

Application for Payment Strangulation Kit Exam (SKIT)

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 examination shall be conducted, but a SKIT will not be collected should the victim choose not to report the assault to law enforcement.

Insurance and billing:

- Insurance must be utilized if available (exception below); the Fund will cover the patient responsibility after insurance has paid for services related to the exam.
- 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.

Insurance exception: It is not safe to utilize my insurance, please bill the Fund only.

Signature of victim/guardian for insurance exception: _____

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**): _____

By signing this application, I hereby consent to release records between CVSSD and any hospitals, medical facilities, and physicians, for purposes relating to my SKIT 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: _____

SKIT # (if applicable): _____

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

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

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

The Fund will pay up to five counseling sessions for survivors of strangulation in Oregon.

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.**

Counseling sessions expire 18 months from the date of exam.

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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

Maximum Payment Amount:

Payment is calculated using an insurance explanation of benefits or the Oregon Workers' Compensation Fee Schedule. Maximum payment amount for a SKIT Exam is \$5,000.00. If insurance is billed the Fund will process the payment once the explanation of benefits is received.

Questions: (503) 378-6254 or save@doj.state.or.us

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