



STATE OF KANSAS
OFFICE OF THE ATTORNEY GENERAL

STEPHEN N. SIX
ATTORNEY GENERAL

120 SW 10TH AVE., 2ND FLOOR
TOPEKA, KS 66612-1597
(785) 296-2215 • FAX (785) 296-6296
WWW.KSAG.ORG

**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)