

**SAVE MEDICAL FORENSIC EXAM PAYMENT REQUEST FORM**

Please complete this form and the consent form in its entirety. Both documents should be provided to your billing department.  
Please send the SAVE Payment request form and consent form by mail or email.

<p><b>COLORADO DIVISION OF CRIMINAL JUSTICE</b>                  ATTN: SAVE PROGRAM                  700 Kipling St., Ste. 1000                  Denver, CO 80215</p>	<p><b>Email:</b> Jill.Nore@state.co.us   <b>SAVE Program Questions? Call Jill Nore:</b>  <b>Phone:</b> (303) 239-5714  <b>Cell:</b> (303) 913-0009</p>
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**1. VICTIM INFORMATION (only used for billing & grant reporting purposes):**

Patient Name:		Date of Birth	
Patient Phone Number:	Patient Email Address	Other Classifications: Deaf/Hard of Hearing Immigrant/Refugee/ Asylum Seeker Limited English Proficiency	Veteran Disabled: Cognitive/ Physical/Mental 2SLGBTQIA+ Homeless
Race/Ethnicity:		Gender Identity:	
Date of Crime:		Date of Exam:	
Please check as appropriate:			
Medical Reporting Victim	Anonymous Reporting Victim	MFE w/ No SANE Kit	

**AFFIX MFE  
 BARCODE STICKER  
 IN THIS BOX**

**2. MEDICAL FACILITY INFORMATION:**

Name of facility:	
SANE Contact Name:	Phone Number:

**3. LAW ENFORCEMENT INFORMATION:**

Agency:	Case Number/ Unique ID Number:
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**\*\*\*Colorado Division of Criminal Justice Use Only\*\*\***

Reviewer Signature:	Date:
Approved	Not Approved
Comments:	
SAVE Funds:	Medical Forensic Exam:
VOCA Funds:	Related Medical:

**CASE STATUS:**

Date LE Contacted	LE Contact
Reported: Yes	Date Reported: No
Status:	

## MEDICAL FORENSIC EXAM PAYMENT REQUEST FORM SAVE PROGRAM

For those completing this form by hand, please use one of the following options for the Corresponding Categories:

**Race/Ethnicity (individuals should be encouraged to select all that apply):**

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino/a/x/e
- Middle Eastern/North African
- Native Hawaiian or Other Pacific Islander
- White
- Another Race/Ethnicity Category
- Unknown

**Gender Identity (select one):**

- Female/Woman
- Gender-queer or Fluid
- Male/Man
- Nonbinary
- Transgender
- Two Spirit (a term used by some indigenous individuals)
- Declined to Answer (Not Reported)
- Victims Uses a Different Term (Not Listed)
- Victim Unsure of their Gender Identity
- Unknown

### Program Description

- Funds are available to help reduce the financial burden of medical costs for medical and anonymous reporting victims.
- Charges for the sexual assault evidence kit will always be paid by DCJ for all medical and anonymous reporting victims. This also includes Medical Forensic exams without the sexual assault evidence kit. For example, if the sexual assault occurred more than 7 days prior but the nurse documents evidence of the assault in the medical file.
- If the victim reports to law enforcement before, during or following the medical forensic exam, the charges for the sexual assault evidence kit will be paid by the law enforcement agency with jurisdiction over the assault.
- Under the SAVE Program, DCJ pays for costs associated with obtaining a medical forensic exam and from treatment for injuries resulting from the assault, up to an annually established cap.
- If a victim later reports to law enforcement, the victim will be referred to the appropriate victim compensation program for financial assistance with these costs.

### SAVE Program Payment Processing

- A medical forensic exam must have been conducted and the sexual assault evidence kit sent to the appropriate law enforcement agency.
- All bills, except the evidence collection portion, should first go to insurance or other payment programs, unless the victim declines to have private insurance billed. In those cases, the bill may be sent directly to DCJ.
- Once insurance has been settled, send the invoice with the outstanding charges listed in plain language, and a completed Medical Forensic Exam Payment Request Form and consent form to the Colorado Division of Criminal Justice.
- This Medical Forensic Exam Payment Request Form **MUST** accompany the invoice.