

Carter Bloodcare
Clinical Apheresis
Emergency Privileges & Authorization To Treat

Scope: Form should be used for apheresis procedures not covered by existing contract or if no contract is in place.

Instructions for HOSPITAL STAFF:

Please complete the following information and fax to Clinical Apheresis at 972-661-9409 “ATTN: CLINICAL APHERESIS DIRECTOR or DESIGNEE.”

Please give original (with signatures) to Carter Blood Care Clinical Apheresis staff upon arrival to hospital.

1. Type procedure to be performed _____
(Please fax copy of actual physician order if possible with this form once completed)
2. Date/Time procedure to start _____
3. Patient Name _____
4. Location of patient where procedure is to be performed: _____
5. Will the patient have venous access catheter placed? Yes/No (Catheter needs to be dialysis-type dual lumen)
6. Ordering Physician name _____ Tel#/Pager _____
Physician type of specialty _____
7. Name of Facility _____
8. Address of Facility _____

Obtaining actual Emergency Privileges

Instruct physician that with no contract in place emergency privileges must be obtained.

The ordering physician and a clinic/hospital administrative representative must sign and return this form to initiate apheresis procedure. (Please contact administrator, or House supervisor or Nursing supervisor, to ask for privileges for CBC personnel, if not already authorized to perform procedures at facility.)

NOTE: Emergency privileges are intended to cover apheresis procedures that are necessary for this specific patient and only for this particular hospital admission or course of therapy.

Name and phone number of person to receive the bill:

Billing address and department:

Ordering/Sponsoring physician:

Printed name _____

Signature & Date _____

Administrator(s) granting privileges

Printed name _____

Signature & Date _____

Telephone number: _____

2024 Emergency Authorization Fees: The fee to Hospital from CarterBloodCare will be:

<u>Therapeutic Plasma Exchange</u>	<u>Fee Per Procedure</u>
• Service fee for up to a four hour procedure During the hours of 7:00 a.m. - 5:00 p.m.	\$2,800
• After hour fee 5:00 p.m. – 7:00 a.m.	\$460
• Each additional hour beyond four hours	\$240
• Weekend fee	\$460
• Emergency / add on fee	\$460
• Each additional half hour	\$120
<u>Red Blood Cell Exchange</u>	
• Service fee for up to a three hour procedure During the hours of 7:00 a.m. - 5:00 p.m.	\$2,800
• After hour fee 5:00 p.m. - 7:00 a.m.	\$460
• Each additional hour beyond three hours	\$240
• Weekend fee	\$460
• Emergency / add on fee	\$460
• Each additional half hour	\$120
<u>Cell Depletion (Platelet or Leukocyte)</u>	
• Service fee for up to a four hour procedure During the hours of 7:00 a.m. - 5:00 p.m.	\$2,800
• After hour fee 5:00 p.m. - 7:00 a.m.	\$460
• Each additional hour beyond four hours	\$240
• Weekend fee	\$460
• Emergency / add on fee	\$460
• Each additional half hour	\$120
<u>Procedure Travel Fee Per Procedure</u> (For round trip to/from hospital)	
Zone 1 – Within 20 miles of Carter Blood Care’s Apheresis office	\$0
Zone 2 – More than 20 miles but within DFW Metroplex***	\$170
Zone 3 – Outside DFW Metroplex	\$570
<u>Equipment transport fee – Round Trip</u>	\$680
Machine loans: (when others hospital’s machines are out of use for repair)	
• Carter will provide use of a Spectra Optia if requested, until your blood cell separator is repaired for up to 10 days at a fee of \$550.	
• After 10 days an additional fee of \$550 will apply for every 10 day segment a machine is loaned, to cover preventative maintenance cost while in use.	
• If for some reason machine is need for a longer period of time a rate of \$1,700 per month will be charged every 30 days.	
<u>Holiday Surcharge</u>	
• An additional fee will be applied to all procedures performed on federal holidays	\$460

Blood Warmer

- A usage fee will be applied when blood warmer utilization is indicated \$60

Correct Connect Adapter

\$50

- A separate connector needed to administer anticoagulant

Fees for Cancellations

Cancellations will be made 24 hours prior to scheduled procedures.

- Procedure cancellation fee* \$460
- Procedure cancellation fee (if employee is dispatched)* \$840
- Disposable Apheresis kit fee** \$510

Additional Services:

- Any replacement fluids necessary (i.e., albumin, Hespan, FFP, RBC or any other blood components, etc) will be provided by HCP or billed separately and additional services required by HCP or the attending physician and/or any special requirements (i.e. special courier services, transport of apheresis equipment) will be billed separately.
- Training/ orientation for individual staff will be billed at \$85 per hour
- Hospital will reimburse Carter Blood Care for equipment lost or damaged while in hospitals possession.
- Consultation by Carter BloodCare medical staff provided for all therapeutic apheresis services at no additional cost to HCP.

*If employee has been on site for ≥ 2 hours, once procedure is cancelled, then full procedure charge applies

** If the integrity of sealed kit is compromised.

*** DFW Metroplex includes, Dallas, Collin, Denton, Rockwall, Tarrant and Ellis Counties