



GEORGIA CRIME VICTIMS COMPENSATION PROGRAM

104 Marietta Street, NW • Suite 440 • Atlanta, GA • 30303-2743
404/657-2222 • 800/547-0060 • 404/463-7652 (Fax) • 404/463-7650 (TTY)

Forensic Medical Examination Itemized Bill Description

This enclosure outlines the Georgia Crime Victims Compensation Program's (CVCP) description of an itemized bill. To proceed with the verification process on a bill, the bill MUST BE ITEMIZED. Therefore, please send a bill that provides the following information:

1. Provider(s) name, address and phone number.
2. Patient Name/Account Number
3. Date(s) of Service (actual date services were provided).
4. A description of all the services provided (e.g. examiner's fee for the forensic medical examination, facility fee, medications, etc.)
5. Charges for each service provided.
6. Total charges.

| <i>1. Provider Information</i> | | <i>2. Patient Name/Acct. Number</i> |
|--|-----------------------------------|---|
| ABC Hospital, LLC 1234 Your Street Anywhere, Georgia 30005 (404) 555-4455 phone (404) 555-5544 fax | | Patient Name: Jane Doe Account Number: 123 |
| Bill to: CVCP 104 Marietta St, Suite 440 Atlanta, Georgia 30303 | | |
| <i>3. Dates of Service</i> | <i>4. Description of Services</i> | <i>5. Cost per Service</i> |
| 07/01/2011 | Forensic Medical Examination | \$ 250.00 |
| 07/01/2011 | Facility Fee | \$ 175.00 |
| 07/01/2011 | Anoscopy CPT 46600 | \$ 134.04 |
| 07/01/2011 | Rape Kit | \$ 5.75 |
| 07/01/2011 | Ceftriaxone 250 mg IM | \$ 25.00 |
| 07/01/2011 | Azithromycin 1 gram PO | \$ 10.00 |
| 07/01/2011 | Viracept 1250 mg PO | \$ 30.00 |
| 07/01/2011 | Chlamydia CPT 87110 | \$ 37.91 |
| | | Total Charges \$ 667.70 |
| <i>6. Total Charges</i> | | |