

Missouri Crime Victims' Compensation Program GUIDELINES FOR PROVIDERS

Administered by the Missouri Department of Public Safety, Office for Victims of Crime
(effective 10/01/2021)

SAFE-Provider Based

SAFE claims can only be submitted by providers.

Providers submitting a SAFE claim for consideration **must** include the following:

1. a Sexual Assault Forensic Exam (SAFE) Program Report; and,
2. a Sexual Assault Forensic Exam (SAFE) Procedural Checklist; and
3. an Itemized Bill.

NOTE: The completed Form 1500 or Form UB-04 may serve as the itemized bill, but will not be accepted if not accompanied by items 1-3 above.

SAFE claims are due no later than 90 days from the date of service.

Completed SAFE claims can be mailed to SAFE, PO Box 1589, Jefferson City, MO 65101 ATTN: SAFE or emailed to SAFE-CPAFE@dps.mo.gov or faxed to 573/526-4940

CPAFE-Provider Based

CPAFE claims can only be submitted by providers.

Providers submitting a CPAFE claim for consideration **must** include the following:

1. a Child Physical Abuse Forensic Exam (CPAFE) Form; and
2. an Itemized Bill.

NOTE: The completed Form 1500 may serve as the itemized bill, but will not be accepted if not accompanied by both items noted above.

CPAFE claims are due no later than 90 days from the date of service.

Completed CPAFE claims can be mailed to CPAFE, PO Box 1589, Jefferson City, MO 65101 ATTN: CPAFE or emailed to SAFE-CPAFE@dps.mo.gov or faxed to 573/526-4940

CVC-Victim Based

The CVC program is victim-based and operates separate and apart from SAFE and CPAFE.

Providers may send an itemized bill to the CVC program per the victim and/or claimant's request.

Providers submitting information for consideration related to a CVC claim **must** include the following:

1. the CVC assigned case number (*i.e.*, CV2020-XXXX);
2. the first and last name of the victim;
3. the victims date of birth; and
4. the Itemized Bill

If the CVC assigned case number is known, the provider can request up to 10 case statuses by emailing the cvc@dps.mo.gov. The request must include the first and last name of the victim and the date of birth.

NOTE: The Form 1500 or the Form UB-04 form **DOES NOT** qualify as an itemized bill for the CVC program and will not be accepted.

Itemized bills for CVC claims or requests for case status can be mailed to CVC, PO Box 1589, Jefferson City, MO 65101 ATTN: CVC or emailed to cvc@dps.mo.gov or faxed to 573/526-4940



For more information or to request training or technical assistance for your agency please contact:

The Missouri Department of Public Safety, Office for Crime
Crime Victims' Compensation Program at
cvc@dps.mo.gov or 573/526-6006