

Case ID: <Case ID>

# Tissue Donor Disclosure & Instructions for Reimbursements



<Print Date>

To our Valued Donation Partner:

Like you, LifeGift is committed to supporting families through their time of terrible loss. With the death of a loved one comes many decisions. And for many, that includes giving others life through Organ, Tissue, and Eye donation. The family has chosen YOU as their trusted partner to provide a lasting memory and celebration of life to comfort and help them through their loss.

**North Region**  
1000 12<sup>th</sup> Avenue  
Fort Worth, TX 76104  
817-870-0060

**Southeast Region**  
2510 Westridge St.  
Houston, TX 77054  
713-523-4438

**West Region**  
5812 64<sup>th</sup> St.  
Lubbock, TX 79424  
806-798-5568

On <Date of Donation>, <Donor First> <Donor Last> impacted countless individuals through the lifesaving gifts donated and recovered, as follows:

<Summary of Organs> <Summary of Tissues>

We recognize the donation process can, and often does equate to additional resources, supplies and costs for reconstruction of the body prior to presentation to the family. Donor families should NEVER bear these additional donation-induced costs. Instead, LifeGift appreciates your support of donation decisions and provides to you these standardized reimbursements:



<input type="checkbox"/> Cremation with Viewing (no embalming) – rate includes supplies, administrative	\$100.00
<input type="checkbox"/> Embalming (full Prep) –supplies, administrative	\$50.00
<b><i>In addition with:</i></b>	
<input type="checkbox"/> Organ Donation (Full)	\$150.00
<input type="checkbox"/> Heart Only	\$75.00
<input type="checkbox"/> Spine / Vertebra	\$100.00
<input type="checkbox"/> Bone/MS/Vasc Donation (Arm/Leg)	\$200.00
<input type="checkbox"/> Partial Depth Skin Donation	\$50.00
<input type="checkbox"/> Full Depth Skin Donation	\$150.00
<input type="checkbox"/> Death Certificate (copy)	\$10.00
<b>* LifeGift may require and request one copy of the Death Certificate issued by the state</b>	

For reimbursement of these and any other justifiable donation-induced costs, provide:

- This disclosure document with information below completed
- Current W-9 Form completed for Agent receiving reimbursement (if not previously provided for current year, or if information has changed)
- Reconstruction Report / Record of Services detailing time, staff, procedures
- Additional costs described below (attach justification):

\_\_\_\_\_

Name of Agent: \_\_\_\_\_ Signature: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

LifeGift Use Only: Amount Approved: _____ By: _____ Date: _____
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\_\_\_\_\_t.org or fax all items to (713) 349-8095, Attn: Funeral Services Care

Care team will be in contact with you to provide additional information.