FORENSIC MEDICAL EXAMINATION PROGRAM

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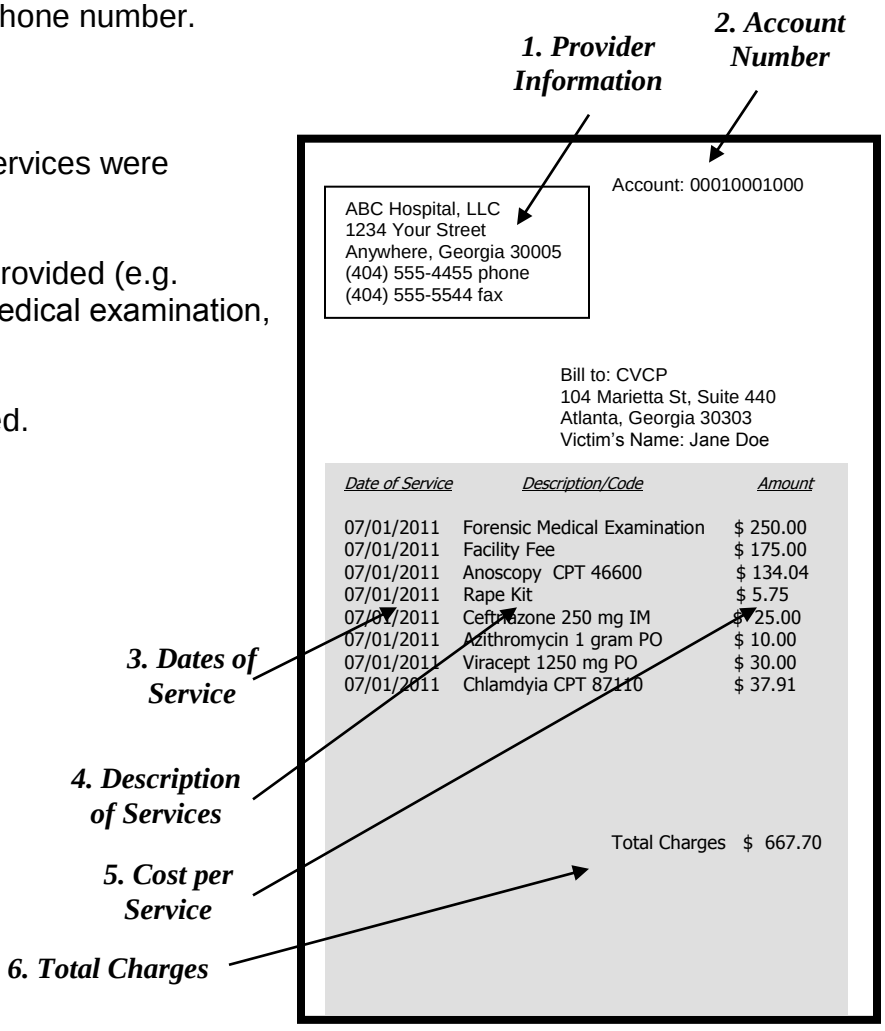
Forensic Medical Examination
Itemized Bill Description

This enclosure outlines the Forensic Medical Examination Program's description of an itemized bill. To proceed with the verification process on a bill, the bill MUST BE ITEMIZED. Therefore, please send a bill that provides the following information:

1. Provider(s) name, address and phone number.
2. Account number (if applicable).
3. Date(s) of Service (actual date services were provided).
4. A description of all the services provided (e.g. examiner's fee for the forensic medical examination, facility fee, medications, etc.)
5. Charges for each service provided.
6. Total charges.



GEORGIA CRIME VICTIMS COMPENSATION PROGRAM
CRIMINAL JUSTICE COORDINATING COUNCIL