



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 Statement/Bill Description

This enclosure outlines the Georgia Crime Victims Compensation Program's (CVCP) description of an itemized statement/bill. To proceed with the verification process, 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. Description of the service provided and the associated CPT Code and/or Revenue Code, as applicable
5. Usual and Customary Charge for each service provided
6. Total charges

1. Provider Information

ABC Hospital, LLC
 1234 Your Street
 Anywhere, Georgia 30005
 (404) 555-4455 phone
 (404) 555-5544 fax

2. Patient Name/Account Number

Patient Name:
 Jane Doe
 Account Number:
 123

<i>Date of Service</i>	<i>Description/Code</i>	<i>Amount</i>
07/01/2011	ER Level III CPT Code 99283	\$ 288.00
07/01/2011	Facility Fee	\$ 175.00
07/01/2011	Anogenital Exam with Colposcopy CPT 99170	\$ 178.00
07/01/2011	Rape Kit	\$ 5.75
07/01/2011	Ceftriazone 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	RPR CPT Code 86592	\$ 45.00
07/01/2011	Hepatitis C AB CPT Code 86803	\$ 33.00
Total Charges		\$789.75

Please Note:

For RNs, SANE-As, or SANE-Ps, list the associated description for the medical service(s) provided in the description/code section (e.g. If you conducted a forensic medical examination in a clinic, which lasted 60 minutes, for #4 above, you would list "office outpatient new-60 min" for the professional fee.) Please refer to the CPT Code/Description of Services Reference Sheet for the complete list of descriptions.