

**Application for Vouchers
To Offset Expenses of Blood Transfusion**

Please complete in black ink. Please print.

Patient's Name _____

Address _____

Phone(s) _____

In the case of a minor or an individual unable to represent him/herself, please supply a contact name and phone number below.

_____ Phone _____

Date of this application _____

Date received in office _____

Date(s) of Transfusion(s) _____

Physician's Name _____

Hospital/Medical Facility where transfusion(s) was (were) done

Hospital charge per unit of blood _____

Insurance Company _____

Insurance Coverage

_____ No benefit provided

_____ Partial benefit provided at \$_____ per unit

Please attach hospital bills that reflect the cost at which these transfusions were billed, as well as a copy of your insurance company's reimbursement policy for blood products.

"I understand the process of applying for these funds may include me supplying additional information. I understand these funds are awarded in accordance to guidelines that may exclude my participation."

Signature _____

Date _____