

CORONER & DEATH INVESTIGATION REIMBURSEMENT FORM

Information Needed to Complete Form:

1) Child's Case Number 2) Federal Tax ID Number 3) Registered Vendor Name 4) W-9

Documents to Submit with Form:

1) W-9 2) Completed SUIDI or Autopsy Report (*each reimbursement requires a separate reimbursement form*)

Instructions:

- 1) To be reimbursed, you must be a registered vendor in the state of Louisiana. To register or check to see if you are registered, visit: <https://wwwcfprd.doa.louisiana.gov/OSP/LaPAC/vendor/srchven2.cfm>.
- 2) Do not assume information is already on file. Complete entire form as though it is your first time.
- 3) Use one form per reimbursement request. For multiple reimbursement requests, complete multiple forms.
- 4) Death Scene Investigation requests need to be received within 10 days of death; Autopsy requests within in 75 days.
- 5) Submit completed form & required documents to Robin Gruenfeld (see below). She can be reached at 504-568-3504.
- 6) You can find the latest version of this form at <http://www.dhh.louisiana.gov/index.cfm/page/1515>, listed as "BFH Reimbursement."

Date of Form Completion: _____

Payment Requested For: (*check only one*)

- \$100 Death Scene Investigation Reimbursement (*this investigation must be completed within 24 hrs. of death*)
- \$500 Autopsy Reimbursement (*external, internal, microscopic, toxicology, & summary report must all be submitted*)

Coroner's Office: _____ **Phone:** (____) _____

Child's Case #: _____ **Date of Child's Death:** _____
(do not include child's name)

Name of Certified Investigator: _____

Vendor's Federal Tax ID #: _____ (*must correspond with registered vendor name*)

Make Check Payable to Registered Vendor's Name: _____
(must be vendor name with which you are registered)

Complete This Section for Autopsies Only:

Autopsy Conducted By: _____

Forensic Pathologist: [] Calcasieu [] Forensic Pathology, Inc. [] LA Forensic Center [] Jefferson
 [] Orleans [] St. Tammany [] LSUHSC

Submit completed form and required documents to ATTN: Robin Gruenfeld by fax (504-568-3503) or by mail:

Robin Gruenfeld, Louisiana Child Death Review, LDH-OPH-BFH, Poydras Street, Rm. 2013, New Orleans, LA 70112

FOR OFFICE USE ONLY

APPROVED PAYMENT BY: _____ DATE: _____
 Amy Zapata, MPH Director, Bureau of Family Health

ORGANIZATION CODE 7620
REPORTING CATEGORY _____
 OBJECT 3440 [] OBJECT 3460 []