



Funeral Home Reimbursement Form

Patient Name: _____ NORS #: _____ Alternative Case #: _____

Nebraska Organ Recovery System (NORS) recognizes that additional time and supplies are required to prepare/reconstruct an organ or tissue donor for family viewing and funeral arrangements. NORS will reimburse facilities for reasonable and customary costs directly incurred as a result of the donation process. **Any costs related to donation should not be passed on to the donor family.** Reimbursement is accepted in lieu of additional charges to the decedent's family. Any reimbursement fees for NORS approved donor transportation or preparation/reconstruction are paid directly to the facility that performs the service. To facilitate reimbursement for reconstruction, please complete this form in its entirety, include your invoice and submit to Nebraska Organ Recovery System, 8502 W Center Rd, Omaha, NE 68124. If Mileage reimbursement is required, please submit a detailed invoice. Please attach this form with your invoice.

Donor Type	<input type="checkbox"/> Organ	<input type="checkbox"/> Tissue	<input type="checkbox"/> Eye	<input type="checkbox"/> Not Donor
Recovery/Autopsy	<input type="checkbox"/> N/A	<input type="checkbox"/> Pre-Autopsy	<input type="checkbox"/> Post-Autopsy	
Funeral Arrangements	<input type="checkbox"/> Viewing	<input type="checkbox"/> Embalming	<input type="checkbox"/> Cremation	<input type="checkbox"/> Unknown
Reconstruction	<input type="checkbox"/> N/A	<input type="checkbox"/> NORS Completed	<input type="checkbox"/> As per FH Instruction	<input type="checkbox"/> Reconstruction Pack

RECONSTRUCTION REIMBURSEMENT	
Organs Recovered	
<input type="checkbox"/> Any Organs	\$100
Tissues Recovered	
<input type="checkbox"/> Skin	\$200
<input type="checkbox"/> Heart for Valves (tissue donor only)	\$50
<input type="checkbox"/> Musculoskeletal	\$200
Total Reconstruction Reimbursement	

NORS Signature: _____ Date: _____

PREPARATION				
Embalming Outcome:	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
Reconstruction Outcome:	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A
Details:				
Embalmer's License #:			Signature of Lead Embalmer:	
Printed Name:			Date:	

CHECK PAYABLE TO:	
Name:	
Address:	
Phone:	