



Completing a Miscellaneous Charge/Credit Form

Purpose This SOP is to inform customers on how to complete the LifeServe form for miscellaneous charges and/or credits (**LS-FORM-5717**).

Procedure

Step	Action				
1	Complete the Customer line using the full facility name.				
2	Check the Charge or Credit line depending upon whether a charge needs to be affixed or whether credit needs to be given.				
3	Document the date. NOTE: if credit is being requested please include the date of the original invoice number where the charge occurred				
4	Document the Product E-code and/or service code				
5	Document the quantity.				
6	Document the Description of the service that needs to be charged or credited by checking the appropriate line. Note: If Other is checked, please explain the service for charging or crediting. Note: If credit is being requested please provide the original invoice number where the charge occurred, if available.				
7	Document the unit number.				
8	<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">If...</th> <th style="text-align: center;">Then...</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">No other credits, charges</td> <td style="text-align: center;">Proceed to step 9.</td> </tr> </tbody> </table>	If...	Then...	No other credits, charges	Proceed to step 9.
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	or unit numbers involved	
	Other credits, charges or unit numbers involved	Repeat steps 3 through 7.
9	Document the reason for Charge or Credit by checking the appropriate line. Note: If Other is checked, please document the reason.	
10	Document the ID of the hospital staff completing the form and date	
11	Email the form to is_department@lifeservebloodcenter.org or fax to 1.515.883.3267 Note: email is the preferred method of sending the form.	