

These worksheets are optional and can be used to serve as a tool for the living donor to consider the expenses they may incur and need reimbursement for throughout the living donation process. Reimbursement is at program set rates where applicable, and based on receipt of required documentation and program approval. No single donor will be reimbursed more than \$14,000.00 per living donation. Actual costs may vary. After program acceptance reimbursement vouchers will be submitted by the living donor once costs have been incurred and verified.

When filling out the Anticipated Reimbursement Request Worksheets, it is important to consider what each phase is and what the timeframe is of each phase through the living donation process. Please see below for a description of each phase:

Evaluation: Begins with travel of the living donor to the onsite transplant center visit, prior to surgery to ensure that they meet all requirements to move forward with the donation surgery. This is typically a 1-2 day process

Surgery and recovery: Begins with travel to the transplant center for surgery through a short period of time following hospital discharge. This phase lasts until the living donor is 8 weeks post organ donation surgery.

Follow-up: The times determined by the transplant center that the living donor needs to return for on-site visits to assess progress and/or any needs of the living donor. This phase is from 9 weeks until 12 months post organ donation surgery.

ANTICIPATED REIMBURSEMENT REQUEST WORKSHEETS: Lost Wages

Proof of income is not needed when applying for the Living Donor Support Program but will be needed for verification purposes before the requesting reimbursement of lost wages.

1. For which phase(s) of the living donation process do you anticipate requesting the Living Donor Support Program to reimburse your lost wages?

- ☐ Evaluation
☐ Surgery and recovery
☐ Follow-up

Note: The Living Donor Support Program can reimburse lost wages up to a total of 4 weeks, unless there are special circumstances determined by your medical provider. With special circumstances documented, the program can reimburse the living donor's lost wages for up to a total of 8 weeks. Program policy limits reimbursement of lost wages to 2 days for the evaluation phase and 1 day of lost wages per office visit during the follow-up phase of the process. It is up to the living donor to determine how they may need to distribute wage reimbursement through any or all phases.

2. How many hours, days and/or weeks do you expect to lose wages associated with your living donation?

Evaluation: _____ hours/days

Surgery and post-hospitalization recovery: _____ hours/days/weeks

Follow-up: _____ hours/days

3. Please indicate your gross income (the amount of money you make before any taxes or fees are taken out) from the past year and past month.

Yearly income: \$ _____

Monthly income: \$ _____

4. Do you anticipate using paid time off (PTO) or sick time accruals to cover any of your donation associated time out of work?

- ☐ No
☐ Yes. Please explain: _____

Note: The Living Donor Support Program does not require you to exhaust your paid time off (PTO) or sick time accruals, but if you have time and want to save it, that will need to be coordinated and approved by your employer. Please be sure to check with your employer for any living donor benefits they may have available to you.

Other things to consider:

ANTICIPATED REIMBURSEMENT REQUEST WORKSHEETS: Dependent Care Expenses

Reimbursement for dependent care covers childcare, including a child with a disability, dependent adult care and eldercare. These will be reimbursed in accordance with Living Donor Support Program standard rates.

1. In which phase(s) would you anticipate needing the Living Donor Support Program to reimburse your childcare expenses? This should **not** include already existing care, only care that will additionally be needed due to the living donation process that is usually carried out by the living donor:
☐ Evaluation
☐ Surgery and recovery
☐ Follow-ups
2. In which phase(s) would you anticipate needing the Living Donor Support Program to reimburse you for care of a child with a disability (0-17), dependent adult (18-64) or elder (65+)? This should not include already existing care, only care that will additionally be needed due to the living donation process that is usually carried out by the living donor:
☐ Evaluation
☐ Surgery and recovery
☐ Follow-ups
3. List the child(ren), child(ren) with a disability, dependent adult(s), and/or elder(s) for whom you will need to arrange alternate care:

NAME	RELATIONSHIP TO LIVING DONOR	AGE

Other things to consider:

ANTICIPATED REIMBURSEMENT REQUEST WORKSHEETS: Travel Expenses and/or Support Person

The U.S. General Services Administration (GSA) rate, based on location and year in which expenses are incurred, will be utilized in determining maximum reimbursement for elements of travel including transportation, lodging, and meals. To learn more, visit: <https://www.gsa.gov/travel>.

Anticipated Travel Expenses

Coverage of lodging expenses are determined by how far the donor lives from the transplant center (75 miles one way) and when the transplant center determines the donor can travel that far from the center post-hospitalization.

Note: Meals will only be reimbursed when the living donor requires lodging.

Consider what elements of travel you anticipate requesting reimbursement and for which phase(s).

	EVALUATION	SURGERY AND RECOVERY	FOLLOW-UP
Hotel			
Meals			
Transportation			

If Requesting transportation, please indicate the mode(s) of transportation you anticipate utilizing at any or all phases: C = Car; A = Flying; B = Bus; T = Train.

Other anticipated travel expenses (i.e. parking fees, tolls, taxi, rideshare, etc.):

Other things to consider:

Accompanying support person(s)

New York State-Living Donor Support Program can pay for one designated support person per trip. The support person(s) will be reimbursed at a flat daily rate of \$100.00 for up to 20 days total.

ACCOMPANYING SUPPORT PERSON	ALTERNATIVE ACCOMPANYING SUPPORT PERSON
First Name:	First Name:
Last Name:	Last Name:
Relationship to Donor:	Relationship to Donor:
Trip(s): Check all that apply ☐ Evaluation ☐ Surgery and recovery ☐ Follow-ups	Trip(s): Check all that apply ☐ Evaluation ☐ Surgery and recovery ☐ Follow-ups

ANTICIPATED REIMBURSEMENT REQUEST WORKSHEETS: Medical Expenses

Consider these expenses if you have been made aware of any unreimbursed medical expenses directly related to the living donation evaluation and/or, resulting from the surgery and/or incurred through follow up. This may be expenses such as co-pays for medications, office visits and testing and/or medical equipment needs specific to the organ donation process.

ANTICIPATED MEDICAL EXPENSES DIRECTLY RELATED TO ORGAN DONATION	ANTICIPATED COSTS
Unpaid/Unreimbursed Prescription Medications for Organ Donation	
Other Unpaid/Unreimbursed Medical Costs (Please Provide Details for Unpaid/Unreimbursed Medical Costs below)	
TOTAL COSTS:	