JAMES L. McINTIRE
State Treasurer

State of Washington
Office of the Treasurer

MEMORANDUM

November 6, 2015

TO: County Coroners and Medical Examiners

FROM: Donna Harrington, Distribution Coordinator

SUBJECT: Updated County Autopsy Forms and Spreadsheets

Enclosed are new forms for the reimbursement of county autopsies. Please share this information with the staff in your county who may need them.

We have modified the forms and spreadsheets to make them more user friendly, allowing you to type the autopsy reimbursement information directly into the form. Please use these new versions and double check that all information listed on your forms and spreadsheets are accurate and that the totals are correct before sending your forms in, this will help ensure a proper and timely payment.

Reminder: When filling out the reimbursement demand for infant and child autopsy reimbursement request spreadsheet please make sure you fill out X-ray and laboratory work columns. The cost can be reimbursed at 100% if x-rays and laboratory work are performed and the autopsy is performed by a forensic pathologist.

If you have any questions, you may contact either of the following:

Donna Harrington
Distribution Coordinator
(360) 902-8961
donna.harrington@tre.wa.gov

Jim Porter
Distribution Coordinator Assistant
(360) 902-8960
james.porter@tre.wa.gov

REIMBURSEMENT DEMAND
FOR COUNTY AUTOPSY COSTS

Pursuant to RCW 68.50.104, _____ County submits the following costs incurred for autopsies performed during the period:

Jan 1 thru June 30, 20__	**or**	**July 1 thru Dec 31, 20___**
(Submit by Aug 15)		(Submit by Feb 15)

Submit claims as follows:

Forty percent (40%) for contracting for services of a pathologist and those costs that are deemed by the pathologist as necessary to render his/her opinion.

The following claims if not included in the pathologist's fee ***will be allowed:***
x-rays, transcription, histology, travel and special lab requests.

The following claims ***will not be allowed:***
drug and alcohol analyses by private labs, HIV tests.

Summary of charges (see attachment for detailed listing):

Total charges $_____

40% of total requested $_____

County contact person_____ Phone_____

_____ _____
County Coroner County Auditor

Mail to: **Distribution Accountant**
Washington State Treasurer's Office
PO Box 40209
Olympia WA 98504-0209

(360)902-8961

Approved for Payment:

_____ _____
Washington Association of Coroners and Medical Examiners Date

Revised October 2015

REIMBURSEMENT DEMAND
FOR COUNTY AUTOPSY COSTS

Pursuant to RCW 68.50.104, _____ County submits the following costs incurred for autopsies performed during the period:

Jan 1 thru June 30, 20__ (Submit by Aug 15) **or** **July 1 thru Dec 31, 20___** (Submit by Feb 15)

Submit claims as follows:

Twenty-five percent (25%) of the salary of pathologist who are primarily engaged in performing autopsies and are (a) county coroners' or county medical examiners, or (b) employees of a county coroner or county medical examiner.

No additional claims for benefits, supplies or services will be allowed.

Pathologist	**Total Compensation (excluding benefits)**

Subtotal	
X 25%	
Total Reimbursement Request	

County contact person_____ Phone_____

_____ County Coroner

_____ County Auditor

Mail to: **Distribution Accountant**
Washington State Treasurer's Office
PO Box 40209
Olympia WA 98504-0209

(360)902-8961

Approved for Payment:

_____ Washington Association of Coroners and Medical Examiners

_____ Date

Revised October 2015

Date	Case Number	Age	Manner of Death*	Pathologist Name	Pathologist Fee $1100.00 maximum allowed	Transcription Fee	Histology	X-rays	Travel	Laboratory - Specifiy text requested Amount	Description	TOTALS
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
										SUBTOTAL		0
										40% of SUBTOTAL		0

DETAILED LISTING OF AUTOPSY COSTS FOR REIMBURSEMENT DEMAND

* H = Homicide S = Suicide T = Traffic A = Accident D = Drug N = Natural U=Undetermined

Revised 10-12-2015

REIMBURSEMENT DEMAND
FOR INFANT AND CHILD AUTOPSY COSTS

Pursuant to RCW 43.103.100, _____ County submits the following costs incurred for autopsies of infants and children during the period:

Jan 1 thru June 30, 20__	**or**	**July 1 thru Dec 31, 20__**
(Submit by Aug 15)		(Submit by Feb 15)

Submit claims as follows:

- Sign attestation below.
- Attach Reimbursement Breakdown Form
- Enter total costs.....$_____
- **Mail to:** **Distribution Accountant** **(360)902-8961**
  Washington State Treasurer's Office
  PO Box 40209
  Olympia WA 98504-0209
- County contact person _____Phone:_____

Attestation: The autopsy(s) submitted for reimbursement has/have been performed on an infant(s) or child(ren) and meets the following criteria:

1. The child was less than three (3) years of age at the time of death and meets the criteria outlined in the autopsy and scene investigation protocols developed by the Forensic Investigations Council.
2. The autopsy was performed by a pathologist certified by the American Board of Pathology in forensic pathology or by a pathologist who utilized an autopsy protocol approved or developed by the Forensic Investigations Council.
3. The death was investigated utilizing a scene protocol approved or developed by the Forensic Investigations Council.
4. The autopsy was performed in a facility designed for the performance of autopsies.

_____
County Coroner

Approved for Payment:

_____ _____
Washington Association of Coroners and Medical Examiners Date

Revised October 2015

Infant and Child Autopsy Reimbursement Request

Date	Case Number	Age	Manner of Death*	Pathologist Name	Pathologist Fee $1100.00 maximum allowed	Transcription Fee	Histology	X-rays (Mandatory)	Travel	Laboratory - Specifiy test (Mandatory) Amount	Description	TOTALS
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
												0
									TOTAL			0

DETAILED LISTING OF AUTOPSY COSTS FOR REIMBURSEMENT DEMAND

* H = Homicide S = Suicide T = Traffic A = Accident D = Drug N = Natural U=Undetermined

Revised 10-12-2015