

# Reimbursement of expenses for living kidney donors

**This leaflet explains how to claim for reimbursement of expenses for living kidney donors or anyone undergoing investigations to assess their suitability to be a living kidney donor.**

**If you have any further questions, please speak to your living donor co-ordinator, contact details can be found at the end of this leaflet.**

## **What is donor reimbursement?**

To become a living kidney donor you will need to attend hospital for several appointments and investigations. If you are found to be a suitable donor, you will also need a period of time after the operation to recover. It is possible to submit a claim for reimbursement of loss of earnings, travel costs and other relevant expenses that you may have incurred.

Any claims that you submit will be assessed on an individual basis by the NHS commissioning board. This is in line with the NHS commissioning board policy document which is available on the website [www.england.nhs.uk](http://www.england.nhs.uk). The policy is called Commissioning Policy Statement: Reimbursement of Expenses for Living Kidney Donors (April 2013) Reference: NHSCB/A07/PS/a.

Any payment for donating a human organ is illegal under the Human Tissue Act 2004. However, this Act supports the reimbursement of reasonable expenses for travel, loss of earnings and other expenses if directly attributable to the organ donation process.

## **When should I start my reimbursement claim?**

Once you start the investigations to assess your suitability as a donor, you will need to keep receipts of any expenses you have incurred to support your reimbursement claim. For example, keep any train tickets, parking receipts and any letters from your employer confirming the level of sick pay you will get if you become a donor.

## **If I have had investigations and found out that I am not suitable to donate my kidney, can I claim for reimbursement?**

You may submit a reimbursement claim for travelling expenses and parking. In exceptional circumstances additional reimbursement costs may be considered.

## **If I am in the paired / pooled list as part of the national living donor kidney sharing scheme, can I claim for reimbursement?**

Yes, you can make a claim depending upon where you live in the UK; this will be submitted to the NHS commissioning board.

## **I am an altruistic donor; can I claim for reimbursement?**

Yes, the NHS commissioning board for the recipient of your donated kidney will be responsible for dealing with your claim.

## **I am an overseas donor, can I claim for reimbursement?**

Yes, your living donor co-ordinator will inform the NHS commissioning board as soon as your visa application has been approved. You may claim for travel, accommodation and visa costs (including extension), but not for living expenses such as food.

## **What documents will I need to make a claim for reimbursement?**

You will need to provide proof of:

- Current employment status, income, including pay slips for the last 3-6 months.
- Details about any benefits you currently receive or may receive following the donation and confirmation of loss of benefits.
- If employed, you will need to obtain a letter from your employer confirming the arrangements for work absence, sick pay, unpaid leave and partial pay.
- If self-employed, you will need to provide details of gross income (before tax) from the last year.
- Travel tickets / receipts (for yourself **only** at standard class) or mileage travelled by car including parking, toll and congestion charges. Taxi fares will only be reimbursed for use in the post operative period.
- Any other receipts, for example, accommodation, prescription costs or child care.

## **Who can help me make a reimbursement claim?**

Your living donor co-ordinator will discuss the donor reimbursement process with you at the start of your assessment. You will need to complete the claim form yourself and obtain all the relevant documentation to support your claim.

## **How to make a claim:**

- Inform your living donor co-ordinator as soon as possible.
- Provide a letter from your employer confirming the level of sick pay you will get if you decide to donate.
- Ensure you are claiming any other reimbursements you may be entitled to e.g. statutory sick pay or help with travel costs etc.
- Ensure all supporting evidence / documentation is collected and submitted with the claim.
- Ensure the claim form and final checklist are fully and accurately completed and signed before submitting it to your living donor co-ordinator.
- Submit the claim form within a maximum of 28 days from the date of donation once the donation date has been scheduled.
- Inform the NHS commissioning board if you return to work whilst you are receiving reimbursement or if you have been overpaid.

## **What happens after I have submitted my reimbursement claim?**

### **Your living donor co-ordinator will:**

- Inform the NHS commissioning board of any potential reimbursement claims.
- Check and confirm the appointment dates on your claim form.
- Send the claim form and relevant evidence provided by the donor to the NHS commissioning board.

### **The NHS commissioning board will:**

- Confirm prior approval of the claim in principle.
- Acknowledge receipt of your reimbursement claim.
- Approve payment of the claim within 28 days.
- Contact you directly if further information is required regarding the claim.
- Ensure the claim is approved so that payment can start from your scheduled operation date.

## **Who makes the final decision on a reimbursement claim?**

The NHS commissioning board will make the final decision on any reimbursement claim after looking at the evidence that you supplied with your claim form.

## **Can my claim be rejected?**

All claims will be scrutinised to prevent fraudulent or inappropriate claims being authorised. If evidence submitted with your claim is insufficient you may be asked by the NHS commissioning board to provide further information or evidence.

## **How much will I be reimbursed?**

This will vary according to your individual circumstances. You should not be financially worse off as a result of the donation process, but neither should you make any financial gain as this would constitute payment for donation which is illegal. Travel costs for donors can be reimbursed and will be calculated on the basis of the cheapest and most appropriate mode of public transport. Reasonable reimbursement of accommodation charges will be made.

## **When will I receive my reimbursement?**

The NHS commissioning board will process your claim in a timely manner and aim to have it approved within 28 days. Payment can be made following the scheduled date of donation.

## **What should I do if I return to work while I am being reimbursed?**

If you return to work during your period of reimbursement you must inform the NHS commissioning board and they will notify you of the appropriate amount you will need to repay.

## Contact us

If you have any questions or concerns please contact the living donor co-ordinators via the living donor administration team on 020 7188 3777 (Monday to Friday, 9am to 5pm).

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.guysandstthomas.nhs.uk/leaflets](http://www.guysandstthomas.nhs.uk/leaflets)

### Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

**t:** 020 7188 8748 9am to 5pm, Monday to Friday

### Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

**t:** 020 7188 8801 (PALS)      **e:** [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)

**t:** 020 7188 3514 (complaints)      **e:** [complaints2@gstt.nhs.uk](mailto:complaints2@gstt.nhs.uk)

### Language Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch:

**t:** 020 7188 8815      **e:** [languagesupport@gstt.nhs.uk](mailto:languagesupport@gstt.nhs.uk)

### NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

**t:** 111

### NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

**w:** [www.nhs.uk](http://www.nhs.uk)

### Get involved and have your say: become a member of the Trust

Members of Guy's and St Thomas' NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, and to become a member:

**t:** 0800 731 0319      **e:** [members@gstt.nhs.uk](mailto:members@gstt.nhs.uk)      **w:** [www.guysandstthomas.nhs.uk/membership](http://www.guysandstthomas.nhs.uk/membership)

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# LIVING KIDNEY DONOR CLAIM FORM FOR REIMBURSEMENT OF EXPENSES

This form must be completed in full. Missing information will delay your claim. Please complete all relevant sections before submitting the form to your Trust Representative for signature and final submission.

Please attach all supporting evidence to this claim form (see 'Donor Information' Frequently Asked Questions)

For the purposes of completing the form:

- The 'Claimant' is the donor
- The 'Trust Representative' is the Living Donor Co-ordinator/Administrative Assistant/Social Worker
- The 'Commissioner' is the NHS Commissioning Board

<b>Section 1: DONOR AND RECIPIENT INFORMATION.</b>	
<b>To be completed by the Claimant.</b>	
<b>Name of donor:</b>	
<b>NHS Number:</b>	
<b>Date of Birth:</b>	
<b>Address:</b>	
<b>Email:</b>	
<b>Telephone number/s:</b>	
<b>Name of recipient (If applicable):</b>	
<b>NHS Number:</b>	
<b>Date of Birth:</b>	
<b>Address:</b>	

**To be completed by the Claimant and confirmed by the Trust Representative.**

**Signature of Trust Representative to confirm attendances:**

**Section 3: TRAVEL EXPENSES.**

**To be completed by Claimant. NB: only complete this section if you have not been previously reimbursed for your travel expenses by the Hospital Trust. Mileage is paid at 24 pence /mile (NHS Public Transport Rate).**

<b>Date and time</b>	<b>Journey To/From</b>	<b>Mileage (if driving)</b>	<b>Amount claimed</b>	<b>Evidence attached Yes/No*</b>
<b>Total</b>				

If you have been informed that you are unable to donate a kidney, please go directly to Section 6

#### Section 4: PREDICTED LOSS OF EARNINGS (IF DONATION IS PLANNED TO PROCEED)

To be completed by the Claimant.

Proposed Date of Donation (if agreed)		
Dates	Amount claimed	Evidence attached Yes/No*
<b>Total</b>		

#### Section 5: OTHER EXPENSES.

To be completed by Claimant. NB: only complete this section if you have incurred/are likely to incur other expenses that are directly related to your donation.

Dates	Type of expense	Reason	Amount claimed	Evidence attached Yes/No*
<b>Total</b>				



**Section 6: SUPPORTING STATEMENT.**

**To be completed by Claimant. Please provide any additional information that you wish to be considered e.g. if supporting evidence cannot be provided and/or anything else that may affect your claim.**

## Section 7: DECLARATION

To be signed by the Claimant.

*I declare that the information given is correct and complete. I consent to the disclosure of relevant information for the purposes of checking this and in relation to the prevention and detection of fraud. I understand that if I knowingly withhold information or provide false information, I may be liable for criminal prosecution and/or civil proceedings.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

### Final Checklist

Please ensure that you complete the following checklist before submitting your claim form:

To be completed by Claimant to accompany claim form.	
Have you:	Please initial to confirm
1. Completed all relevant sections on the form?	
2. Enclosed all relevant supporting evidence/information?	
3. Signed and dated the declaration?	

Please submit your completed form, supporting information and attached checklist to your Trust Representative to sign the relevant sections. He/she will send your application the NHS Commissioning Board.

**Section 8: CONFIRMATION BY TRUST REPRESENTATIVE**

**To be signed by the Living Donor Co-ordinator.**

**I confirm that the above person has (\*\*delete as applicable):**

**\*\*Been assessed as a kidney donor and is suitable to donate a kidney.**

**\*\*Been assessed as a kidney donor but is unsuitable to donate and will not be proceeding to donation.**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**

**Print Name: \_\_\_\_\_**

**Hospital Trust: \_\_\_\_\_**

**For office use only section to be included to reflect claims approval process**