



SOLVITA – PORTLAND
FUNERAL DIRECTOR REIMBURSEMENT FEE SCHEDULE/FORM

Embalming Reimbursement Guidelines

Solvita (a non-profit company) realizes that procurement of tissues from a cadaveric donor may result in extra efforts during the embalming process. We take every reasonable precaution to leave as much of the vascular system intact as possible. The following guidelines are intended to make reimbursement available to funeral directors and embalmers for any extra preparation time required to properly embalm the remains of a tissue donor.

It has always been the policy of Solvita that the family ***never under any circumstances be confronted about charges or costs for donation-related expenses.*** The payment for preparation work is not a payment for the tissues, and it should not be given to the donor family.

To submit a claim for reimbursement, please fill out the attached form and return it with a copy of the funeral service contract agreement (or written authorization for embalming) by mail or fax within **30 days from the date of death**. The payment should be requested by the funeral home that provides the services directly to the family. ***There is no payment for trauma-related injuries, surgeries, or autopsy procedures*** and either A or B schedule applies, not to be combined.

| A. Reimbursement Payment Schedule for Embalmed individuals secondary to tissue donation | |
|--|---------------------|
| Upper/lower extremity bone/ soft tissue and skin donation | Maximum of \$400.00 |
| B. Reimbursement Payment Schedule for Un-embalmed Individuals with Viewing (Additional prep work secondary to tissue donation must exceed 30 minutes) | |
| Combination of skin & bone/soft tissue donation | Maximum of \$200.00 |

Please note that reimbursement is only available for donations performed by Solvita.
Please forward your completed reimbursement claim form AND copy of funeral service contract agreement (**signed by family**) to:

Aaron Pan
Solvita
18111 NE Sandy Blvd
Portland, OR 97230
Phone: 503-408-9394

Or email to: apan@solvita.org
Or fax to CTSPFax@cbccts.org

**Reimbursement Claim Form**

This is a confidential report and will be incorporated into the donor's medical record.

| | | |
|---|-------|----------------------------|
| Name of deceased: | | Date of death: |
| Reimbursement Schedule being requested (please circle): A B | | Total \$ requested: |
| Please describe the procedures required for additional body prep/care: | | |
| Funeral Home Certification (please fill out below information completely) | | |
| Name of Funeral Home: | | |
| Phone # | Fax # | |
| Address/City/State/Zip | | |
| Tax ID# (<u>must be present for reimbursement</u>): | | |
| <i>I hereby certify that the above work was completed as described. I also certify that I have not charged the family any additional fees in relation to the donation/restoration process.</i> | | |
| Signature of Funeral Professional: | | License #: |
| Name of Funeral Professional (please print): | | |

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