



STATE OF ALASKA  
DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC ASSISTANCE

**GENERAL RELIEF ASSISTANCE BURIAL  
ADDITIONAL SERVICES PRE-AUTHORIZATION  
AND ITEMIZED BILLING FORM**

**FOR DPA OFFICE USE ONLY**

DATE STAMP

CASE NUMBER

**PART I**      **PRE-AUTHORIZATION**

The Division must authorize the following services before the service is rendered. If any of these additional services will be needed, complete **PART I – PART IV** and send this signed form directly to [hss.dpa.policy@alaska.gov](mailto:hss.dpa.policy@alaska.gov) for pre-authorization and approval.  
***You must attach verification that these additional services are required and of the actual cost.***

Requested Service	Cost	Verification Received?	Approved Amount
Hermetic Sealer	\$	Yes / No	\$
Oversized casket	\$	Yes / No	\$
Clothing	\$	Yes / No	\$
Extraordinary lengthy storage	\$	Yes / No	\$
Transportation to and from the storage facility	\$	Yes / No	\$
Transportation to another community for burial (if requested by the next of kin and the <u>total</u> expenses, both costs incurred at the place of death and expected costs where they will be buried, will be less costly than to provide burial at the place of death or the deceased was transported from the place of residence to the place of death using Medicaid funding).	\$	Yes / No	\$
Other extraordinary expenses because of special circumstances	\$	Yes / No	\$

Explanation: \_\_\_\_\_

**Total pre-authorized amount of \$\_\_\_\_\_ has been approved by \_\_\_\_\_ on \_\_\_\_\_.**  
(Policy Unit Staff Member)(Date)

**PART II**      **INFORMATION REGARDING DECEASED**

NAME OF THE DECEASED (First, Middle, Last)	SOCIAL SECURITY NUMBER	BIRTHDATE	DATE OF DEATH
ADDRESS OF LAST RESIDENCE	CITY	STATE	ZIP CODE

**PART III**      **PERSON ARRANGING FOR BURIAL/CREMATION**

NAME (First, Middle, Last)	RELATIONSHIP	PHONE NUMBER
ADDRESS	CITY	STATE
		ZIP CODE

**PART IV**      **LIST KNOWN LIVING RELATIVES OF DECEASED AND THEIR CONTACT INFORMATION**

NAME (First, Middle, Last)	RELATIONSHIP	PHONE NUMBER	ADDRESS
NAME (First, Middle, Last)	RELATIONSHIP	PHONE NUMBER	ADDRESS
NAME (First, Middle, Last)	RELATIONSHIP	PHONE NUMBER	ADDRESS

**PART V      ITEMIZED BILLING**

**Maximum payment from DPA for basic burial / cremation services is \$1,250.**

Preparation and embalming	\$
Least expensive cloth-covered casket (in stock or not)	\$
Chapel service	\$
Use of a hearse	\$
Use of facilities and equipment necessary for burial or cremation	\$

<b>SUBTOTAL</b>	\$
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*\*Payment is limited to the actual costs of these basic services, not to exceed \$1,250.*

**Additional Necessary Services:**

Least expensive cemetery plot or niche available in the locality where the deceased is to be interred	\$
Reasonable cost of cremation (if requested by the next of kin)	\$
Vault or outer burial container (if required)	\$
Least expensive marker and installation (if mandated by the cemetery)	\$
Reasonable cost of opening and closing the grave (if necessary)	\$
Processing charge equal to 10 percent of the amount of a payment a vendor makes directly to a cemetery or a provider of transportation for any reimbursable service.	\$

<b>SUBTOTAL</b>	\$
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<b>TOTAL BASIC SERVICES, ADDITIONAL NECESSARY SERVICES, AND PRE-AUTHORIZED SERVICES</b>	\$
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**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 Alaska Division of Public Assistance rules and fee structure in effect on date of service. The charges reported herein for the funeral services provided are the usual customary charges made by the undersigned funeral establishment for similar services provided to the general public.**

**If any payment is received from another source after payment has been received from the Division, I shall immediately reimburse the Division of Public Assistance the appropriate amount.**

**Funeral Home/Vendor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Funeral Home Staff Member completing this form:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THE GENERAL RELIEF ASSISTANCE BURIAL PRE-AUTHORIZATION AND BILLING FORM

Required steps after a General Relief Assistance application has been submitted to DPA:

1. The local DPA office that is processing the General Relief Assistance application will complete the required interview and request an itemized bill from the funeral home. Do not submit an itemized bill on funeral home letterhead as the GEN 61 is the only approved form.
2. If the funeral home needs additional services, they must complete **PART I – PART IV** and send the signed GEN 61 form directly to [hss.dpa.policy@alaska.gov](mailto:hss.dpa.policy@alaska.gov). Verification that these additional services are required, and the actual cost must be sent to the Policy unit with this form or the division may deny these additional expenses. The Policy unit will determine the amount of additional services that are allowable, enter the total pre-authorized amount in **PART I**, and will send the form directly back to the funeral home. The funeral home will then complete **PART V** and submit the completed GEN 61 to the local office that is processing the General Relief Assistance application.
3. If the funeral home does not need additional services, they should complete **PART II – PART V** and send the signed GEN 61 form directly to the local DPA office that is processing the General Relief Assistance application.
4. The local DPA office that is processing the General Relief Assistance application will make an eligibility determination as quickly as possible. The local DPA office will send notification to the funeral home when the eligibility determination process is complete.

### **PART I      PRE-AUTHORIZATION OF ADDITIONAL SERVICES**

Only complete this section if pre-authorization of additional services is needed.

A) The Policy unit completes total pre-authorized amount approved.

### **PART II      INFORMATION REGARDING DECEASED**

Name of Deceased, Birthdate, Date of Death, Social Security Number, and Address: Self-explanatory.

### **PART III      PERSON ARRANGING FOR BURIAL/CREMATION**

Enter the name of the person arranging for the burial or cremation, their relationship to the deceased (e.g., relative, friend, etc.), and the address and phone number of this person.

### **PART IV      LIST KNOWN LIVING RELATIVES OF DECEASED AND THEIR CONTACT INFORMATION**

List all known living relatives of the deceased, their relationship to the deceased, and their address and phone number. *If more than three relatives are known, please provide their names and contact information on an additional GEN 61 form.*

### **PART V      ITEMIZED BILLING**

List the actual costs of each basic service provided. Add together the actual costs of the basic burial or cremation and enter this into the first subtotal box. *The maximum allowable payment from DPA for basic burial or cremation services is \$1,250.*

List the actual costs of each additional necessary service provided. Add together the actual costs of the additional necessary services and enter this into the second subtotal box.

Enter the total of the basic services, additional necessary services, and pre-authorized services already approved by the Policy unit. This is the total amount of payment requested from DPA.

The funeral home staff member that completed this form shall enter his or her signature, title, and phone number in the spaces provide. The full name and address of the funeral home/vendor name should be legibly entered in the spaces provided. The form must be dated.

The charges billed to the division for burial or cremation services must be the usual and customary charges for similar services provided to the public. If any payment is received from another source after payment has been received from the division, the funeral home must immediately reimburse the Division of Public Assistance the appropriate amount.