



North Carolina Department of Crime Control and Public Safety
Victim Compensation Services Division

Beverly Eaves Perdue, Governor

Reuben F. Young, Secretary
Janice W. Carmichael, Director

North Carolina Rape Victim Assistance Program
Provider Information Form

Name of Provider: _____

Name of Victim: _____ D.O.B: _____

Address: _____ Gender: M _____ F _____

_____ D.O.S: _____

Is the victim covered by Medicare, Medicaid, or any other Health Insurance? Y _____ N _____
If YES, please provide the following:

Insurance Carrier: _____ Medicaid Number (if applicable): _____

Policy Number: _____ Medicare Number (if applicable): _____

Was there a Co-pay? Y _____ N _____ If YES, what was the amount? : \$ _____

Location of Crime (City and County): _____

Responding Law Enforcement Agency: _____

Case Number (if available): _____

In accordance with Section 1 of the North Carolina General Statute §143B-480.2, attending physicians and licensed registered nurses shall not bill or otherwise seek payment directly from the Program, but shall instead seek payment from the hospital that accepted the payment on the entity's behalf. No payment for the cost of the forensic medical examination shall be made under this subsection unless the recipient agrees in writing that the receipt of the payment shall constitute payment in full for the amount owed for the cost of the examination and expenses related to the examination.

http://www.ncleg.net/Sessions/2007/Bills/House/HTML/H2438v4.html

Accepted by Provider: _____ Date: _____



CRIME VICTIMS COMPENSATION COMMISSION -KNOW WHERE TO TURN FOR HELP

MAILING ADDRESS:
4703 Mail Service Center
Raleigh, NC 27699-4703
Telephone (919) 733-7974

www.nccrimecontrol.org/VJS
An Equal Opportunity/Affirmative Action Employer
Toll Free 1-800-826-6200

OFFICE LOCATION:
512 N. Salisbury Street
Raleigh, NC 27604-1159
Fax (919) 715-4209

