## 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://www.cfprd.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 30*) 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://jpartnerforfamilyhealth.org/mortality-surveillance-contacts/  6) You can find the latest version of all related forms at: https://jpartnerforfamilyhealth.org/mortality-surveillance-contacts/  6) You can find the latest version of all related forms at: https://jdh.la.gov/page/1505.  7) For questions about the reimbursement process, please email Victoria Smith at Victoria.Smith 2@la.gov  Date of Form Completion:  Payment Requested For: (check only one)  A \$300 Death Scene Investigation Documentation Reimbursement (this investigation must be completed within 24 hrs. of death	·			
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Kristen Sanderson, Victim & Injury Prevention Manager or designee

FOR OFFICE USE ONLY
APPROVED PAYMENT BY:

Date: