



Patient Stamp

Sexual Assault Program Coordinator, 58 South Main Street, Suite 1, Waterbury, VT 05676-1599

Phone: 1-802-241-1250 or 1-800-750-1213 Ext. 101 Fax: 1-802-241-1253

Please contact us with questions, concerns, or comments relative to this program

Sexual Assault Billing Form

Your Health Matters! If you are a victim of a sexual assault, the Sexual Assault Program of the Vermont Center for Crime Victim Services (VCCVS) can provide you with resources for out of pocket medical expenses after your insurance has been billed for the following:

- Initial sexual assault examination including collection of evidence, STI/HIV screening and prophylaxis, pregnancy testing and treatment of related injuries
Follow up medical care visits related to the sexual assault
Up to twenty (20) mental health counseling visits

If you would like financial assistance with mental health counseling, please contact the Sexual Assault Program at the Vermont Center for Crime Victim Services as soon as possible for further direction regarding the process.

TO BE COMPLETED BY PATIENT

The Vermont Center for Crime Victim Services provides assistance to victims of sexual assault to ensure that your medical expenses are paid for, and that you can access the benefits that you are entitled to. In order to do this, VCCVS may need to contact the hospital or your insurer for information. By signing below, you consent to the release of this information.

I, [Print patient's name], consent to the release of medical expense and insurance related information to the Vermont Center for Crime Victim Services (VCCVS).

Patient's Signature Date

Please list safe contact information for the Center for Crime Victim Services to contact you:

Mailing Address:

Phone Email:

Day(s) of Week Hour(s) of the Day

TO BE COMPLETED BY PROVIDER

Date of Visit

Provider & Health Facility Phone

Is the patient insured? Yes No Check one: Medicaid BCBS-VT MVP Cigna Unknown

Out-of-State Ins. Carrier: Member ID Number: Specific Name & State

Reviewed safety option with patient. Please initial here: Date of assault

Was a safety concern identified? Yes No State where assault occurred:

PHI Form Completed (Check One) Yes No NA

Provide a completed copy of this form to the patient and fax a copy to the Vermont Center for Crime Victim Services at 802-241-1253