Print Form

South Carolina Attorney General's Office
Department of Crime Victim Compensation (DCVC)

SOUTH CAROLINA Children's Advocacy Medical Response System
Serving the children of South Carolina since 2004

Child Maltreatment Protocol Billing Statement

Child's Name (last, first, MI) :		**SSN (last 5 digits):**	
Date of Birth (mm/dd/yy):	**Age:**	**Gender** ☐ Male	☐ Female
Race ☐ American Indian/Alaska Native	☐ Black/African American	☐ Pacific Islander	
☐ Asian	☐ Multiracial	☐ White/Caucasian	
☐ Biracial	☐ Other: *Specify*		
Ethnicity ☐ Hispanic	☐ Non-Hispanic	☐ Other: *Specify*	
Account Number:		**Date of Crime (mm/dd/yy):**	
Facility Name:		**Telephone Number:** ( ) -	
Place of Incident:	**County:**	**State:**	
Law Enforcement Agency (do not abbreviate):		**Case Number:**	

Evaluation For (check all that apply)

☐ Drug Endangered Child	☐ Medical Child Abuse	☐ Threat of Harm
☐ Failure to Thrive	☐ Physical Abuse	☐ Physical Abuse ☐ Neglect
☐ Neglect	☐ Sexual Abuse	☐ Sexual Abuse ☐ Minor Sex Trafficking
Specify:	☐ Minor Sex Trafficking	
	☐ Other: *Specify*	

Other Miscellaneous Injuries

☐ Burns	☐ Fractures	☐ Lacerations/Wounds
☐ Contusions/Bruises	☐ Head/Scalp Injuries	☐ Scars
☐ Other: *Specify*		

Did Law Enforcement contact you and/or the Children's Advocacy Center to request this exam?[1, 2] ☐ **Yes** ☐ **No**

Healthcare Provider Signature:	**Date:**

Healthcare provider and/or facility must attach a copy of the Law Enforcement Incident Report and **Authorization and Release Form** to this billing statement for payment and forward to:

Department of Crime Victim Compensation (DCVC)
Edgar A. Brown Building
1205 Pendleton Street, Room 401
Columbia, SC 29201

[1] **The Department of Crime Victim Compensation will not cover the cost of the exam if such is not requested by a law enforcement officer.**
[2] **If a child is in the legal custody of another government agency, the cost of the exam will not be covered by the Department of Crime Victim Compensation.**

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Child's Name (last, first, MI) :

DOB (mm/dd/yy): | **Date of Evaluation (mm/dd/yy):**

Medical Services

- ☐ Healthcare Provider Fee ($137)
- ☐ Clinic Fee ($60)
- ☐ Emergency Room Fee ($90)

Procedures

- ☐ Forensic imaging with/ without colposcopy ($108)
- ☐ Colposcopy Fee ($108)

Miscellaneous Fees

- ☐ Supplies ($14)

Laboratory Services

- ☐ Gonorrhea Culture
  - ☐ Oral ($14)
  - ☐ Rectal ($14)
  - ☐ Vaginal ($14)
- ☐ Chlamydia Culture
  - ☐ Rectal ($42)
  - ☐ Vaginal ($42)
- ☐ NAAT ($60)
- ☐ Trichomonas Vaginalis Culture/NAAT ($42)
- ☐ Herpes Simplex Culture ($24)
- ☐ Vaginal Culture ($24)
- ☐ Wet Prep/KOH Prep ($12)
- ☐ GramStain
  - ☐ Urethral ($12)
  - ☐ Vaginal ($12)
- ☐ RPR, VDRL, Syphilis ($12)
- ☐ Hepatitis B Surface Antibody ($48)
- ☐ HIV by Elisa ($24)
- ☐ B-HCG, Blood ($30)
- ☐ Urinalysis ($22)
- ☐ Urine Culture & Sensitivity ($24)
- ☐ Urine Pregnancy Test ($24)
- ☐ Urine Drug Screen ($60)
- ☐ CBC ($42)
- ☐ Platelet Count ($24)
- ☐ BMP - Basic Metabolic Panel ($32)
- ☐ Liver Function Test ($71)
- ☐ Amylase ($26)
- ☐ PT & aPTT ($48)
- ☐ Fibrinogen ($45)
- ☐ von Willebrand Antigen ($151)
- ☐ Ristocetin Cofactor ($67)
- ☐ Blood Drawing Fee ($6)

Radiographs/ Imaging Studies

- ☐ Skeletal Survey Complete ($168)
- ☐ Skull - 4 Views ($96)
- ☐ Chest PA & Lateral ($35)
- ☐ Humerus ($66)
- ☐ Forearm ($30)
- ☐ Hand - Minimum 3 Views ($62)
- ☐ Pelvis AP ($90)
- ☐ Pelvis & Hips - Infant ($108)
- ☐ Femur ($30)
- ☐ Tibia Lower Leg ($30)
- ☐ Cervical Spine ($108)
- ☐ Spine Entire AP LAT ($330)
- ☐ Lumbar Spine ($114)
- ☐ Thoracic Spine ($108)
- ☐ CAT Scan ($500) Head
- ☐ CAT Scan ($500) Abdomen

Total Amount Billed $

Please remit payment to:

Tax ID Number:

Healthcare provider and/or facility must attach a copy of the **Law Enforcement Incident Report/Supplemental Report**, **Authorization and Release Form**, along with pages 1 and 2 of this **Child Maltreatment Protocol Billing Statement** for payment.