

Blood Assurance Plan

Sampson Regional's Blood Assurance Plan was established in 1976 as a way for individuals to earn credit for their donation which can be applied to charges for any blood that may ever be needed by the individual or family members listed under their plan. Credits will be issued toward red blood cells that are transfused at Sampson Regional Medical Center. Members of the Blood Assurance Plan are obligated for donation only once a year; however, you can donate as often as every 8 weeks. Benefits become available upon the member's first donation. Because blood must be transfused within 35 days after it is collected, SampsonRMC's Blood Donor Center may call upon Blood Assurance Plan donors only as needed to maintain an adequate supply of readily available blood for the community and the hospital.

To qualify for membership, individuals must be:

- 1) **in good general health**
- 2) **at least 18 years of age (Individuals 17 years of age may donate with written parental consent.)**
- 3) **weigh over 110 pounds**

An applicant who is ineligible to donate can still become a member of the Blood Assurance Plan, with coverage for dependent family members, by providing an acceptable sub-donor who will give one unit of blood per year.

A history of heart disease, cancer, diabetes or any other chronic disease, or use of medications does not automatically disqualify donors. These will be individually evaluated.

Plan Benefits

Benefits become available upon the first donation. A member in good standing shall be guaranteed that blood credits will be issued against charges for red blood cells that are transfused at SampsonRMC. These benefits shall also be provide for the member's spouse and family dependents as defined for federal income tax purposes. If a member is a dependent in a family, then membership provides benefits for parents and siblings who are also family dependents. The Blood Assurance Plan is not responsible for laboratory, processing or administrative fees associated with transfusions.

Life membership is extended when, after 5 donations, a member becomes medically ineligible to donate and cannot supply a sub-donor or a member has made 16 donations. Benefits for dependents do not extend beyond the life of the member.

In the event a member has a change of eligible family participants from those designated in the membership application, or has a change of address, the staff of the Blood Donor Center is to be notified.

Guidelines to Receive Credit

It is the responsibility of the Blood Assurance Plan member or family to notify the Blood Donor Center within 3 days when credits for blood replacement are needed. This notification must occur within 3 days after discharge or 3 days after the patient has received a blood transfusion. The 3 day notification is mandatory to meet insurance requirements.

Individuals interested in becoming a Blood Assurance Plan Member must complete an application and submit to:

Sampson Regional Medical Center
Blood Assurance Plan
607 Beaman Street
Clinton, NC 28328

Blood Assurance Plan Application

Name _____ Birthdate _____
 Home Address _____ Home Phone _____
 City _____ State _____ Zip _____ Cell Phone _____
 Email _____ Work Phone _____
 Male _____ Female _____ Blood Type _____
 Employment Status: Full Time _____ Part Time _____ Retired _____
 May we call you at anytime if an emergency donation is needed? Yes _____ No _____

Family participants to be listed below may be spouse and/or other dependent family members. If the applicant is a dependent in a family, list parents and siblings who are also dependent children as defined for income tax purposes.

Name	Relation	Date of Birth

I hereby apply for membership in SampsonRMC's Blood Assurance Plan according to its rules, and will, to the best of my ability, respond promptly and donate blood when I am called upon. I agree to donate one pint of blood a year to be considered an active donor. In return, SampsonRMC's Blood Assurance Plan will supply the necessary blood replacement benefits to me and my above listed family, while I am a member in good standing. To the best of my knowledge, the above statements are correct.

 Blood Donor Signature _____
 Date

 Witness _____
 Date

**As a witness, I am witnessing the signature and not the contents of this document.*