

INVOICE TO:

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF PUBLIC WELFARE
 OFFICE OF INCOME MAINTENANCE

***TO BE COMPLETED BY FUNERAL DIRECTOR**

BURIAL/CREMATION CHARGES FOR		DECEASED
CEMETERY WHERE BURIED	CITY	DATE OF BURIAL

1. Maximum payment allowance requested from DPW for burial and/or cremation (\$750.00 per deceased person).

\$

2. Resources that reduce DPW payment

Resources applicable to cost of burial and/or cremation:

RESOURCE	AMOUNT

Resources that will reduce DPW payment

TOTAL =

\$

3. Contributions that may reduce DPW payment from friends, relatives, other entities, i.e. Fraternal organizations, etc.

CONTRIBUTOR	AMOUNT
TOTAL CONTRIBUTIONS	

Excess = Total contributions minus \$750.00 per deceased person.

\$

4. Total resources and/or contributions (excess over \$750.00 per deceased person) that will reduce DPW payment. If total is 0 or less, enter 0.

\$

\$

5. DPW payment owing after reduction for resources and/or contributions exceeding \$750.00 per deceased person (\$750.00 per deceased person, minus item 4).

\$

6. Total DPW payment to funeral service provider (item 5 repeated).

\$

CERTIFICATION OF FUNERAL DIRECTOR

I certify that the amount listed in Item 5 constitutes the entire bill incidental to the burial/cremation of the person named above, that no payment has been, or will be, accepted from any other source, and that I will notify the County Assistance Office promptly of any additional resources that come to my attention. By signing, I certify that I understand that the Department of Public Welfare can impose penalties such as reimbursement and prosecution for any violations of funeral payment regulations.

SIGNATURE OF FUNERAL DIRECTOR

DATE

FIRM NAME AND ADDRESS

Provider MA ID Number _____

Provider Address Code _____