



REQUEST FOR PAYMENT FROM  
THE WISCONSIN DEPARTMENT OF JUSTICE

# WI SAFE Fund

(Sexual Assault Forensic Exam)

**ATTACH THIS FORM TO AN ITEMIZED COPY OF EACH BILL**

Report pursuant to Wis. Stat. §949.24(3)

Information can be mailed, faxed or emailed as follows:

Mail to: Wisconsin Department of Justice  
SAFE Fund, ATTN: Karen Moore  
PO Box 7951  
Madison, WI 53707-7951

Fax to: 608-294-2928  
Email: moorekg@doj.state.wi.us

Date: \_\_\_\_\_

Name of Patient: \_\_\_\_\_

Date of Assault: \_\_\_\_\_ Location of Assault: \_\_\_\_\_

**EXAMINING PROVIDER: I verify that a sexual assault forensic examination has been performed for this victim to gather evidence regarding a sex offense, and that may include tests for or that prevents a sexually transmitted disease, and provision or prescription for any medication to prevent or treat a sexually transmitted disease.**

FACILITY NAME		FACILITY ADDRESS	
MEDICAL PROVIDER NAME AND TITLE		COUNTY OF FACILITY	PHONE NUMBER
FEDERAL TAX ID NUMBER			
SIGNATURE OF MEDICAL PROVIDER *		SIGNATURE OF CO-EXAMINER (IF APPLICABLE)	

\*Must be signed by treating/examining physician, physician's assistant or nurse

Billing Contact Person Name & Telephone Number:

\_\_\_\_\_

Reason for SAFE Fund Payment:

- Did not wish to report to law enforcement  
 Did not wish to cooperate with law enforcement  
 Did not wish to submit bill to insurance provider or other available payer source

If you have any questions, please call Karen Moore at 608-267-9340.

- **NOTE: If insurance has paid any portion of the forensic exam, you must attach the EOB in order for the bill to be considered for reimbursement by the SAFE Fund.**