

## **SAFE-CARE Exam Form Instructions**

This form is available in fillable .pdf format at <http://www.dhss.mo.gov/SAFE-CARE/>  
Click on “Exam Form (.pdf)”

### **For Billing**

Send a copy of page 1 with the Sexual Assault Forensic Exam Checklist (page 2) and an itemized invoice to:  
Missouri Department of Public Safety  
Sexual Assault Forensic Exam Program  
PO Box 1589  
Jefferson City, MO 65102-1589

Claims must be submitted within **90 days** of the exam date. Please do not send pages 3-12 of the SAFE-CARE Exam Form, as these are not needed for billing purposes.

For additional information about the billing process, please visit <http://www.dps.mo.gov/dir/programs/safe/>  
or call (573) 526-6006.

### **For Data Collection**

If using the paper SAFE-CARE Exam Form, send a copy of pages 1-12 to:  
Missouri Department of Health and Senior Services  
SAFE-CARE Network  
PO Box 570  
Jefferson City, MO 65102-0570

### **Electronic Form Available to SAFE-CARE Network Providers**

An electronic exam form is available to SAFE-CARE Network providers. SAFE-CARE Network providers are physicians and nurse practitioners who have completed initial SAFE-CARE Network training, annual training updates, and other requirements of the Network.

SAFE-CARE providers may use the electronic form instead of the paper form. This eliminates the need for providers to send paper copies to the Missouri Department of Health and Senior Services (DHSS) for data collection. For additional information on the electronic system, please contact the SAFE-CARE Network at (573) 526-4405.