



Saving Cord Blood. Saving Lives.

Cord Blood Collection Reimbursement Form

New England Cord Blood Bank, Inc. will provide collection fee reimbursement to participating health care providers in the amount of \$125* upon receipt of and processing of the cord blood.

*** In order to receive reimbursement, a copy of the practice's unpaid invoice MUST be sent with this form.**

Fax to: 617-244-4483
NECBB, Inc.
ATTN: Accounts Payable

Mail to:
NECBB, Inc.
ATTN Accounts Payable
153 Needham Street
Newton, MA 02466

Date: _____ Practice: _____

Caregiver: _____ Tax-ID _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____ Fax: _____

Patient's
First Name: _____ Last Name: _____

Make check payable to: _____

Remit to: _____

