Utah Office for Victims of Crime

420 E South Temple Street, Suite 500, Salt Lake City, UT 84111

(801)238-2360 or Toll-Free 1-800-621-7444 801-533-4127

www.crimevictim.utah.gov crimevictims@utah.gov

Sexual Assault Forensic Examination Program Fast-Track Reimbursement Form

Victim Name: _____ Gender: _____ Date of Birth: _____

Address: _____ Phone Number: _____

Medical Insurance Provider: _____ Policy Number: _____

Law Enforcement Agency: _____ Crime Date: _____

Law Enforcement Case Number: _____ Did crime occur in Utah? ☐ Yes ☐ No If not, where? _____

Provider Name: _____ Provider Address: _____

Date of Service: _____ Was a full sexual assault forensic exam with photo documentation completed? ☐ Yes ☐ No

Describe any additional physical injuries resulting from the crime: _____

_____

_____

A separate Compensation Application for the Crime Victims Compensation Program MUST be completed for consideration of payment for services to treat the injuries listed above.

A copy of the itemized billing including current procedural codes, along with this form, must be submitted within one year of the examination. Please consider all other collateral sources before submitting a request for payment to the Utah Office for Victims of Crime. The director can make exceptions in extenuating circumstance cases. Submit to:

Utah Office for Victims of Crime
420 E South Temple Street, Suite 500,
Salt Lake City, Utah 84111
FAX: (801)533-4127
Email: crimevictims@utah.gov

PLEASE NOTE:
Reimbursement can be made only if the Sexual Assault Examination was reported to law enforcement. Please make every effort to provide the law enforcement case number. This form must be signed by the law enforcement officer, a victim/witness coordinator or the medical provider if the law enforcement case number is not available.

Services may only be paid under the Sexual Assault Forensic Examination Program when the victim is determined to be eligible under Statute 75E-5-305(1)(b)(i): the criminally injurious conduct occurred in Utah; or (ii) the victim is a Utah resident who suffers injury or death as a result of criminally injurious conduct inflicted in a state, territory, or country that does not provide a crime victims' compensation program.

I hereby certify that the above-named victim received a sexual assault forensic examination performed by the provider listed above:

Signature: _____ Date: _____

Print Name: _____ Title: _____

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