

January 1, 2024

NJ Sharing Network, New Jersey's organ and tissue procurement organization saves and enhances lives through organ and tissue donation. As a part of our collaboration and commitment with our funeral home partners, NJ Sharing Network offers reimbursements in recognition of the additional labor and materials needed to restore remains to a condition suitable for preservation or viewing (whether public or private) and to encourage positive communications between funeral directors and donor families.

This reimbursement applies only to the cases directly procured through NJ Sharing Network and no others. This rate is not applicable to procurements secured from any other organization. NJ Sharing Network donors are donors who were referred to NJ Sharing Network and whose organ and/or tissue recovery was performed, coordinated or otherwise handled by NJ Sharing Network or its affiliated tissue banks.

To apply for reimbursement, please complete this form and submit it with a copy of your funeral home's Statement of Funeral Goods and Services Selected (SFGSS) invoices or final bill on company letterhead and supporting documents to accountspayable@njsharingnetwork.org. To expedite your payment, please ensure that there is no **"transfer of remains to the funeral home"** charge listed on the bill if NJSN transported the donor to your facility.

REQUIRED INFORMATION (please print or type all information clearly)

Decedent's Full Name: (First, Middle, Last)	
Date of Death: (MM/DD/YYYY)	Was an autopsy completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Preparation: (MM/DD/YYYY)	Did the family add donation language to the obituary? <input type="checkbox"/> Yes <input type="checkbox"/> No

Procedure

Solid Organ Donation and/or Tissue Donation

Reimbursement

\$450

PLEASE NOTE:

Eye enucleation and heart recovery for heart valves are not reimbursable procedures.

Funeral Home Name:		Telephone:
Address: (City, State, Zip)		
Funeral Director in Charge of Arrangements:	N.J. License No.:	
Signature:	Date: (MM/DD/YYYY)	

**YOU MUST INCLUDE A COPY OF THE EXECUTED SFGSS WITH THIS FORM OR
FINAL BILL ON COMPANY LETTERHEAD.**

Questions? Contact Larissa Cruz your Funeral Home liaison: 551.574.3049