

Forensic Medical Examination Itemized Bill Description

This enclosure outlines the Georgia Crime Victims Compensation Program's (CVCP) 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.
7. Victims Name.

1. Provider Information

2. Account Number

Account: 00010001000

ABC Hospital, LLC
1234 Your Street
Anywhere, Georgia 30005
(404) 555-4455 phone
(404) 555-5544 fax

Bill to: CVCP
104 Marietta St, Suite 440
Atlanta, Georgia 30303
Victim's Name: Jane Doe

7. Victims Name

<i>Date of Service</i>	<i>Description/Code</i>	<i>Amount</i>
07/01/2011	Forensic Medical Examination	\$ 250.00
07/01/2011	Facility Fee	\$ 175.00
07/01/2011	Anoscopy CPT 46600	\$ 134.04
07/01/2011	Rape Kit	\$ 5.75
07/01/2011	Ceftriazone 250 mg IM	\$ 25.00
07/01/2011	Azithromycin 1 gram PO	\$ 10.00
07/01/2011	Viracept 1250 mg PO	\$ 30.00
07/01/2011	Chlamydia CPT 87110	\$ 37.91

Total Charges \$ 667.70

3. Dates of Service

4. Description of Services

5. Cost per Service

6. Total Charges