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MISSOURI DEPARTMENT OF PUBLIC SAFETY

# CHILD PHYSICAL ABUSE FORENSIC EXAMINATION

| FOR DPS OFFICE USE ONLY |
|---|
| CLAIM NUMBER |

## PATIENT INFORMATION

| PATIENT NAME | DATE OF BIRTH | AGE | GENDER |
|---|---|---|---|
| | | | ☐ Male ☐ Female ☐ Transgender |

RACE

☐ Multiple Races ☐ Black/African American

☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Caucasian/White ☐ Hispanic/Latino

## CONSENT FOR FORENSIC EXAMINATION

I hereby request a forensic examination for evaluation of suspected physical abuse. I understand the collection of evidence may include photographing injuries and that photographs may include the genital area.

I further understand that hospitals and physicians are required by law to notify the Children's Division of known or suspected child abuse. If child abuse is found or suspected, this form and any evidence will be released to the Children's Division, the Juvenile Justice Office, Law Enforcement and/or the Prosecuting Attorney. This form will be submitted to the Department of Public Safety for billing purposes.

| SIGNATURE OF (CHECK ONE) | SIGNATURE | DATE |
|---|---|---|
| ☐ Patient ☐ Parent ☐ Guardian | | |

## AUTHORIZATION FOR FORENSIC EXAMINATION BY REQUESTING AGENCY

I request a forensic examination be performed on the above patient who is suspected of being the victim of physical abuse.

| NAME AND AGENCY (PLEASE PRINT) | SIGNATURE | DATE |
|---|---|---|
| | | |

## INCIDENT AND EXAMINATION INFORMATION

| DATE OF ABUSE | COUNTY WHERE ABUSE OCCURRED | NAME OF ALLEGED ABUSER(S) | RELATIONSHIP TO PATIENT |
|---|---|---|---|
| | | | |

| DATE OF EXAM | TIME OF EXAM | AGENCY/PERSON REFERRING VICTIM FOR EXAM | PHONE NUMBER |
|---|---|---|---|
| | ☐ A.M. ☐ P.M. | | |

## AGENCY INFORMATION FOR ABUSE REPORTING

☐ 1. MO Child Abuse/Neglect Hotline (800-392-3738)
☐ 2. Children's Division (hotline previously notified)
☐ 3. Law enforcement
☐ 4. Juvenile authorities
☐ 5. Other

| NAME OF AGENCY ABUSE REPORTED TO | |
|---|---|
| INCIDENT/REPORT NUMBER | REPORT DATE |
| | |

## MEDICAL PROFESSIONAL PERFORMING FORENSIC EXAMINATION

| NAME OF MEDICAL PROFESSIONAL (PLEASE PRINT) | TITLE/CREDENTIALS | | SAFE-CARE PROVIDER? |
|---|---|---|---|
| | | | ☐ Yes ☐ No |
| SIGNATURE | DATE | FEDERAL TAX ID NUMBER | SAFE-CARE ID NUMBER |
| | | | |

## SAFE-CARE PROVIDER PERFORMING CASE REVIEW

| NAME OF SAFE-CARE PROVIDER (PLEASE PRINT) | TITLE/CREDENTIALS | | SAFE-CARE PROVIDER? |
|---|---|---|---|
| | | | ☐ Yes ☐ No |
| SIGNATURE | DATE | FEDERAL TAX ID NUMBER | SAFE-CARE ID NUMBER |
| | | | |

## BILLING INSTRUCTIONS

The Department of Public Safety (DPS) is the first payer for all forensic examinations performed on children under the age of eighteen (18) who are suspected of being the victim of physical abuse. DPS will only pay for the professional charges incurred from performing the forensic exam or the record review of the forensic exam. Charges such as medical procedures, facility fees, supplies or laboratory/radiology tests are not eligible for reimbursement and should be billed to the patient or their insurance carrier. All claims must be received by DPS within ninety (90) days of the date of the forensic exam. In order to receive payment, submit this completed form along with an itemized billing invoice which includes a detailed description of the procedures performed along with the payment remit to address to:

**Missouri Department of Public Safety**
**Child Physical Abuse Forensic Examination Program**
**PO Box 1589**
**Jefferson City, MO 65102-1589**

| BILLING CONTACT PERSON (PLEASE PRINT) | TITLE | PHONE NUMBER |
|---|---|---|
| | | |