



Minnesota Sexual Assault Exam Payment Program

To request payment for a sexual assault examination under Minnesota Statutes section 609.39, complete this form, attach itemized bill related to the exam, and send to the Office of Justice Programs.

| FACILITY INFORMATION | |
|-------------------------------------|--|
| Provider name | |
| Billing contact name | |
| Billing contact phone | |
| Billing contact email | |
| Supplier number (Vendor number) | |
| Location code | |
| Provider's billing reference number | |

| EXAM INFORMATION | |
|-----------------------------------------------|-----------------------------------------------------------------------|
| Date of the exam | |
| Location of exam | |
| Was a sexual assault kit done? Yes No | If yes, was the kit entered into the Track-Kit system? Yes No |

| VICTIM/PATIENT INFORMATION | |
|--------------------------------|--|
| Victim/patient name | |
| Gender | |
| Date of birth (month/day/year) | |

| INCIDENT INFORMATION | |
|---------------------------------------|--|
| Date of the assault | |
| Location of the assault (city/county) | |

Send form and attached bills by mail, email or fax to:

Minnesota Sexual Assault Exam Payment Program
Office of Justice Programs, Minnesota Department of Public Safety
445 Minnesota Street, Suite 2300, St. Paul, MN 55123
Fax: 651-797-1140
Email: OJP.SA.Exams.DPS@state.mn.us