



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH

Earl Ray Tomblin
Governor

Commissioner's Office
350 Capitol Street, Room 702
Charleston, West Virginia 25301-3712
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Rocco S. Fucillo
Cabinet Secretary

May 29, 2013

Natalie Tennant, Secretary of State
State Capitol Bldg. 1, Suite 157-K
1900 Kanawha Blvd. East
Charleston, WV 25305-0770

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SECRETARY OF STATE
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Dear Secretary of State Tennant,

As the Commissioner of the Bureau for Public Health it is my duty to submit, and from time to time to update, the schedule of fees to be charged by the Office of the Chief Medical Examiner (OCME) in accordance with the provisions of Legislative rule, Medical Examiners Rule for Postmortem Inquires, 64CSR84, subsection 26.2. That section reads as follows:

26.2. The fees charged under Subsection 26.1 of this rule shall be according to a reasonable fee schedule, established by the Commissioner, to be published annually in the State Register.

Subsection 26.1. states:

26.1. Under authority of W.Va. Code §16-1-11 and this rule, the Commissioner shall charge reasonable fees for the provision of testimony or any production of opinion provided by any OCME employee, arising from his or her professional OCME related activities, for:

26.1.a. Any civil request for providing testimony or any production of opinion, when the State of West Virginia or any public entity organized under the authority of the State of West Virginia, is not the plaintiff or defendant; or

26.1.b. Any request for providing testimony or any production of opinion for a criminal proceeding arising outside the State of West Virginia.

Under the authority granted to me by the West Virginia Code and Legislative rule, I hereby submit an update of the Fee Schedule to be used by the Office of the Chief Medical Examiner in the conduct of his professional statutory duties. We will endeavor to provide the fee schedule each year on or near June 1.

Please publish the attached two page fee agreement schedule in the State Register at your earliest convenience. Thank you for your assistance.

Sincerely,

Marian L. Swinker, M.D., M.P.H.
Commissioner

MS/rgm

cc: Allen Mock, M.D., Chief Medical Examiner



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Office of the Secretary

One Davis Square, Suite 100, East
Charleston, West Virginia 25301

Telephone: (304) 558-0684 Fax: (304) 558-1130

Earl Ray Tomblin
Governor

Rocco S. Fucillo
Cabinet Secretary

AGREEMENT FOR PAYMENT OF FEES FOR SERVICES
INVOICE

TO:

DATE:

RE:

Fees authorized by law; WV Code, Fees for Services rule, 64CSR51, and
Medical Examiner Rule for Postmortem Inquiries, 64CSR84

_____	Staff/M.D./PH.D. Testimony (or deposition) out of the office:	\$ _____
	Minimum fee of \$1,000 (for up to 2 hours), and \$500 per each additional hour, or fraction thereof.	
	Other Staff: \$300/hour (64CSR84, §26).*	
_____	Staff/M.D./Ph.D. Deposition, in office: \$500 per hour, or fraction thereof (64CSR84, §26).	\$ _____
_____	Consultation in office: \$400/hour, or fraction thereof (64CSR84, §26).*	
_____	Use of autopsy suite: \$1,000/hour or fraction thereof (64CSR84, §25).*	\$ _____
_____	Use of OCME Office for deposition: \$300/hour or fraction thereof (64CSR84, §25).*	\$ _____
_____	Cremation Permits: \$50 per case (WV Code §61-12-9 and 64CSR84, §13.8).*	\$ _____
_____	Histology Services: microscopic slide re-cuts: \$50 per slide (64CSR84, §21.8c).	\$ _____
_____	Copying x-rays: \$50/film (64CSR51, §§4.3 & 4.4).	\$ _____
_____	Photocopying, duplication, etc.: \$0.50/page (64CSR51, §§4.3 & 4.4).	\$ _____
_____	Post-mortem Examination Reports to Family: a report of autopsy or external examination and toxicology report (64CSR84, §19.7) will be sent to authorized family member for a fee of \$15, upon written request.	\$ _____
_____	Post-mortem Examination Reports (Notarized): \$300 per case (64CSR84, §19.7) (Report of autopsy or external examination and toxicology report)	\$ _____
_____	Photograph copying: \$2.00 per photograph or \$30 per CD (64CSR51, §§4.3 & 4.4).	\$ _____
_____	Civil Request: Viewing of OCME material: \$100/hour, or fraction thereof (64CSR84, §25)	\$ _____
_____	Autopsy Wet Tissue Specimen and Body Fluid Storage: The OCME stores samples for 1 year at no cost. Longer storage beyond 1 year may be requested for a fee of \$500 every 3 months, requiring a letter of request (64CSR84, §25); Requestor must submit timely written request and additional fee payment for each quarter year of additional storage desired or <u>specimen(s) will be discarded.</u>	
_____	Medicolegal Investigation Training Course: \$\$ Varies per course. Registration per attendee based on location and associated services required; \$50 processing fee for regular registration cancellation, late cancellation (within two weeks of conference), 50% of registration will be withheld and cancellation during or after conference, registration payment is non-refundable (64CSR84.19.7)	\$ _____
	CRM/05/20/13	Total Due: \$ _____

Office of the Chief Medical Examiner
619 Virginia Street, W.
Charleston, WV 25302
Phone (304) 558-6920 FAX (304) 558-8492

Authorization:

The Office of the Chief Medical Examiner has established fees for a number of services provided by this Office in accordance with our authority under West Virginia Code, Chapter 61, Article 12 and two Bureau for Public Health legislative rules; Medical Examiner Rule for Postmortem Inquiries, 64CSR84, and Fees for Services Rule, 64CSR51. The service(s) you have requested are subject to these fees.

Payment:

Please do not send cash. Please make check payable to the Office of the Chief Medical Examiner and mail to 619 Virginia Street, W., Charleston, WV 25302. Please record the name of the decedent on your check. Please note that the OCME reserves the right to require expected fee payment prior to performing requested services. Cancellations should be made within 48 hours or the fee will be non-refundable.

Payment must be received before services will be rendered (excluding * services).

Rendered Services:

For services rendered before payment is received the below authorization must be signed:

I hereby agree to pay the Office of the Chief Medical Examiner as invoiced for the above-mentioned service. Invoice to be prepared upon completion of services.

Authorized Signature: _____

Title of Person Signing: _____

Date: _____