

**Sexual Assault Program:
Instructions for Reimbursement**

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Eligibility Criteria

Sexual Assault Program (SAP): **Pursuant to SC Code of Laws Section 16-3-1350, DCVC is the primary payer and victims/claimants are not to be billed for the collection of evidence.**

Sexual Assault (Acute) Protocols:

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Other than the **Sexual Assault Program**, DCVC also has a **Compensation Program** to assist victims of crime. The Compensation Program is the payer of last resort, all healthcare providers must file with the victim's insurance provider prior to billing DCVC for reimbursement. An application must meet the eligibility criteria prior to payment consideration of crime related expenses. The Compensation Program pays for the following out-of-pocket expenses: Medical,

Name (last, first, MI): _____ **SS#: (last 5 digits):** ____/____

No Evidence Collected (NKC)

In the matter of:

Patient

Address

City State Zip

Name of Health Care Provider

Address

City State Zip

In accordance with South Carolina V 461.11 92.304 17.040443 /F.00000912 0 612 792 reWnB/F 11 9.96 m 0 0 1 164.66 447.43 m 0 (6) J 91 344.9 493.87 m 191.6

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