

MoKP Facility Guidelines Manual

University of Missouri-Columbia

Chapter 6	Section 020
Transplant Assistance Reimbursement	Example Letter

DATE

Lisa Parnell, MSW, LCSW
Missouri Kidney Program
2800 Maguire Blvd, Ste C202
Columbia, MO 65211
RE: Transplant Donor Assistance

Dear Ms. Parnell:

I am requesting transplant assistance reimbursement in the amount of \$_____ (\$500 maximum) to help MoKP PARTICIPANT NAME and/or DONOR NAME (If Donor will be receiving funds) with non-medical expenses related to transplant.

The letter MUST include the following:

- 1) Name and current mailing address of the MoKP participant(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.
- 5) Please send request letter on facility **letterhead** and send **[secure]** to Lisa Parnell and Tammy Turner via email:
lparnell@missouri.edu
turnert@missouri.edu

Sincerely,

Transplant Social Worker
Facility Name
Address
phone or email