# Funeral Home Reimbursement Policy

Effective 4/1/2020

Donor Network of Arizona (DNA) is the federally designated not-for-profit organ procurement organization that recovers organs, eyes and tissue for transplantation in the state of Arizona. We understand the recovery of tissue from a donor can result in extra restoration despite taking reasonable precaution during recovery to leave as much of the vascular system intact as possible. The following fees are intended to make reimbursement available to funeral homes for extra preparation time required to properly embalm a tissue donor for public services. Family ID Viewing and Direct cremations are not reimbursable.

It has been DNA’s policy that donor families *never, under any circumstances be billed for any charges or costs related to donation.* Please do not bill family for any donation related expenses.

This reimbursement payment is meant for the funeral home for additional preparation work and is not a payment for the tissues that have been recovered. This reimbursement covers embalming time in excess of standard time needed to prepare the decedent for the services selected by the family.

To submit a claim for reimbursement, please fill out the attached form and return it with the completed claim form, embalming report detailing time for recovery restoration and an invoice by email. *Please note that there is* *no reimbursement for trauma related injuries, surgeries, or autopsy procedures*.

**2020 Fee Schedule**

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| 2020 Restoration Reimbursement (cumulative fee's) |
| ***Tissue Recovered*** | ***Type*** | ***Reimbursement***  |
| Skin Donor | Any | $300  |
| Bone Donor | Bone (including veins & arteries) | $300 |
| Cardiac | Heart for valves & aortoiliac  | $50 |
| Organ Donor only | Any | $0  |
| Eye / Ocular |
| OME / Private Autopsy  |
|  |  |  |
| 2020 Transportation Reimbursement (Funeral Homes only) |
| ***Pickup*** | ***Dropoff*** | ***Reimbursement***  |
| Any location | Recovery location for donation | per GPL or $1.75 per loaded mile & dispatched by DNA  |
| Recovery location for donation | Funeral Home |
| Recovery location for donation | OME |
|  |  |  |
| Afterhours Access / Removal | ***Reimbursement***  |
| ***Pickup*** | ***Per GPL*** |

Funeral Home Reimbursement Form

***This is a confidential report and will be incorporated in the patient’s medical record.***

Name of Deceased\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Death \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Location of death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ OME location \_\_\_\_\_\_\_\_\_\_\_\_

OME Autopsy? Full Internal External None

**Please describe the procedures that were required because of donation if not specifically listed on the embalming report. Please also note if the funeral home itself incurred any transportation costs directly related to DNA’s involvement:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Funeral Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Funeral Home Tax ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funeral Director (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_

Embalmer name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_

Estimated hours for Donation repairs: \_\_\_\_\_\_\_\_\_ Total time for OME/Injury repairs & embalming: \_\_\_\_\_\_\_\_\_\_\_\_\_

Type of donor (check all that apply): ID Viewing Full Viewing Cremation Direct Cremation

|  |
| --- |
| Reimbursement claim |
| ***Tissue Recovered*** | ***Reimbursement max*** | ***Claim (check)*** | ***Claim Amount*** |
| Skin Donor | $300 |  |   |
| Bone Donor | $300  |  |   |
| Cardiac (heart for valves, aortoiliac) | $50 |  |   |
| Organ Donor | $0  |  |   |
| Eye / Ocular | $0  |  |   |
| OME Autopsy  | $0  |  |   |
| ***Total Amount Claimed*** |  |

***I hereby certify that the above work was completed as described. I also certify that I have not charged the family any fees in relation to the donation process****.*

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|  Reimbursement Checklist  Fully completed claim form  Embalming report  GPL  Invoice |

 Your name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 email to: funeralhomes@dnaz.org

*Funeral Home Questionnaire*

We take great pride in the work that we do for our donors, donor families and all our partner companies.

We would appreciate your feedback to help improve our processes and/or to address any questions or concerns you may have.

To help us better serve you, please complete this survey and return it to DNA at funeralhomes@dnaz.org

|  |  |
| --- | --- |
| **Donor Name**  |  |
| **Date of Donation**  |  |
| **Funeral Home**  |  |
| 1. DNA makes an effort to contact funeral homes when a family has told us what establishment they will be using. Was your funeral home contacted by DNA prior to recovery?

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| 1. Were all family requests for viewing/service times able to be met? In what ways could DNA have improved to help meet family viewing/service times?
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| 1. Was the decedent restored and cleaned upon arrival to the funeral home after recovery? In what ways could DNA improve upon the post recovery care of donors?
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| 1. If the donor was embalmed, was sufficient perfusion able to be obtained? In what ways could DNA improve upon recovery to assist with perfusion during embalming while still procuring the appropriate tissue needed for transplantation?
 |
| 1. Please provide any additional comments or suggestions you have that would help DNA to better serve your funeral home.
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| 1. Would you be interested in attending / participating in a Donor Network of Arizona symposium dedicated to funeral homes? If so, let us know what information you would be interested hearing about.
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 Your Name (print) Title Date