



## **THE BLOOD CENTER**

*Serving you for life!*

### **Blood Replacement Claim Instructions**

1. Fill out a Blood Replacement Claim Form. Please complete all information requested on the 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  
Attn: Patient Claims Accounting  
2609 Canal St.  
New Orleans, LA 70119  
  
Fax: (504) 592-1580  
  
Email: [patientclaims@thebloodcenter.org](mailto:patientclaims@thebloodcenter.org)
3. The Blood Center will review the form, then process the claim for payment. Payments will be made directly to the patient and will be generated on a monthly basis.
4. Claims must be submitted within 6 months from the date of blood component usage.