



INVOICE FOR SEXUAL ASSAULT MEDICAL FORENSIC EVIDENCE

Instructions:

1. This form is used to request compensation for sexual assault forensic examinations conducted on or after April 1, 2025, if the victim/patient has not involved the police within 90 days of examination.
2. Invoices cannot be submitted earlier than 90 days following the exam date. The Program is unable to hold invoices that are received before the 90-day threshold. Early submissions will be rejected, please resubmit once the 90 days have been reached.
3. Please submit invoices within 6 months of the exam date.
4. Only registered physicians can charge GST. It is the responsibility of vendors to invoice GST correctly.
5. To request a fillable pdf version of this form please email: safe@gov.bc.ca

Background

A victim/patient seeking medical care following a sexual assault may not be ready to make a decision about reporting the assault to police but may be ready to have medical forensic evidence gathered while the evidence is present.

In 1999, the Province established a protocol for payment for sexual assault medical forensic evidence in cases where the victim/patient has not involved the police within 90 days of examination. This protocol helps ensure victims of a sexual assault are provided with sufficient time to make decisions about justice system involvement when they seek medical care.

The protocol establishes Ministry compensation for professional fees specifically for the collection of medical forensic evidence and the preparation of a medical legal report. Requests for compensation by physicians and hospitals/health authorities on behalf of a nurse examiner are made to the Ministry of Public Safety and Solicitor General using the attached invoice form.

If the victim/patient has involved the police within 90 days of examination, the physician or hospital/health authority requests compensation from the police.

Collection Notice

Personal information is collected under section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA) for the purpose of providing payment for sexual assault medical forensic evidence in cases where the victim/patient has not involved the police within 90 days of examination. The personal information collected is used for a purpose consistent with the original purpose for which the information was collected, pursuant to the obligations contained at section 32(a) of the FOIPPA.

If you have any questions about the collection or use of this personal information, please contact: safe@gov.bc.ca.



INVOICE FOR SEXUAL ASSAULT MEDICAL FORENSIC EVIDENCE

CHEQUE PAYABLE TO		ACCOUNT NUMBER (BC Government Supplier #)
MAILING ADDRESS WHERE PAYMENT SHOULD BE SENT	CITY/TOWN	POSTAL CODE
AMOUNT (CHECK ONE)		
<input type="checkbox"/> SEXUAL ASSAULT NURSE EXAMINER (\$625.00) <input type="checkbox"/> PHYSICIAN (\$639.14)		
<input type="checkbox"/> GST-REGISTERED PHYSICIAN (\$671.09) (\$639.14 + GST)		

EXAMINER SURNAME	EXAMINER GIVEN NAME(S)	EXAMINATION DATE (DD/MM/YYYY)
NAME OF PERSON TO CONTACT IN CASE OF FURTHER ENQUIRIES		EMAIL ADDRESS &/or TELEPHONE NUMBER
NAME OF HEALTH CARE FACILITY OR SEXUAL ASSAULT CENTRE WHERE EXAM WAS CONDUCTED		
ADDRESS OF HEALTH CARE FACILITY OR SEXUAL ASSAULT CENTRE (IF DIFFERENT FROM MAILING ADDRESS)		

CITY / TOWN / MUNICIPALITY WHERE ALLEGED ASSAULT OCCURRED	DATE OF ALLEGED ASSAULT (DD/MM/YYYY)
VICTIM / PATIENT PHN #	If no PHN, provide victim/patient's initials and date of birth (DD/MM/YYYY)
VICTIM / PATIENT GENDER (SELF-IDENTIFIED) (CHECK ONE)	
<input type="checkbox"/> MAN / BOY <input type="checkbox"/> NON-BINARY <input type="checkbox"/> WOMAN / GIRL <input type="checkbox"/> PREFER NOT TO ANSWER / UNKNOWN	
SIGNATURE OF EXAMINER	DATE SIGNED
ADDITIONAL NOTES	

MINISTRY USE		
Supplier:	Invoice # CSVS format:	
Supplier #:	QR signature:	
EA:	Date Signed:	
Stub comments: Examiner name and full PHN	010 15092 10410 8023 1501468	\$625.00
REM1: SANE/FORENSIC	010 15092 10410 8023 1501468	\$639.14
REM2:	010.15OCG.00000.1575.1500000 GST	\$31.25

E-mail or fax completed form to: **safe@gov.bc.ca** OR **604-660-5340 (fax)**

Invoices must be received within 6 months of examination date