

MoKP Facility Guidelines Manual
University of Missouri-Columbia

Chapter 6	Section 020
Transplant Assistance Reimbursement	Example Letter

DATE

Laurie Hines
Missouri Kidney Program
2800 Maguire Blvd, Ste B110
Columbia, MO 65211
RE: Transplant Donor Assistance

Dear Ms. Hines:

I am requesting transplant assistance reimbursement in the amount of \$_____ (\$1,000 maximum) to help NAME (s) with non-medical expenses related to transplant.

The letter must include the following:

- 1) Name of person(s) to receive the funds. (donor and recipient can share)
- 2) If \$ for recipient, confirm that recipient is a resident of Missouri. Donor does not have to reside in Missouri.
- 2) Date of transplant.
- 3) Why the funds are needed and for what?

Funds are needed to help recipient and/or donor recover from surgery.

Examples include child care, lost wages, living expenses, transportation, groceries, etc.

Any other information you would like to share about this patient(s).

Sincerely,

Transplant Social Worker