

**BILLING INFORMATION FOR TRANSFERRING
CLIENT DEPOSITORS FROM ANOTHER BANK**

Date of initial call _____

Patient with units to transfer _____

Bank units being transferred from:

Name: _____ Phone: _____

Address: _____ Fax: _____

Contact person _____

Intended date to ship _____

Ship our tank _____ **or** Bank shipping their tank _____

Patient Information

Names _____ Phone _____

Address _____ SS# _____

email _____ Date of Birth _____

Payment Information

MasterCard _____ Visa _____ Discover _____ Amex _____

Card #: _____ Security Code: _____ Expiration Date: _____

Fees

Shipping \$190.00 + \$15.00 fuel surcharge

Handling fee (file set
up and inventory transfer) \$75.00

Evaluation of unit \$55.00/unit

Storage fee 1 year \$300.00 tested negative units, positive test \$600.00

Lab protocol: Before transfer, send patient XTS release to Transfer form, Storage Agreement, blood draw order and HIV consent (if missing blood tests). Once all paperwork received, tank can be shipped.

Updated: 1/25/2009

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