



THE BLOOD CENTER

Serving you for life!

Blood Assurance Claim Instructions

1. After the patient has been discharged from the hospital, fill out a Blood Assurance Claim Form. Please complete all information requested on the Blood Assurance Claim Form. Missing information may delay the process of the claim. If you have any questions, contact Patient Claims at (504) 592-1534.
2. Submit the completed form with any requested supporting documentation to:

The Blood Center	Fax: (504) 592-1578
Attn: Patient Claims Accounting	
2609 Canal St.	Email: patientclaims@thebloodcenter.org
New Orleans, LA 70119	
3. The Blood Center will review the form and then send a request to the hospital for verification of blood component usage which usually takes approximately 30 days.
4. If the patient has insurance coverage other than Medicare or Medicaid, and Explanation of Benefits (EOB) must be attached to the claim form. The EOB is typically sent by the insurance company to the patient after discharge from the hospital, and it usually includes the statement "This is not a bill." A copy of the insured's membership card or statement of benefits can not be substituted for the EOB.
5. Claims must be submitted within 6 months from the date of blood component usage.
6. A separate claim form should be submitted for each hospital stay.
7. When all requested supporting documentation is submitted and verified, the payment will be processed. Payments will be made directly to the patient and will be generated on a monthly basis.

If you need assistance, please call our Patient Claims representative at (504) 592 -1534