FINANCIAL AGREEMENT AND SCOPE OF SERVICE(S)

Complete Autopsy includes adult and pediatric cases. A complete external and internal examination to include the removal and inspection of organs, tissues and body fluids. A report of findings will be generated by the pathologist. 90% of reports will be completed within 90 days of the exam. All other tests, consultations, studies or services will be billed separately.

Partial Autopsy includes adult and pediatric cases. A partial external and internal examination to include the removal and inspection of specific organs, tissues and body fluids. A report of findings will be generated by the pathologist. 90% of reports will be completed within 90 days of the exam. All other tests, consultations, studies or services will be billed separately.

Organ/Tissue Removal includes adult and pediatric cases. An external and/or internal removal of specific organs and/or tissues to be prepared, packaged and shipped/delivered to the laboratory and/or agency responsible for further studies/testing as directed by the legally authorized person.

Toxicology Only includes adult and pediatric cases. A removal of body fluids to be prepared, packaged and shipped/delivered to the laboratory for purposes of toxicology, DNA, or familial testing.

COST OF SERVICE

Exhumation Autopsy	Complete Autopsy	Partial Autopsy	Organ Removal	Tox Only
$4,500	$3,500	$2,500	$1,500	$500

OTHER FEES

Histology	Toxicology	Neuropathology	Radiology
$40 per slide	$ At Cost	$ At Cost	$ At Cost
Consultation	Testimony	Statement of Cause	Medical Records
$400 / hour	$400 / hour	$250	$1.00 per page

The cost of transportation to/from the location of remains will be billed separately and will be the responsibility of the authorizing person.

I hereby agree to the cost of service and enter into a financial agreement with PathCare, PLLC to pay for the services provided and agreed upon as indicated on the Post-Mortem Examination Authorization.

Signed this ____ day of _______________, ______ in witness of ______________________________________.
(Numeric) (Month) (Year) (Printed Name of Witness)

____________________________________ ____________________________________
(Signature of Legally Authorized Person) (Signature of Witness)