



# Live Donation: Financial Toolkit

SECTION • 1

## Living Organ Donation Cost-Estimation Worksheet

Individuals may have different financial concerns, or needs, when considering living organ donation. Each person is unique, given their situation, and needs to determine if, or how donation would impact their lifestyle and obligations. Some may have no financial worries, while most must examine ways in which they'll cover the direct and indirect costs related to donation. The attached worksheet was

developed to assist potential living donors in determining whether they have adequate resources to meet financial obligations at the time of donation, while helping them understand areas with which they may require additional assistance. The form is not required to donate, but is intended to be useful as another resource to "guide" individuals as they consider donation and prepare for recovery.



### Instructions:

This worksheet is a tool to help determine what out-of-pocket expenses (leftover costs that you will be responsible for) you may have if you donate. Please note that it is a guide only, to help you **estimate** "usual" costs, and should not be thought of as an exact calculation of your expenses.

- First, write in your current forms of income (money you make or receive each month) under the "Current" column in **Box A** (Monthly Take-Home Income).
- Next, write your possible expenses/costs during the time of your donation evaluation and surgery, in **Box B** (Possible Expenses due to Donation).
- Write in the benefits you can use while away from work/home during donation (they may not all apply to you) in **Box C** (Possible Benefits for Donation).
  - Once this is completed, add these values to Box A under the "At Donation" column, to show your Monthly Take-Home Income at the time of your donor surgery.
- Note any resources or financial assistance you will receive in **Box D** (Possible Resources for Donation).
- Finally, add the total income from the "At Donation" column in **Box A**, plus the expected resources/assistance you will receive from **Box D**.
- Subtract from that your total from **Box B**.
- This number should be an estimate of your out-of-pocket expenses for being a living donor.



# Living Organ Donation Cost-Estimation Worksheet

## Monthly Take-Home Income (A)

|                       | Current         | At Donation<br><i>(based on C)</i> |
|-----------------------|-----------------|------------------------------------|
| Salary/Wages          | \$ _____        | \$ _____                           |
| Salary/Wages (spouse) | \$ _____        | \$ _____                           |
| Social Security       | \$ _____        | \$ _____                           |
| Pension/Retirement    | \$ _____        | \$ _____                           |
| Unemployment          | \$ _____        | \$ _____                           |
| Other Income          | \$ _____        | \$ _____                           |
|                       | \$ _____        | \$ _____                           |
| <b>Total Income</b>   | <b>\$ _____</b> | <b>\$ _____</b>                    |

## Possible Benefits for Donation (C)

|                         |                   |
|-------------------------|-------------------|
| Paid Time Off/Vacation  | _____ hrs/days    |
| Sick Leave              | _____ hrs/days    |
| Paid Living Donor Leave | _____ hrs/days    |
| Spouse PTO, etc.        | _____ hrs/days    |
| Short-term Disability   | _____ % of income |

*\*\*When calculating benefits, consider:*

|  |                |
|--|----------------|
| Likely time off work for donation -                | _____ days/wks |
| Ability to return to work part-time or light-duty? | _____ Y or N   |

## Possible Expenses due to Donation (B)

|                                   |                 |
|-----------------------------------|-----------------|
| Lodging                           | \$ _____        |
| Food                              | \$ _____        |
| Telephone                         | \$ _____        |
| Transportation/Travel             | \$ _____        |
| Health Insurance Premium          | \$ _____        |
| Donation-related Medical costs    | \$ _____        |
| Other                             | \$ _____        |
| <b>Total Anticipated Expenses</b> | <b>\$ _____</b> |

## Possible Resources for Donation (D)

|                        |                 |
|------------------------|-----------------|
| NLDAC Assistance       | \$ _____        |
| Fundraising            | \$ _____        |
| Other Resources        | \$ _____        |
|                        | \$ _____        |
| <b>Total Resources</b> | <b>\$ _____</b> |

## Estimate of Possible Donation-Related Expenses

|  |            |
|--|------------|
| Total A + D (income/resources at donation) | \$ _____   |
|  | - (minus)  |
| Total B (donation-related expenses)        | \$ _____   |
|  | = (equals) |
| Out-of-Pocket Expenses                     | \$ _____   |