MEDICAID RECIPIENTS CLAIM TO DEFRAY BURIAL COSTS

State Form 35937 (R4 / 1-17)
Approved by State Board of Accounts, 2016

INSTRUCTIONS: Claimant shall sign completed State Form 35937 and submit to appropriate authorizing designee within ninety (90) days of date of death. All funeral claims packets must include a signed 35937, a signed "Statement of Funeral Goods and Services". Funeral homes claiming cemetery expenses must also include signed receipts verifying cemetery expenses have been paid as well as a signed Burial Transit Permit. All cemetery claims packets must include a signed 35937, a signed Burial Transit Permit or a signed cemetery contract. All contributors' names and contact information must be included. If available a copy of the Death Certificate should be included in all claims packets. Funeral directors and cemeteries cannot submit cemetery expenses on the same burial. Only the State completes page 2.

RECIPIENT INFORMATION

Name of recipient *(last, first, middle)*	Social Security number *(Last 4 digits)* XX – XXX -	*Case number*
Last residence *(number and street, city, state, ZIP code)*		
Medicaid Category of Assistance *(Check one)* ☐ MA A ☐ MA D ☐ MA B ☐ MA R ☐ MASI ☐ MADW		
Date of death *(month, day, year)*	Date remains received *(month, day, year)*	Date of disposition *(month, day, year)*
County	County number	Region *(County office to enter.)*

ITEMIZED BURIAL CHARGES

All listed amounts must match funeral / cemetery contract. Funeral homes claiming cemetery charges must include a signed receipt for each charge.

FUNERAL CHARGES		CEMETERY CHARGES	
Preparation of Body *(Includes cremation.)*		Burial Plot	
Casket		Opening and Closing	
Funeral Services		Vault	
Transportation		Lowering Device, Tent / Artificial Grass	
Professional Services		Wood Box / Concrete Slab / Outer liner	
Other *(Specify)* _____		Other *(Specify)* _____	
Total Charges		Total Charges	
Discount Amount *(If applicable)*		Discount Amount *(If applicable)*	
Total Charges Minus Discount Amount		Total Charges Minus Discount Amount	

CONTRIBUTIONS AND RESOURCES

Do not include discounted amounts as contributions.

TYPE	FUNERAL	CEMETERY	TYPE	FUNERAL	CEMETERY
Insurance			Social Security		
Friends and Family			Death Benefit		
Veteran Benefits			Trust / trustee		
Bank Balance			Other *(Specify)*_____		
Total Contributions / Resources for Funeral and Cemetery				$	$

Name of contributor(s) *(Attach additional pages if needed.)*	Address of contributor(s) *(number and street, city, state, ZIP code)*

CLAIMANT DEMOGRAPHICS AND AMOUNTS CLAIMED FROM THE STATE

Name of Funeral Home or Cemetery			Amount of claim from funeral	$
Address *(number and street)*			Amount of claim from cemetery	$
City	State	ZIP code	Grand total being claimed	$

CLAIMANT AFFIRMATION

Pursuant to the provision of IC 5-11-10-1(e), I certify that the foregoing account is true and correct, that the amount claimed (_____) is legally due, after allowing all just credits, and that no part of the amount has been paid.

Signature of Funeral Director or Cemetery Authority	Federal identification number

ONLY THE STATE COMPLETES PAGE TWO (2)

RECIPIENT INFORMATION	
Name of recipient *(last, first, middle)*	Case number

SUMMARY OF AVAILABLE RESOURCES	
Insurance	
Cash on hand	
Burial Plot w / o Cost	
Organization *(include name)*	
Reimbursement from Social Security Death Benefits	
Other *(Specify)*_____	

STATE COMMENTS	
Effective of Medicaid *(month, day, year)*	Computation Amount $
Confirmed by	Completed by
Date of first review *(month, day, year)*	Date of second review *(month, day, year)*

AFFIRMATION OF BURIAL DIRECTOR	
I hereby certify that the within claim covering burial expenses as indicated is in proper form; that the deceased recipient in whose behalf payment is to be made has been found to be eligible for such services under the provisions of IC 12-14-17, and that this claim in the amount of $_____ is being recommended for payment based upon information submitted to this Office by the Funeral Director and/or Cemetery Authority.	
Signature of authorized designee	Date of final review *(month, day, year)*