

EMBALMING INVOICE

#0053192

Name of deceased \_\_\_\_\_ Date of death \_\_\_\_\_

Procurement site \_\_\_\_\_ Autopsy  Yes  No

**Organs recovered:** To be filled in by Procurement Agency Only: UNOS ID # \_\_\_\_\_

\$ \_\_\_\_\_ *Organs Reimbursable up to \$195* Procurement Agency:  University of WI OPO  Versiti Organ & Tissue

**Tissues recovered:** To be filled in by Procurement Agency Only: DONOR ID # \_\_\_\_\_

Procurement Agency:  ATSF  Versiti Organ & Tissue

To be filled in by <b>Procurement Team:</b>	To be filled in by <b>Funeral Director:</b>
<input type="checkbox"/> Bone only	\$ _____ <i>Reimbursable up to \$195</i>
<input type="checkbox"/> Bone and veins	\$ _____ <i>Reimbursable up to \$195</i>
<input type="checkbox"/> Bone and skin	\$ _____ <i>Reimbursable up to \$300</i>
<input type="checkbox"/> Bone, skin and veins	\$ _____ <i>Reimbursable up to \$300</i>
<input type="checkbox"/> Bone and skin with heart for valves	\$ _____ <i>Reimbursable up to \$415</i>
<input type="checkbox"/> Heart valves only	\$ _____ <i>Reimbursable up to \$165</i>
<input type="checkbox"/> Veins only	\$ _____ <i>Reimbursable up to \$165</i>
<input type="checkbox"/> Skin only	\$ _____ <i>Reimbursable up to \$110</i>
<input type="checkbox"/> Research tissues	\$ _____ <i>Reimbursable up to \$110</i>
<input type="checkbox"/> Non-viewing preparation	\$ _____ <i>Reimbursable up to \$50</i>
<input type="checkbox"/> Funeral Home Facility Use Fee	\$ _____ <i>Reimbursable up to \$400</i>

**Eyes recovered:** To be filled in by Procurement Agency Only: DONOR ID # \_\_\_\_\_

\$ \_\_\_\_\_ *Eyes Reimbursable up to \$35* Procurement Agency:  Lions Eye Bank of WI  SightLife

**Statement of Charges for Reimbursement**

Name of funeral home \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Fax # ( \_\_\_\_\_ ) \_\_\_\_\_

Brief explanation for reimbursement claim. Do not include charges related to autopsy or trauma.

Length of time: \_\_\_\_\_ hrs. Supplies used: \_\_\_\_\_

Comments: \_\_\_\_\_

*I certify that the additional charges are due to donation. By accepting the above stated reimbursement amounts I agree not to bill the donor family for any additional preparation charges above the funeral home's standard embalming charge.*

Signature: \_\_\_\_\_  
Signature of Principal Funeral Director

Tax ID # \_\_\_\_\_ Date \_\_\_\_\_

**Funeral Director:** This form may be submitted for embalming reimbursement claims. Please make a copy for your records.

**For ORGAN Reimbursement**

MAIL WHITE COPY  
TO OPO AGENCY:

University of Wisconsin OPO  
448 Science Dr.  
Suite 220  
Madison, Wisconsin 53711  
Phone: (608) 265-0356  
Fax: (608) 890-9988

Versiti Organ & Tissue  
P.O. Box 2178  
Milwaukee, WI 53201-2178  
Phone: (414) 937-6999  
Fax: (414) 937-6998

Mail White Copy: Organ OPO

Mail Yellow Copy: Tissue Bank

Mail Pink Copy: Eye Procurement Agency