

**MoKP Facility Guidelines Manual**  
University of Missouri-Columbia

<b>Chapter 6</b>	<b>Section 020</b>
<b>Transplant Assistance Reimbursement</b>	<b>Example Letter</b>

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 and current mailing address of person(s) receiving the funds (can be split between kidney donor and transplant recipient).
- 2) Confirm that transplant recipient is a resident of Missouri. Living donor does NOT have to be a resident.
- 3) Date of transplant.
- 4) Summary of the need for the funds. This assistance is NOT income/asset based.
- 5) Please send request letter on facility **letterhead** and send [**secure**] to Laurie Hines via email. [hineslau@umsystem.edu](mailto:hineslau@umsystem.edu) or [hineslau@health.missouri.edu](mailto:hineslau@health.missouri.edu)

Sincerely,

Transplant Social Worker  
Facility Name  
Address  
phone or email