



Medical Examiner's Office

660 East 24th Street
Kansas City, MO 64108
816-881-6600
816-404-1345 fax

BILLING STATEMENT for FORENSIC SERVICES

Billing Agency: _____

Billing Address: _____

Phone Number: _____ County: _____

Services Authorized By: _____ Date of Authorization: _____

Decedent Name: _____ Case Number: _____

PATHOLOGY

- _____ Autopsy – Full \$2000
- _____ Autopsy – Brain only \$800
- _____ High risk infectious disease handling \$500
- _____ Additional charges beyond standard autopsy fee:
- _____ *Transportation (\$75 - \$200) \$ _____
- _____ Scene Investigation (\$300) \$ _____
- _____ Mileage (.585cents/mile) \$ _____
- _____ X-ray (\$75 per x-ray) \$ _____
- _____ Forensic Pathologist Consultation (\$400/hr) \$ _____
- _____ Investigator Consultation (\$150/hr) \$ _____
- _____ Administrative Staff Consultation (\$100/hr) \$ _____

EXAMINATION

- _____ External Exam \$400
- _____ Dictated External Exam \$550
- _____ Body Processing \$100
- _____ Sexual Assault Kit \$150
- _____ Special Lab testing (specify type, call for cost) \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

NEUROPATHOLOGY CONSULTATION

- _____ Neuropathology Consult \$1400
- _____ Brain removal and preparation \$500
- _____ High risk infectious disease handling \$500
- _____ Brain removal only, by technician \$250

ANTHROPOLOGY CONSULTATION

- _____ Consultation (\$180/hr or \$1410/day) \$ _____

ODONTOLOGY CONSULTATION

- _____ Forensic Dental ID Autopsy \$900
- _____ Any consultation (\$180/hr or \$1410/day) \$ _____

DOCUMENTS

- _____ All documents, per page (\$.10) \$ _____
- _____ Retrieval of case file from off-site \$12
- _____ Hourly fee for preparation (\$10) \$ _____

PHOTOGRAPHY/PRINTS/X-RAYS

- _____ X-ray duplication, per x-ray (\$15) \$ _____
- _____ Contact sheet BW/Color, per sheet (\$5/\$7.50) \$ _____
- _____ 8x10 print on paper BW/Color, per sheet (\$10/\$20) \$ _____
- _____ Photos on CD (\$1 per CD) \$ _____
- _____ Hourly fee for preparation (\$10) \$ _____

USE OF FACILITY

- _____ ID of decomposed remains \$750
- _____ ID of unidentified remains \$500
- _____ Tissue recovery/autopsy user fee \$500
- _____ Eye donation \$100

STORAGE

- _____ Body storage, per 24 hr period (\$40) \$ _____

TOTAL: \$ _____

Note: Extra testing or procedures may be deemed necessary by the forensic pathologist and the referral county will be notified prior to additional testing or procedures.

Note: Please make payments payable to "Manager of Finance" to the above address.

*For cases transported under the direction of JCMEO following scene investigation, the prices vary depending on distance traveled.