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):_____
DOB:_____ Age:_____
Ethnicity: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Name of Healthcare Provider: _____
Contact Number: _____

SS# (last 5 digits): _____
Gender: □ Male □ Female □ Other _____
Race: _____

ACC#: _____
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 ($32)
- ☐ Presence of motile sperm ($6)
- ☐ Hepatitis B surface Antibody ($48)
- ☐ Hepatitis B surface Antigen ($48)
- ☐ HIV 4th gen antigen/antibody ($30)
- ☐ 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)	$11.46 ea		☐ Plan B Levonorgestrel Flagyl	$30.00 ea	
			☐ Ovral (Norgestrel) (tabs/each)	$2.10 ea	
☐ Flagyl 500 mg (Metronidazole) (4tabs/ea)	$4.00 ea		☐ Zithromax 500mg (Azithromycin) (2 tabs/ea)	$12.00 ea	
☐ Phenergan (Promethazine) (tabs/ea)	$2.64 ea		☐ Lidocaine	$25.00 ea	
☐ Phenergan (suppository 50mg ea)	$15.28 ea		☐ Tetanus vaccine	$38.35 ea	
☐ Suprax (Cefixime) (tabs/ea)	$13.50 ea		☐ Acetaminophen(Tylenol)	$0.17ea	
☐ Cipro (Ciprofloxin) (tabs/ea)	$9.60 ea		☐ Ibuprofen (Motrin)	$0.25ea	
☐ Doxycycline (tabs/ea)	$3.17 ea		☐ Ondansetron (Zofran)	$6.00ea	
☐ Hepatitis B vaccine	$54.64 ea		☐ 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