STATE OF KANSAS
OFFICE OF THE ATTORNEY GENERAL

KRIS W. KOBACH
ATTORNEY GENERAL

MEMORIAL HALL
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TOPEKA, KS 66612-1597
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AUTOPSY REIMBURSEMENT BILLING FORM

Date of Invoice:_____ Invoice #: _____ County: _____

Name of Child: _____ Date of Death:_____

Cause of Death: _____ Manner of Death: _____

Coroner: _____ Coroner Case #: _____

Date of Service: _____ Federal Tax ID #: _____

Professional Autopsy Fees..... **$_____**

Facility Fees..... **$_____**

Radiology Fees..... **$_____**

Toxicology Fees..... **$_____**

Laboratory Fees..... **$_____**

Hospital Lab/Slide Fees.....**$_____**

Body Transport Fees.....**$_____**

Body Storage Fees..... **$_____**

Body Bag(s) ..... **$_____**

Technician Fees..... **$_____**

TOTAL DUE: $_____

REMIT PAYMENT TO:
(Agency)
(ATTN:)
(Address 1)
(Address 2)
(Address 3)