

CORONER & DEATH INVESTIGATION REIMBURSEMENT FORM

Information Needed to Complete Form:

1) Child's Case Number 2) Federal Tax ID Number 3) LAGOV Vendor Number 4) Registered Vendor Name 5) W-9

Documents to Submit with this Form:

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

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** (2 possible per case). For multiple reimbursement requests, complete multiple forms.
- 4) Death Scene Investigation requests need to be received ideally within 10 days of death; Autopsy requests ideally within in 75 days. **Reimbursements submitted after fiscal year ends will not be processed.**
- 5) Submit completed form & required documents via secure fax (504-568-3503) with ATTN: SUID Reimbursement or contact your regional Maternal Child Health Coordinator: <https://partnersforfamilyhealth.org/mortality-surveillance-regional-mch-coordinators/>
- 6) You can find the latest version of all related forms at <http://www.dhh.louisiana.gov/index.cfm/page/1515>.
- 7) For questions about the reimbursement process, please email Victoria Smith at Victoria.Smith2@la.gov

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: _____

LAGOV Vendor #: _____ (*must correspond with registered vendor's 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. [] Parish Forensics [] Jefferson
[] Orleans [] St. Tammany [] LSUHSC

FOR OFFICE USE ONLY

APPROVED PAYMENT BY: _____ DATE: _____

Amy Zapata, MPH, Director, Bureau of Family Health
or Designee

Org/Cost Center: 3262107620 (3267620)
Reporting Category/Fund Code: 326000060E (0010)
Grant# U3260001.0924
WBS Element: U326000190.326
Object Code/General Ledger: 5510400 (3460)
Product Category: 85101705