

The Blood Alliance

536 W 10th Street • Jacksonville, FL 32206 • (904) 353-8263 • (888) 447-1479 • (904) 358-7111 fax

REQUEST FOR ACCOUNT BENEFIT

Date: _____

Donor or Group providing coverage (i.e., Henry Williams, Jacksonville Fire and Rescue):

Relationship to Donor or Group: _____

Account Number of Group: _____

Recipient of Blood Products: _____

Social Security Number: _____

Date of Birth: _____

Medical Facility where transfusion(s) took place (i.e., St. Luke's, Shands Jacksonville, Memorial, etc):

Date(s) recipient was inpatient at medical facility: _____

Person(s) authorized to receive Benefit payment: _____

Address: _____

City, State, Zip: _____

Telephone (with area code): _____

Signature: _____

ATTACH ITEMIZED HOSPITAL STATEMENT