



Member's Application for Benefits

1040 Madison Avenue • Memphis, TN 38104-2198

(901) 522.8585 or 1.888.LIFEBLOOD (543.3256)

www.lifeblood.org

Patient Information

Patient Name: Last First Middle

Address: Address City State Zip

Relationship to Donor: Date of Birth:

Donor Information

Donor Name: Last First Middle

Donor Number: Date of Birth:

Address: Address City State Zip

Date Submitted: Amount of Claim Requested: \$

For Lifeblood Use Only

Date Received: Received by:

Amount Available for Claim: \$ EOB/Bill Received: No Yes

Dates of Transfusion(s): to

Hospital Name:

Hospital Address: Address City State Zip

Further Action Required? No Yes Notes:

Amount of Approved Claim: \$ Amount Available after Claim: \$

Reviewed by: Date Reviewed: Date Completed:

Notes: