



## Minnesota Sexual Assault Exam Payment Program

To request payment for a sexual assault examination under Minnesota Statutes section 609.35, complete this form, attach the itemized bill related to the exam, and send to the Office of Justice Programs. The invoice/bill must specifically request payment from the Minnesota Department of Public Safety Office of Justice Programs. **All fields on this form are required.**

PROVIDER BILLING INFORMATION	
Date bill submitted	
Provider name	
Billing contact name	
Billing contact phone	
Billing contact email	
SWIFT Supplier Number (Vendor ID)	
Remittance address (where payment sent)	
Location code (for remittance address)	
Provider's billing reference number	

EXAM INFORMATION	
Date of the exam	
Location of exam	
Was a sexual assault kit done? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was the kit entered into the Track-Kit system? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

INCIDENT INFORMATION	
Date of the assault/most recent assault	
Location of the assault (city/county)	

<p><b>Important:</b> The maximum amount that will be paid by the MSAEPP for a sexual assault exam is set by statute. The cap for exams performed in 2024 is \$1447.60 per exam. Any sexual assault exam costs incurred by the provider over that amount must not be billed to the patient.</p>	<p><b>Send form and attached bills by mail, email or fax to:</b></p> <p>Minnesota Sexual Assault Exam Payment Program Office of Justice Programs, Minnesota Department of Public Safety 445 Minnesota Street, Suite 2300, St. Paul, MN 55101 Phone: (651) 201-7279, Fax: (651) 797-1140 Email: <a href="mailto:OJP.SA.Exams.DPS@state.mn.us">OJP.SA.Exams.DPS@state.mn.us</a></p>
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