

**Application for Payment  
Sexual Assault Victims' Emergency Medical Response (SAVE) Fund  
SAFE Exam**

Revised 05/15/2024

**Medical personnel completing this form, by law, must notify the victim of the following:**

- A medical assessment may be conducted regardless of whether the victim reports the assault to a law enforcement agency; and
- A medical assessment shall be conducted, and evidence collected in a manner that protects the victim's identity should the victim choose not to report the assault to law enforcement.

**Insurance and billing:**

- The victim can choose to bill either the Fund or their health insurance coverage for payment of medical assessment services.
- Only services related to the medical assessment will be covered. Other services provided during the exam may be billed to the victim and/or the victim's insurance.

**Note: Payment from the Fund covers the initial visit only. A Crime Victims' Compensation application will need to be submitted for any follow up treatment.**

**To be filled out with the survivor:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of birth (**Required**): \_\_\_\_\_

City and County of Assault (**Required**): \_\_\_\_\_

Date and time of assault (**Required**): Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.

By signing this application, I hereby consent to release records between CVSSD and any hospitals, medical facilities, and physicians, for purposes relating to my SAVE Fund application. I understand that I am not giving permission for any disclosure other than that described and that I may revoke this authorization at any time, except to the extent action has been taken on this authorization.

Signature of victim/guardian: \_\_\_\_\_

The State Crime Victims' Compensation Program has been explained to the victim:  Yes  No

Survivor has been informed of the counseling benefit offered through this Fund:  Yes  No

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**Counseling Benefit and CVC Information (to be filled out with the survivor):**

The SAVE Fund will pay up to five counseling sessions for survivors of sexual assault in Oregon who have a sexual assault exam within 168 hours of the assault.

If the survivor would like to receive counseling benefits and/or additional information about the Crime Victims' Compensation Program (CVC), please complete the following section.

- It is safe to contact me in the following ways:     email     mailing address
- I would like to be contacted about the counseling benefit.
- I would like to be contacted about possible additional benefits through CVC.
- I would prefer a copy of this form and may contact the Department of Justice at a later time.

Signature of victim/guardian: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

After the Department of Justice receives the above information from the hospital the survivor will be contacted with information about counseling and/or CVC benefits. **The survivor or their advocate may also contact the Department at (503) 378-6254 or [save@doj.state.or.us](mailto:save@doj.state.or.us).**

Counseling sessions expire 18 months from the date of exam.

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**To be filled out by provider:**

I have provided the service(s) checked below:

- Complete Medical Assessment** - Medical examination plus collection of forensic evidence using the OSP SAFE Kit conducted no more than 120 hours (5) days after assault.

SAFE Kit # (Required if applicable): \_\_\_\_\_

- Partial Medical Assessment** - Medical examination without forensic evidence collection. The medical examination must be conducted no more than 168 hours (7 days) after assault.

**Date and time of exam:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ # of hours post-assault: \_\_\_\_\_

- Exam Conducted by a Sexual Assault Nurse Examiner or Sexual Assault Examiner (if applicable)

\_\_\_\_\_  
Please print name and title of examiner

\_\_\_\_\_  
SANE/SAE Certification number if applicable

\_\_\_\_\_  
Sexual Assault (Nurse) Examiner signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Care Facility

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**PROVIDERS MUST ATTACH AN ITEMIZED BILLING STATEMENT and send with this form to:**

Sexual Assault Victims' Emergency Medical Response (SAVE) Fund  
Oregon Department of Justice, Crime Victim and Survivor Services Division  
1162 Court Street NE, Salem, OR 97301  
OR Email to: [save@doj.state.or.us](mailto:save@doj.state.or.us)

An eligible medical services provider who submits a bill to the Fund under these rules may not bill the victim or the victim's insurance carrier for services covered by the Fund, except to the extent that the Department of Justice is unable to pay the bill due to lack of funds or declines to pay the bill for reasons other than untimely or incomplete submission of the bill to the Fund under OAR 137-084-0030(2)(e). A patient may opt to bill their insurance instead of accessing this Fund.

**Maximum Payment Amounts:**

Complete Examination (SAVE):      \$475.00 maximum for exam  
   \$95.00 maximum if exam conducted by a SANE  
   \$95.00 maximum for physician fees  
   \$70.00 maximum for emergency contraception  
   \$125.00 maximum for sexually transmitted disease  
   prophylaxis

Partial Examination (SAVE):      \$215.00 maximum for exam  
   \$95.00 maximum if exam conducted by a SANE  
   \$95.00 maximum for physician fees  
   \$70.00 maximum for emergency contraception  
   \$125.00 maximum for sexually transmitted disease  
   prophylaxis

Payment for all other services provided in conjunction with the sexual assault exam will be calculated using the Oregon Workers' Compensation Fee Schedule up to a maximum of \$2,000,00. See OAR 137-084-0030 for examples of non-covered SAVE Fund services.

Up to five (5) days of HIV Prophylaxis will be paid at 50% of the amount charged.

Up to five (5) counseling sessions with a licensed therapist.

**Questions: (503) 378-6254 or [save@doj.state.or.us](mailto:save@doj.state.or.us)**

Oregon Crime Victim and Survivor Services Division, 8:00-5:00 Monday – Friday