

**Carter Bloodcare**  
**Clinical Apheresis**  
**Emergency Privileges & Authorization To Treat For 2014**

**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: \_\_\_\_\_

Fees: The fee to HCP from CarterBloodCare for the services listed on Exhibit A 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.	\$2,050
• After hour fee 5:00 p.m. – 7:00 a.m.	\$350
• Each additional hour beyond four hours	\$150
• Weekend fee	\$350
• Emergency / add on fee	\$350
<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.	\$2,200
• After hour fee 5:00 p.m. - 7:00 a.m.	\$350
• Each additional hour beyond three hours	\$150
• Weekend fee	\$350
• Emergency / add on fee	\$350
<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.	\$2,200
• After hour fee 5:00 p.m. - 7:00 a.m.	\$350
• Each additional hour beyond four hours	\$150
• Weekend fee	\$350
• Emergency / add on fee	\$350
<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***	\$150
Zone 3 – Outside DFW Metroplex	\$500
<u>Photopheresis Services</u>	
• Service fee for up to a four hour procedure During the hours of 7:00 a.m. - 5:00 p.m.	\$3,800
• After hour fee 5:00 p.m. – 7:00 a.m.	\$350
• Each additional hour beyond four hours	\$150
• Weekend fee	\$350
• Emergency / add on fee	\$350
<u>Therapeutic Phlebotomy</u>	
• Service fee for Procedure	\$600
• Weekend fee	\$350
• Emergency / add on fee	\$350

Equipment transport fee – Round Trip

\$500

Machine loans: (when others hospital's machines are out of use for repair)

- Carter will provide use of a COBE Spectra if requested, until your blood cell separator is repaired for up to 10 days.
- After 10 days a fee of \$500 will apply for the next 30 days, to cover preventative maintenance cost while in use.
- If for some reason machine is need for a longer period of time a rate of \$1000 per month will be charged every 30 days.

Holiday Surcharge

- An additional fee will be applied to all procedures performed on federal holidays \$350

Blood Warmer

- A usage fee will be applied when blood warmer utilization is indicated \$45

Fees for Cancellations

Cancellations will be made 24 hours prior to scheduled procedures.

- Procedure cancellation fee\* \$350
- Procedure cancellation fee (if employee is dispatched)\* \$675
- Disposable Apheresis kit fee\*\* \$400
- Disposable Photopheresis kit fee \*\* \$1,750

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.
- On site training/ orientation for individual staff will be billed at \$60 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  $\geq 2$  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