance. If any portion of the costs is not covered by the victim's insurance, the provider will forward a bill showing the balances due to the above address. Please include the Explanation of Benefits (EOB) Statement.

- **Option #3**

If the victim indicates that he/she does not want their insurance company billed, the examining facility will forward all costs related to the examination to the VCAP at the above address.

The victim may be billed for other services provided, which were not related to the forensic rape examination.

The signature of the victim or person responsible for the victim is required for Option #3.

**At no time can the provider bill a victim for the costs associated with the forensic rape examination.**

**Section 2. Provider Information**

- Please provide all the requested information.

**Section 3. Crime Information**

- Please provide all the requested information.  
Please provide either the date of crime or the date of the discovery of the crime.