Living Donor Support Program Application
Transplant Center Initial Review Form

OFFICE USE ONLY	
Application #:	**Applicant #:**

Instructions: Please complete the form below and sign the donor and recipient attestation forms.

Name of Transplant Center: _____ **OPTN Code:** _____

Application Filer Name: _____

Application Filer Title: _____

Filer Phone Number: _____ **Filer E-mail:** _____

Name of Living Donor: _____

Name of Recipient: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION

Has the Living Donor Support Program applicant already been evaluated (on site) and determined to be suitable to be a living donor? ☐ Yes ☐ No

If Yes, Date: _____

If not, when do you expect the evaluation to be completed: _____

Surgery Date: _____

If surgery has not been scheduled yet, has a timeframe been determined (i.e. Winter 2025)?: _____

Application extenuating circumstances:

THIRD PARTY PAYOR REVIEW

By law, the program shall not pay reimbursement for expenses required to be paid for by any third-party payor, including wages or other expenses that were covered under paid medical leave by the living donor's employer or that are covered by other sources of reimbursement.

1. Does the recipient's health insurance provide coverage for the living donor's medical care costs related to donation? ☐ Yes ☐ No

2. Does the recipient's health insurance provide coverage for any non-medical expenses the living donor may incur directly related to the donation process (E.g. travel benefit for living donors)?
☐ Yes ☐ No
If yes, please explain:

3. Does the donor's health insurance provide any coverage for living donation related expenses?
☐ Yes ☐ No
If yes, please explain:

4. Does the donor have short term disability insurance coverage available to them? ☐ Yes ☐ No
If yes, please explain:

5. Does the donor's employer provide any benefits specific to living donation (i.e. paid time off)? ☐ Yes ☐ No
If yes, please explain:

6. Is the donor eligible for any other sources of financial support to assist in paying for living donor related expenses (i.e. National Kidney Registry/DonorShield or Alliance/DonorProtect for paired exchange)?
☐ Yes ☐ No
If yes, please explain:

7. Was the donor referred to the transplant center by Renewal or DOVE (Donor Outreach for Veteran's Corp)?
☐ Yes ☐ No

Filer's name: _____

Filer's signature: _____ **Date:** _____