

## Forensic Rape Examination Claim Form

**Please complete form and attach itemized bill and mail or fax to:**

**Victims Compensation Assistance Program (VCAP)**  
**P.O. Box 1167**  
**Harrisburg PA 17108-1167**

**(800) 233-2339 or (717) 783-5153**  
**FAX (717) 787-4306**

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### SECTION 1 Victim/Provider Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ **Anonymous Identification #** \_\_\_\_\_

**Option #1** \_\_\_\_\_ Victim does not have insurance to cover this treatment.

**Option #2** \_\_\_\_\_ Victim does have insurance that will be billed for the treatment provided and has been informed that any deductibles or co-payments will be paid by VCAP.

**Option #3** \_\_\_\_\_ Victim has insurance but does not want the insurance carrier billed.

Name of hospital or licensed health care provider \_\_\_\_\_ FEIN# \_\_\_\_\_

Provider Telephone Number \_\_\_\_\_ Date of Forensic Exam \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Signature Print Name Title

having the authority to do so, affirm that this request for payment of Forensic Rape Examination expenses (attached to this form) are for services that were provided to the victim and are eligible for payment as described in the Protocol and Billing Procedures for Forensic Rape Examinations. I accept full responsibility for the accuracy in billing and requesting reimbursement, of only eligible forensic rape examination expenses, to the Office of Victims' Services.

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### SECTION 2 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 expenses to be paid by the Victims Compensation Assistance Program.**

The forensic evidence was provided to the following police department, district attorney's office or children and youth services agency: \_\_\_\_\_

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

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

The Victims Compensation Assistance Program will provide either the name of the individual listed above or for claims that are filed anonymously the Anonymous Identification Number, to the district attorney with jurisdiction in this case that a forensic rape examination has been performed, and that the forensic evidence was provided to the above named police department, district attorney's office or children and youth services agency.

**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 sexual offenses shall not be burdened with the costs associated with a forensic rape examination and medications directly related to the sexual offense.**

A hospital or licensed healthcare facility may submit a claim for reimbursement for the costs associated with a forensic rape examination and medications directly related to the sexual offense.

VCAP may reimburse up to \$1,000 for the costs associated with the forensic rape examination and medications directly related to the sexual offense.

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 crime or 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.

### **Claim Form Instructions**

#### **Section 1. Victim/Provider Information**

- Please provide all the requested information for the victim and provider. If the victim's name is to remain anonymous, include the Anonymous Identification Number assigned to the forensic rape kit. Please note that the victim's name, address and date of birth must be included on the form when filing anonymously and the victim's name must be included on the bill.
- 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 a completed FRE Form and a bill showing the amount due to the 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 may forward a completed FRE Form and a bill showing the balance 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 provider may forward a completed FRE Form and a bill showing all costs related to the examination to the VCAP at the above address.
- The victim must be informed of option #1, #2 and #3 and informed that they may be billed for services beyond the FRE costs, such as x-rays or other medical treatment. Informed that they can submit a standard VCAP claim form, which can be obtained at [www.pccd.state.pa.us](http://www.pccd.state.pa.us) or by calling the VCAP at 800-233-2339.
- The signature and title of the person, who has the authority and affirms that the request is for the reimbursement of only eligible forensic rape examination expenses and that the victim was informed of the insurance options, is required.
- Please submit itemized bills, which include the victim's name showing eligible forensic rape examination costs as listed in the Billing and Protocol Procedures for Forensic Rape Examinations.

#### **Section 2. Crime Information**

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