

CORONER & DEATH INVESTIGATION REIMBURSEMENT FORM

For Sudden Unexpected Infant Death

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 within 10 days of death; Autopsy requests within 75 days. *Forms with a completion date between July 1, 2025-June 30, 2026 must be submitted by June 30, 2026. Reimbursements submitted after the state fiscal year ends (June 30th) will not be processed*
- 5) Submit completed form & required documents via secure fax (504-568-3503) with ATTN: SUID/Autopsy Reimbursement or contact your Regional Maternal Child Health Coordinator: <https://partnersforfamilyhealth.org/mortality-surveillance-contacts/>
- 6) You can find the latest version of all related forms at: <https://ldh.la.gov/page/1505>.
- 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)

- ☐ \$300 Death Scene Investigation Documentation Reimbursement (*this investigation must be completed within 24 hrs. of death*)
- ☐ \$500 Autopsy Documentation 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. ☐ LA Forensic Center ☐ Jefferson
☐ Orleans ☐ St. Tammany ☐ LSUHSC

FOR OFFICE USE ONLY

APPROVED PAYMENT BY: _____ **Date:** _____

Kristen Sanderson, Victim & Injury Prevention Manager or designee