

Donor Benefit Claim Form

Claim form must be filed within six months from the date the patient is discharged from the hospital. Please print.



Patient Information:

1. Patient's Name _____
First Middle Last
2. Patient's Address _____
Street City State Zip
3. Patient's Birthday ____/____/____ Social Security Number ____/____/____
4. Name of Hospital _____ City/State _____
5. Hospital Admission Date ____/____/____ Transfusion Date ____/____/____
6. Patient Covered by Medicare/Medicaid ___yes ___no Medicare/Medicaid # _____

Benefit Plan:

7. Blood donation was made to: (Check one)

Family Benefit Plan:

Plan Member's Name _____
First Middle Last

Blood Donor's Name _____
First Middle Last

Blood Donor's Birthday ____/____/____ Blood Donor's Soc. Sec. # ____/____/____

Group Benefit Plan:

Group's Name _____

Employee or Plan Member's Name _____

8. Patient's Relationship to Donor, Employee, or Plan Member _____
9. Is Patient an IRS Tax Dependent of Donor, Employee, or Plan Member? ___yes ___no

Reimbursement: (Maximum of \$500 per individual per plan year for Blood Center's processing fees)

7. Reimbursements are sent to the hospital, unless the sponsoring group has made prior arrangements with the Blood center to have reimbursements sent to the group. If the hospital bill is paid, the patient or responsible party must contact the hospital for credit. The claimant is notified in writing when payment is made.

Name and Address to Send Notification of Payment:

_____ Name Address City State Zip

Authorization:

11. Authorization is hereby given to LifeShare Blood Centers to receive information concerning blood usage and other information as reasonably required in considering this application.

Signature _____ Phone (____) _____ Date ____/____/____

Please Return This Form To Your Local LifeShare Blood Centers Office.

ALEXANDRIA
2051 North Mall Dr
Alexandria, LA 71301
318-445-7439
800-256-7439

BATON ROUGE
3849 North Blvd
Baton Rouge, LA 70806
225-383-7728
866-543-3296

BEAUMONT
4305 Laurel St
Beaumont, TX 77707
409-838-5289
800-256-5289

Lake Charles
214 Dr. Michael DeBakey Dr
Lake Charles, LA 70601
337-436-4932
800-256-4932

Monroe
2909 Kilpatrick Blvd
Monroe, LA 71201
318-322-4445
800-256-4445

Shreveport
8910 Linwood Ave
Shreveport, LA 71106
318-673-1471
800-256-4483

Texarkana
1321 College Dr
Texarkana, TX 75503
903-794-3173
800-264-5456

El Dorado
443 West Oak St
El Dorado, AR 71730
870-864-8154