



Patient Name: _____

OPO #: _____

Live On Nebraska recognizes that additional time and supplies are required to prepare/reconstruct an organ and/or tissue donor for family viewing and funeral arrangements. Live On Nebraska 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 approved by Live On Nebraska for donor transportation or preparation/reconstruction are paid based upon the completed “Check Payable To” section of this form. To facilitate reimbursement for reconstruction, please complete this form in its entirety and submit it with your completed W9 to Live On Nebraska, 3867 Leavenworth St., Omaha, NE 68105 or email it to fhinvoice@liveonnebraska.org. 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	

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
<input type="checkbox"/> Aorta	\$100
Total Reconstruction Reimbursement	

Live On Nebraska 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: <i>You must first have a W9 on file to receive payment. Download the W9 at bit.ly/3xFBdFg</i>	
Name:	
Address:	
Phone:	