

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Burial Billing Form**

TO WV DEPARTMENT OF HEALTH & HUMAN RESOURCES - COUNTY _____
 Address: _____ F.E.I.N.: _____
 _____ Date of Death: _____
 Name of Deceased: _____ Date of Interment: _____
 Address: _____

Is the Deceased potentially eligible for Social Security or Veteran's Administration Death Benefits? Yes No
 If Yes, have you made application for these benefits? Yes No

PERSON ARRANGING FOR BURIAL SERVICE

Name: _____
 Address: _____

(1)	ACTUAL COST INCURRED. (Merchandise and Services)	\$ _____	(1)	
(2)	Maximum allowable payment for all burial related items			\$ 2,450 (2)
(3)	Less Exempted Resources			\$ - 1,200 (3)
(4)	Maximum Department Burial Rate			\$ 1,250 (4)
(5)	Resources received at time of burial arrangement:			
	(a) Pre-paid Burial Trust	\$ _____	(5a)	
	(b) Insurance Benefits	\$ _____	(5b)	
	(c) Worker's Compensation	\$ _____	(5c)	
	(d) United Mine Workers' Compensation	\$ _____	(5d)	
	(e) Social Security	\$ _____	(5e)	
	(f) Veterans' Benefits	\$ _____	(5f)	
	(g) Contribution from Friends and Relatives	\$ _____	(5g)	
	(h) Other (Specify)	\$ _____	(5h)	
			TOTAL	_____

- (6) If total of Items 5a – 5h is more than Item 3, enter amount of excess. \$ _____ (6)
 (7) Payment requested from Department of Health & Human Resources. \$ _____ (7)
 (Item 4 minus Item 6)
 (8) If Item 7 AND/OR total of Item 5 exceeds Item 1, enter amount of excess. \$ _____ (8)
 (Item 7 and/or Item 5 minus Item 1)
 (9) Payment requested from Department of Health & Human Resources. \$ _____ (9)
 (Item 7 minus Item 8)
 (10) Have you applied for or expect to receive any resource, not **reported** above? Yes No

If so, please indicate the type and amount of resource, and the date you expect to receive it.

Type of Resource	Amount of Resource	Date to be Received

This is to certify that the foregoing information is true, accurate and complete; that the services covered by this billing form were provided without regard to race, color or national origin; and that the billing is submitted in compliance with the WV Department of Health and Human Resources' rules and fee structure in effect on date of service. Also the charges reported herein for the funeral services provided are the usual and customary charges made by the undersigned funeral establishment for similar services provided the general public.

I further certify that if I later receive any resources as indicated in Item 10, I will reimburse the Department of Health and Human Resources for the appropriate amount if these resources, above or in addition to resources received at the time of burial, exceed the exempted resource level of \$1,200.

FUNERAL DIRECTORS: DO NOT write in this Box

Approval	
Worker's Signature _____	
Date _____	
Supervisor's Signature _____	
Date _____	

Signed: _____
 Title: _____
 Funeral Home: _____
 Address: _____
 City, State, Zip _____
 Date: _____

FUNERAL EXPENSES AFFIDAVIT FOR INDIGENT PERSONS

Pursuant to W.Va. Code § 9-5-9, certain relatives (children, father, sister, brother, and mother) of the deceased are liable for the support of such persons buried, so long as it is determined that the relative has sufficient financial abilities. Moreover, pursuant to W. Va. Code § 9-5-18, it must be determined that the estate of the deceased person is pecuniarily unable to pay the costs associated with the burial.

I, _____, (Funeral Home representative) of _____ (name of Funeral Home) attest and declare to the best of my knowledge that the following is true and accurate:

- The estate of the deceased does not have sufficient resources equal to or in excess of the maximum allowable payment of \$2,450.00.
- The relatives of the deceased do not have sufficient resources equal to or in excess of the maximum allowable payment of \$2,450.00.
- The deceased has no heirs.
- No heirs have been located after a reasonable search.
- I have no knowledge of, or about the heirs of the deceased.

Signature and Title

Date

I, _____ a Notary Public in and for said state, do hereby certify that _____, whose name is signed to the writing above, has this day acknowledged the same before me. Given under my hand this _____ day of _____. My commission expires _____.

Notary Public

Any person who knowingly swears falsely in this affidavit shall be guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than one thousand dollars or confined in the county or regional jail for a period of not more than six months, or both.

INSTRUCTIONS FOR COMPLETING THE BURIAL BILLING FORM

West Virginia Department of Health & Human Resources Address: Enter local Health and Human Resources County and Address.

F.E.I.N.: Enter the number assigned to you by the Department. If you do not have an F.E.I.N. Number, contact your local Health and Human Resources office for instructions about how to secure this number. PAYMENT CANNOT BE MADE WITHOUT THIS NUMBER.

Name of Deceased and address: Self-explanatory.

Date of Death: Self-explanatory.

Date of Interment: Self-explanatory.

Is the Deceased potentially eligible for Social Security or Veterans' Administration Death Benefits? Indicate via "X" in "Yes" or "No" for the appropriate response.

Person Arranging for Burial Service and Address: Enter the name of the person arranging for the burial service (e.g., relative, friend, Funeral Director, etc.) and the address of this person.

Item (1): Enter the actual cost incurred.

Item (2): The maximum allowable payment established by the Department of Health and Human Resources. The maximum payment for a burial is \$2,450.

Item (3): The amount of exempted resource of \$1,200.

Item (4): The maximum Department of Health and Human Resources' burial rate of \$1,250.

Item (5): List the amount of resources available and enter the total.

Item (6): If the total resources available (Item 5) exceeds the amount of exempted resources (Item 3), ENTER THE AMOUNT OF EXCESS.

Item (7): Subtract Item 6 from Item 4 and enter amount of payment requested from the Department of Health and Human Resources.

Item (8): Enter the excess amount when the payment requested from the Department (item 7) AND/OR the total resources (Item 5) exceed the actual cost incurred.

EXAMPLE:

If Item 1 is \$2,450,
Item 7 is \$1,250 and
Item 5 is \$1,300,
the excess would be $\$1,250 - \$1,300 - \$2,400 = 0$.

Item (9): Enter payment requested from the Department.

EXAMPLE:

\$1,150 (rate)
 - 0 (excess)
1,150 payment from Department

Item (10): Check appropriate response. It is your responsibility to explore/develop other resources. A Department representative may contact you to determine the amount of additional resources received.

Signature: The Funeral Home Director shall enter his signature and title in the space provided. **(BLUE INK ONLY ON ORIGINAL)**. The name and address of the Funeral Home should be legibly entered in the spaces provided. The Funeral Director must date the form.

Item (11): **Funeral Expenses Affidavit complete and notarize.**