Washington State Department of Labor & Industries

Crime Victims Compensation Child Physical Abuse/Neglect Exam Report

Exam performed in: ☐ Office (Independent Clinic) ☐ Hospital (ED or Floor)	Exam Level/Billing Code – Please use CPT codes: ☐ 99202 NP (15 minutes) ☐ 99205 NP (60 minutes) ☐ 99203 NP (30 minutes) ☐ 99204 NP (45 minutes)
Time elapsed since assault: _____ Hours _____ Days _____ Months _____ Unknown	
Patient's age at exam (in years): _____ (Must be under the age of 18.)	
Circumstances of visit:	
Did this assault include Domestic Violence strangulation? ☐ Yes ☐ No ☐ Unknown	
Address or approximate location of assault:	City and state where assault occurred:
Forensic evidence kit completed? ☐ Yes ☐ No Physical exam completed? ☐ Yes ☐ No	Lab work completed? (Bill separately) ☐ Yes ☐ No
Is there any concern for sexual abuse/assault? ☐ Yes ☐ No	Other imaging study? (Bill separately) ☐ Yes ☐ No
Skeletal survey completed? (Bill separately) ☐ Yes ☐ No	Imaging: CTA, CT, MR? ☐ Yes ☐ No
Exam performed by (name – please print):	Form completed by (name – please print):
☐ RN ☐ MD ☐ PA-C ☐ ARNP ☐ DO ☐ Other: _____	(Signature)
Additional comments:	
Police report made? *For data collection purposes only* ☐ Yes ☐ No ☐ Unknown	
Claimant (patient) Name – may use patient ID label:	Medical facility where exam performed:
Medical Record #: _____ Primary Insurance:	Date of exam (use the month/day/year format):

A health services provider who requests from the department payment for providing services shall maintain all records necessary for the director's authorized auditors to audit the provision of services. A provider shall keep all records necessary to disclose the extent of services the provider furnishes to a victim of crime. At a minimum, these records must provide and include prompt and specific documentation of the level and type of service for which payment is sought. Records must be maintained for audit purposes for a minimum of five years.

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