South Carolina Attorney General's Office
South Carolina Crime Victim Services Division
Department of Crime Victim Compensation (DCVC)

Sexual Assault Protocol (SAP) Billing Claim Form

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

DOB: _____/_____/_____ **Age:** _____ **Gender:** ☐ **Male** ☐ **Female** ☐ **Other**_____
Ethnicity: _____ **Race:** _____
Home Address: _____
City:_____ **State:**_____ **Zip Code:**_____
Name of Healthcare Provider: _____ **ACC#:**_____

Contact Number (_____) _____-_____ **Date of Service: (mm/dd/yy)** ____/____/___

Laboratory Services

☐ **Gonorrhea NAAT**
- ☐ Oral ($14)
- ☐ Rectal ($14)
- ☐ Vaginal ($14)

☐ **Chlamydia NAAT**
- ☐ Oral ($42)
- ☐ Rectal ($42)
- ☐ Vaginal ($42)

- ☐ Trichomoniasis NAAT ($60)
- ☐ Herpes Culture ($24)
- ☐ Vaginal Culture ($24)
- ☐ Wet Prep/KOH Prep ($12)
- ☐ Serum Pregnancy Test ($30)

☐ **Gram Stain**
- ☐ Urethral ($12)
- ☐ Rectal ($12)
- ☐ Vaginal ($12)

- ☐ RPR, VDRL, Syphilis ($12)
- ☐ Presence of motile sperm ($6)
- ☐ Hepatitis B surface Antibody ($48)
- ☐ Hepatitis B surface Antigen ($48)
- ☐ HIV 4th gen antigen/antibody ($24)
- ☐ Urinalysis ($22)
- ☐ Blood Drawing Fee ($6)
- ☐ Urine Culture ($28)
- ☐ Urine Pregnancy Test ($28)

Medical Services

	Physician, FNP, NP Fee ($137)
	Emergency Room Fee ($90)
	SANE Fee ($104)
	Colposcopy Fee ($108)
	Clinic Fee ($60)
	Supplies ($14)

Medications

Medication	Fee	Qty	Medication	Fee	Qty
☐ Rocephine 250 mg IM (Ceftriaxone) (injection)	$102.00 ea		☐ Plan B Levonorgestrel Flagyl	$30.00 ea	
☐ Flagyl 500 mg (Metronidazole) (4tabs/ea)	$4.00 ea		☐ Ovral (Norgestrel) (tabs/each)	$2.10 ea	
☐ Phenergen (Promethazine) (tabs/ea)	$2.64 ea		☐ Zithromax 500mg (Azithromycin) (2 tabs/ea)	$12.00 ea	
☐ Phenergen (suppository 50mg ea)	$15.28 ea		☐ Lidocaine	$25 ea	
☐ Suprax (Cefixime) (tabs/ea)	$13.50 ea		☐ Tetanus vaccine	$25 ea	
☐ Cipro (Ciprofloxin) (tabs/ea)	$9.60 ea		☐ Acetaminophen(Tylenol)	$0.17ea	
☐ Doxycycline (tabs/ea)	$3.17 ea		☐ Ibuprofen (Motrin)	$0.25ea	
☐ Hepatitis B vaccine	$25.00 ea		☐ Ondansetron (Zofran)	$6.00ea	
			☐ Ulipristal acetate (Ella)	$43.00ea	
			☐ Other (Justify) _____		

Total Amount Billed

$

Remittance Address Required

SCEIS #:

Health Care Provider must attach a copy of **the Medical Examination Release Form to this Protocol Billing Claim Form** for payment and forward to:

Department of Crime Victim Compensation (DCVC)
Edgar A. Brown Building, 1205 Pendleton Street, Room 401, Columbia, SC 29201

Telephone 803-734-1900 ● Facsimile 803-734-2261