

Donor Shield Guide for Donors – Kidney

Document Last Revised: 6/18/2026

Creating a Profile

1) Center Contact by Email:

- a. The Donor Shield process is initiated through your center by email.

Dear Blair ,

Your transplant center has invited you to apply for Lost Wage and/or Expense Reimbursement.

To choose which program you would like to participate in, [Click Here](#)

Please be aware that if you are approved to receive Lost Wage and/or Expense Reimbursement, you will need to have a bank account that accepts Automated Clearing House (ACH) transfers.

For more information on the Donor Shield Protections, please visit our website. <https://www.donorshield.com/>

We appreciate your generosity and interest in giving others the opportunity for a healthier life.

The NKR Team
National Kidney Registry
Facilitating Living Donor Transplants

www.kidneyregistry.com




2) **Verification Process:**


- a. Choose how you want to verify your account.

Choose Verification Method



How would you like to receive your verification code?


Phone Number
Receive a verification code via SMS to your registered phone number
 Use Phone Number


Email Address
Receive a verification code via email to your registered email address
 Use Email Address

- b. This is verification through email. You will receive an automated email with a code.

✉ Verify Your Identity

Please enter the email address associated with your profile to receive a verification code.

✓

Enter Code

Please enter the 8-digit verification code sent to **blair.casey@kidneyregistry.com**

Verification Code

Code expires in: 29:20

3) Completing Your Profile:

- a. Once verified, you will be logged into your Donor Shield profile.
- b. Click "Complete Your Profile" to continue.

Welcome to Donor Shield

Donor Shield Profile

Profile Required for Reimbursement Access

You must complete your Donor Shield profile before you can access wage and expense reimbursement requests.

This profile collects your address and banking information to enable future reimbursement requests for lost wages and travel costs.

Personal Details

Name	Date of Birth
Blair Casey	10/11/1988

Show additional details ▾

COMPLETE YOUR PROFILE

- c. Enter your basic information and read and agree to the Donor Shield Reimbursement Policy.
- d. Save a copy of the policy: this will help guide you during the process.

1 2 3 4

Personal Identity Address Information Banking Details Verification & Submit

Personal Information

Policy Review Required

Please review and accept the Donor Shield policy to continue

I have read and agree to the Donor Shield Reimbursement Policy

First Name * Middle Initial Last Name *

Blair M Casey

Date of Birth * Phone Number *

10/11/1988 (200) 555-1212

Format: (555) 123-4567

Cancel Next -->

e. Enter your country information and address.

1 Personal Identity

2 Address Information

3 Banking Details

4 Verification & Submit

Address Information

Where you currently reside

Country Information

Tell us about your residence and citizenship

Country of Residence *
United States
Where you currently live

Country of Citizenship *
United States
Your country of citizenship

Citizenship: Your citizenship country will be auto-filled based on your residence country, but you can change it if different.

Address Details

Enter your complete address information

Street Address *
123 Any Street
Enter your street address, apartment number, etc.

City *
Anytown

State *
NY
Select your state from the dropdown

ZIP Code *
90039
Format: 12345 or 12345-6789

Address Format: The form automatically adjusts based on your selected country of residence. US addresses use state dropdowns and ZIP code validation.

Cancel

← Previous

Next →

- f. Provide your Social Security Number or Taxpayer Identification Number, along with your bank information.
*Please double-check the accuracy of this information. If it is entered incorrectly, your reimbursement will be denied.

1 Personal Identity

2 Address Information

3 Banking Details

4 Verification & Submit

Banking Details

Tax identification and payment information

Tax Identification

Required for payment processing

Tax Identification Number (SSN or TIN) *

Your SSN or TIN is required for tax reporting purposes

Auto-Deposit Information

Banking details for payment

* ACH Routing #:	<input type="text" value="123456789"/>	* Confirm ACH Routing #:	<input type="text" value="123456789"/> Verification Required
		▲ Routing number needs to be verified	
* ACH Account #:	<input type="text" value="123456789"/>	* Confirm ACH Account #:	<input type="text" value="123456789"/>
		✔ Account numbers match	

How do I find my bank information? ① Please enter your routing number and account number twice to confirm accuracy. To continue, you will need to verify your routing number by clicking the **Verify** button.

Cancel

← Previous

Next →

g. Verify the accuracy of your information and confirm. Click Update Profile. Your profile is now created.

Personal Identity ✓ Address Information ✓ Banking Details ✓ Verification & Submit 4

Final Verification & Submission

Please review and confirm your information

Payment Information: Your reimbursement will be directly deposited into your account via ACH from Best Match Corporation.

Personal Information

[Review your personal details](#)

FULL NAME:	Blair Casey	DATE OF BIRTH:	October 11, 1988
PHONE NUMBER:	(202) 555-1212	COUNTRY OF CITIZENSHIP:	United States
ORGAN TYPE:	Kidney		

Address Information

[Review your mailing address](#)

ADDRESS:	123 Any Street Anytown, New York 90039 United States
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Banking Information

[Review your payment details](#)

COUNTRY:	United States		
TAX ID (SSN/TIN):	*****6789		
ROUTING NUMBER:	*****1933	ACCOUNT NUMBER:	*****6789

Profile Confirmation

[Please confirm the accuracy of your information](#)

I confirm that all the information I have provided is accurate to the best of my knowledge.

Cancel ← Previous Update Profile →

4) Donor Shield Home Page:

- a. This is your home page. Note that the wage reimbursement buttons are gray. They will become accessible (blue) within three weeks of your donation date.
- b. Your expense reimbursement will become accessible once your donation is confirmed.

The screenshot displays the Donor Shield Home Page. At the top, the heading "Welcome to Donor Shield" is centered in blue. Below this is the "Donor Shield Profile" section, which includes a "Personal Details" box. This box shows the name "Blair Casey" and the date of birth "10/11/1988", with a "Show additional details" link. A blue "UPDATE PROFILE" button is positioned below the personal details. The "Wage Reimbursement" section follows, explaining that users can request wage reimbursement after completing their profile and being within three weeks of their donation date. A yellow warning box states "Donation date required" and "Must be within 3 weeks of donation date". Below this is a gray "REQUEST WAGE REIMBURSEMENT" button, which is highlighted by a red arrow pointing from the left. The "Travel & Expense Reimbursement" section is at the bottom, with a gray "REQUEST EXPENSE REIMBURSEMENT" button, which is highlighted by a red arrow pointing from the right.

Donor Shield Expense Reimbursement Guide – Kidney

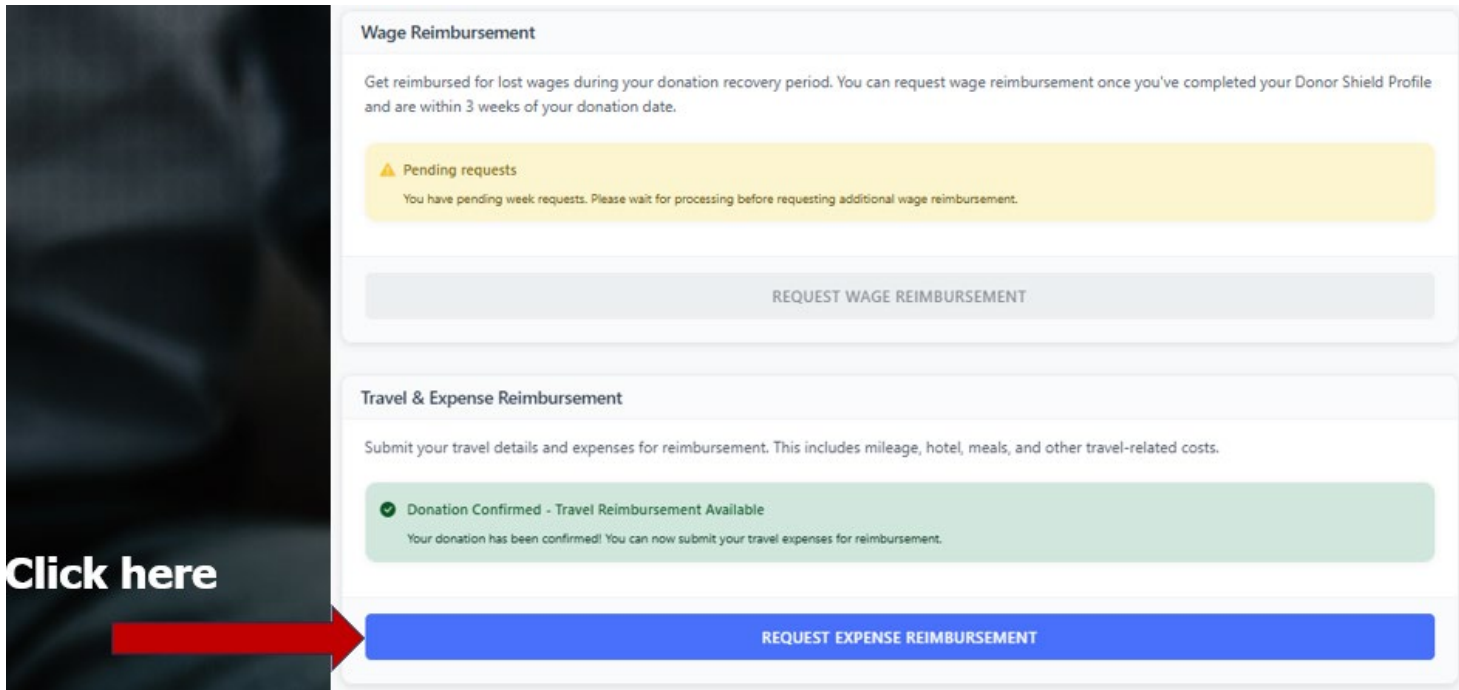
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How to Request Expense Reimbursement

Expenses can only be submitted after your donation has occurred. We recommend waiting until after your first follow-up so you do not miss any expenses.

1) Upload Travel Details & Expenses:

- a. Submit your travel details and expenses for reimbursement including mileage, hotel, meals, and other travel-related costs.
- b. Once uploaded, click “Request Expense Reimbursement.”



The screenshot shows two sections of the reimbursement interface. The top section is titled "Wage Reimbursement" and contains a yellow warning box with a triangle icon that says "Pending requests" and "You have pending week requests. Please wait for processing before requesting additional wage reimbursement." Below this is a grey button labeled "REQUEST WAGE REIMBURSEMENT". The bottom section is titled "Travel & Expense Reimbursement" and contains a green success box with a checkmark icon that says "Donation Confirmed - Travel Reimbursement Available" and "Your donation has been confirmed! You can now submit your travel expenses for reimbursement." Below this is a blue button labeled "REQUEST EXPENSE REIMBURSEMENT". A dark grey callout box on the left side of the image contains the text "Click here" in white, with a red arrow pointing to the blue "REQUEST EXPENSE REIMBURSEMENT" button.

2) **Trip Information:**

- a. Donation requires multiple trips for test, surgery, pre-op, surgery, labs, and post-op. Select the appropriate reason.
- b. Enter as many trips as necessary by selecting the reason for your trip and selecting the start and end dates for your trip.
- c. If you drove, you'll be able to enter your mileage in the Transportation step. Expenses such as meals, lodging, and flights can be added in the Expenses step.

Trip Information

Enter details for your trip to the hospital.

Reason for Trip * Start Date * End Date *

Select Reason mm/dd/yyyy mm/dd/yyyy

How Trips Work
Select the reason for your trip, then enter the start and end dates for your trip to the hospital. If you drove, you'll be able to enter your mileage in the Transportation step. You can add expenses like meals, lodging, and flights in the Expenses step.

Cancel Next →

d. For a surgery trip, you will be asked about any caregiver expenses. Please provide their information.

Trip Information

Enter details for your trip to the hospital.

Reason for Trip *	Start Date *	End Date *
<input type="text" value="Surgery"/>	<input type="text" value="02/01/2026"/>	<input type="text" value="02/06/2026"/>
Did you have a caregiver expense? *		
<input checked="" type="radio"/> Yes <input type="radio"/> No		
Caregiver Information		
Caregiver Name *		
<input type="text" value="Jane Doe"/>		
Address Line 1 *		Address Line 2
<input type="text" value="123 Main Street"/>		<input type="text" value="Apartment, suite, etc."/>
City *	State *	Postal Code *
<input type="text" value="San Diego"/>	<input type="text" value="CA"/>	<input type="text" value="55555"/>

How Trips Work
Select the reason for your trip, then enter the start and end dates for your trip to the hospital. If you drove, you'll be able to enter your mileage in the Transportation step. You can add expenses like meals, lodging, and flights in the Expenses step.

3) Expense Tracking:

- a. Eligible expenses include parking fees, meals during travel, lodging if required, and other travel-related costs.
- b. All expenses require a receipt uploaded as a PDF file. Only PDF files are accepted. Keep all receipts for your records.
- c. Click on “Add Expense” to upload.
- d. It is very important that the receipts uploaded match the trip dates.

The screenshot shows a web interface for 'Expense Tracking'. At the top, there is a header with a flame icon and the title 'Expense Tracking', followed by the subtitle 'Add expenses related to your travel and hospital visits. (Optional)'. Below this is a section titled 'Expense Guidelines' containing two boxes: 'Eligible Expenses' (with a green checkmark icon) and 'Receipt Required' (with a yellow coin icon). A light blue bar displays 'Trip: Reason Surgery' and 'Dates: 02/01/2026 - 02/06/2026'. The main area is titled 'Expense Details' and shows a large '\$' symbol with the text 'No expenses added yet. You can add expenses using the button below, or skip this step if you don't have additional expenses.' A blue 'Add Expense' button is located at the bottom of this section, with a red arrow pointing to it from the left. At the bottom of the interface, there is a light blue bar with an information icon and the text 'Expense Tracking: You can optionally add additional expenses beyond mileage. Common expenses include parking fees, meals during travel, and lodging if required. Remember to keep all receipts. All receipts must be uploaded as PDF files only. If you don't have additional expenses, you can skip this step.' Below this bar are three buttons: 'Cancel', '← Previous', and 'Next →'.

e. Select the appropriate expense category.

Trip: Reason **Surgery** | Dates: 02/01/2026 - 02/06/2026

Expense Details

Date	Category	Amount	For Caregiver	PDF only
02/01/2026	Select Category	\$ 0	<input type="checkbox"/>	PDF only

Add Expense

Select Category

- Lodging
- Flights
- Transportation
- Dependent Care
- Meals
- Self-Driving Mileage

Expense Tracking
You can optionally add additional expenses beyond mileage. Common expenses include parking fees, meals during travel, and lodging if required. Remember to keep all receipts. All receipts must be uploaded as PDF files only. If you don't have additional expenses, you can skip this step.

f. For self-driving, input the one-way total or use the location button to automatically calculate the distance based on your address. *Tip: Enter one-way mileage: the system will calculate the total trip distance.

Trip: Reason **Surgery** | Dates: 02/01/2026 - 02/06/2026

Expense Details

Date	Category	Amount	One-Way Miles	PDF only
02/01/2026	Self-Driving Mileage	\$ 140.00	100	PDF only

Add Expense

How to use Self-Driving Mileage:
Click the **location button** to get the mileage from your address to the center using Google Maps
Enter the one-way miles in the field above, or use the location button to calculate it automatically
The **Amount** field is automatically calculated using the formula: $(\text{One-Way Miles} \times 2) \times \$0.70/\text{mile}$

Expense Tracking
You can optionally add additional expenses beyond mileage. Common expenses include parking fees, meals during travel, and lodging if required. Remember to keep all receipts. All receipts must be uploaded as PDF files only. If you don't have additional expenses, you can skip this step.

g. One trip can incur multiple expenses. Upload the corresponding receipts with each expense.

Trip: Reason **Surgery** | Dates: 02/01/2026 - 02/06/2026

Expense Details

Date	Category	Amount	Number of Nights *	For Caregiver	Receipts
02/01/2026	Lodging	\$ 1000	5	<input type="checkbox"/>	PDF only
02/01/2026	Flights	\$ 600		<input checked="" type="checkbox"/>	PDF only
02/01/2026	Meals	\$ 150			PDF only
02/01/2026	Transportation	\$ 100		<input type="checkbox"/>	PDF only

[Add Expense](#)

Expense Tracking
You can optionally add additional expenses beyond mileage. Common expenses include parking fees, meals during travel, and lodging if required. Remember to keep all receipts. All receipts must be uploaded as PDF files only. If you don't have additional expenses, you can skip this step.

4) **Review & Submit:**

- a. Once you upload all documents, click Next to move on to review. If all information is correct, save the trip.
- b. After you save your trip, you will be directed to your main profile page. From there, you can submit or add another trip if necessary.



Review & Submit

Review your information before submitting your reimbursement request.

Payment Information: Please be advised that the reimbursement will be directly deposited into your account via ACH, coming from Best Match Corporation.

Trip Reason: Surgery	Status: Ready for Request
Date Range: 01/31/2026 – 02/05/2026	Days: 6
One-Way Miles: 100 miles	

Line Items

CATEGORY	AMOUNT	RECEIPT	VALUE
Self-Driving Mileage	\$140.00	N/A	100 /mi

Total Line Items: 1	Total Amount: \$140.00
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Donor Shield Lost Wage Reimbursement Guide – Kidney

Document Last Revised: 6/18/2026

Requesting Lost Wage Reimbursement

1) Wage Reimbursement Request:

- a. Select “Request Wage Reimbursement.”

The screenshot shows the 'Welcome to Donor Shield' interface. It features a 'Donor Shield Profile' section with two sub-sections: 'Donation Information' and 'Personal Details'. Below these is an 'UPDATE PROFILE' button. The 'Wage Reimbursement' section contains explanatory text and a 'REQUEST WAGE REIMBURSEMENT' button, which is highlighted with a red border.

Welcome to Donor Shield

Donor Shield Profile

Donation Information
Donation Date: 03/25/2026 Status: ✓ Confirmed

Personal Details
Name: Betty Fett Date of Birth: 6/27/1959
[Show additional details](#) ▾

UPDATE PROFILE


Wage Reimbursement
Get reimbursed for lost wages during your donation recovery period. You can request wage reimbursement once you've completed your Donor Shield Profile and are within 3 weeks of your donation date.

REQUEST WAGE REIMBURSEMENT

b. Answer survey question #1.

Wage Reimbursement Request

- 1**
Need Assessment
- 2
Reimbursement Expectations
- 3
Employment Information
- 4
Tax Information
- 5
Coverage Details
- 6
Review & Confirmation

 **Need Assessment Survey**

Please answer the following question to help us understand your needs

ⓘ The answer to this survey question is for later analysis, will not be seen by reviewer, and will not impact eligibility.

Please choose one of the following responses that best describes your situation:

- I plan to donate regardless, and my lost wages and/or expense costs will NOT be a financial hardship.
- I plan to donate regardless, but my lost wages and/or expense costs will be a financial hardship.
- I will not be able to donate without reimbursement for my lost wages and/or expense costs.

c. Answer survey question #2.

Wage Reimbursement Request

Progress: 1 (Need Assessment) — 2 (Reimbursement Expectations) — 3 (Employment Information) — 4 (Tax Information) — 5 (Coverage Details) — 6 (Review & Confirmation)

Reimbursement Expectations

Please let us know about any other reimbursement arrangements

*** Are you expecting to be reimbursed in any other way?**


- Yes, my employer will reimburse my lost wages.
- Yes, the person I'm donating for will reimburse my lost wages.
- Yes, another person/group will reimburse my lost wages.
- Yes, my employer provides me unlimited Paid Time Off (PTO) and/or vacation days.
- Yes, I will use my vacation days.
- No, I will not be reimbursed for my lost wages.

Buttons: Cancel, — Previous, Next →

d. Answer survey questions #3 and #4. *Note: If you are receiving other sources of reimbursement, you must enter them later on page 12.

Wage Reimbursement Request

1 Need Assessment — 2 Reimbursement Expectations — 3 Employment Information — 4 Tax Information — 5 Coverage Details — 6 Review & Confirmation



Employment Information

Please provide your employment details

Which best describes your employment situation?

Hourly

Salaried

Self-Employed

Will you receive wage reimbursement from any other sources (excluding vacation pay)?

Yes

No

e. After question #4, you will be prompted to enter pay stub information and upload example. *Tip: Date ranges are very important. If you input the wrong dates, it may affect your wage reimbursement.

Wage Reimbursement Request

1 Need Assessment 2 Reimbursement Expectations 3 **Employment Information** 4 Tax Information 5 Coverage Details 6 Review & Confirmation

Employment Information

Please provide your employment details

Which best describes your employment situation?

Hourly

Salaried

Self-Employed

Will you receive wage reimbursement from any other sources (excluding vacation pay)?

Yes

No

Pay Stub Information

Required: 1 pay stub uploaded as PDF

Gross Pay Amount	Start Date	End Date
\$ 0.00	MM/DD/YYYY	MM/DD/YYYY

Upload Pay Stub File *

PDF files only

A file is required

f. Salaried employees only require their most recent pay stub. Files must be uploaded before you can proceed to the next page. *All files must be in PDF format and 10 MB or less.

Wage Reimbursement Request

1 2 3 4 5 6
Fixed Assessment Reimbursement Expectations **Employment Information** Tax Information Coverage Details Review & Confirmation

Employment Information

Please provide your employment details.

Which best describes your employment situation?

Hourly

Salaried

Self-Employed

Will you receive wage reimbursement from any other sources (excluding vacation pay)?

Yes

No

Pay Stub Information

Required: 1 pay stub uploaded as PDF

Gross Pay Amount	Start Date	End Date
\$ 1500	03/02/2026	03/13/2026

Upload Pay Stub File *

Training.pdf
0.02 MB

[Replace](#) [Remove](#)

[Cancel](#) [← Previous](#) [Next →](#)

g. Hourly employees must submit their three most recent pay stubs. Please merge all three onto a single PDF prior to uploading. *Tip: This can be done in the iPhone notes app, the Lens app, or on your home computer. *Tip: Date ranges are very important. If you input the wrong dates, it may affect your wage reimbursement.

Which best describes your employment situation?

- Hourly
- Salaried
- Self-Employed

Will you receive wage reimbursement from any other sources (excluding vacation pay)?

- Yes
- No

Pay Stub Information

Required: 3 pay stubs uploaded as PDF (merge into a single PDF file)

Important: Please enter information for your last 3 pay stubs and merge them into a single PDF file before uploading. Only PDF files are accepted. You can use a scanner or phone app (like Microsoft Office Lens) to combine multiple documents into one PDF file.

1 Pay Stub Information		
Gross Pay Amount	Start Date	End Date
\$ 1,500	02/09/2026	02/20/2026

2 Pay Stub Information		
Gross Pay Amount	Start Date	End Date
\$ 1,500	02/23/2026	03/06/2026

3 Pay Stub Information		
Gross Pay Amount	Start Date	End Date
\$ 1,500	03/09/2026	03/20/2026

Upload merged pay stubs file (last 3 pay stubs) *

Training.pdf 0.02 MB	Replace Remove
-------------------------	--

Tip: Merge all 3 pay stubs into a single PDF file before uploading. PDF files only.

Cancel ← Previous Next →

h. Enter your gross wages and upload tax document.

Wage Reimbursement Request

1 Need Assessment — 2 Reimbursement Expectations — 3 Employment Information — 4 Tax Information — 5 Coverage Details — 6 Review & Confirmation

Tax Information & Income Verification

Please provide your tax information and annual income details

Income Verification Required
To validate your individual, annual gross income, you will need to upload your tax documents as a PDF file. Only PDF files are accepted. If you have multiple documents, you can use a scanner or your phone to combine them into a single PDF file. We recommend Microsoft's **Office Lens** app for combining documents into a PDF.

What was your last year's gross income (individual)?

What year are you reporting from?

Please upload all tax documents for your last completed tax return in a single PDF file (W-2 preferred). Only PDF files are accepted.

Upload Tax Documents *

ⓘ PDF files only

ⓘ A file is required

i. You will not be able to proceed to the next page until a PDF has been uploaded.

Wage Reimbursement Request

1 Need Assessment — 2 Reimbursement Expectations — 3 Employment Information — 4 Tax Information — 5 Coverage Details — 6 Review & Confirmation

Tax Information & Income Verification

Please provide your tax information and annual income details

Income Verification Required
To validate your individual, annual gross income, you will need to upload your tax documents as a PDF file. Only PDF files are accepted. If you have multiple documents, you can use a scanner or your phone to combine them into a single PDF file. We recommend Microsoft's **Office Lens** app for combining documents into a PDF.

What was your last year's gross income (individual)?

What year are you reporting from?

Please upload all tax documents for your last completed tax return in a single PDF file (W-2 preferred). Only PDF files are accepted.

Upload Tax Documents *

Training.pdf
0.02 MB

[Replace](#) [Remove](#)

j. Select the number of weeks for which you are seeking wage reimbursement.

Wage Reimbursement Request

✓ ✓ ✓ ✓ 5 6
Need Assessment Reimbursement Expectations Employment Information Tax Information Coverage Details Review & Confirmation

Coverage Details

Please provide details about your reimbursement coverage

What weeks post-surgery will you need to be reimbursed for?

3 weeks EXPECTED WEEKLY AMOUNT
\$833.33

Weekly Reimbursement Details

WEEK	EXPECTED WEEKLY
Week 1	\$833.33
Week 2	\$833.33
Week 3	\$833.33

You will be able to request additional weeks after your current claim has been reimbursed and you are within 1 week of the next eligible week to request reimbursement for. Please see the Donor Shield Reimbursement Policy if you have any questions.

Please provide any additional income reimbursement coverage details:

Enter additional details...

Cancel ← Previous Next →

k. If you are receiving reimbursement from other sources, enter it here. You will see your adjusted expected weekly reimbursement.

Wage Reimbursement Request

✓ Need Assessment — ✓ Reimbursement Expectations — ✓ Employment Information — ✓ Tax Information — 5 Coverage Details — 6 Review & Confirmation

Coverage Details

Please provide details about your reimbursement coverage

What weeks post-surgery will you need to be reimbursed for?

3 weeks EXPECTED WEEKLY AMOUNT **\$2,000.00**

Weekly Reimbursement Details

Note: Please fill in the "Other Reimbursed Amount" field for each week. If you have no other reimbursements, enter "0".

WEEK	OTHER REIMBURSED	EXPECTED WEEKLY
Week 1	\$ 1000	\$1,000.00 Max weekly amount reached
Week 2	\$ 1000	\$1,000.00 Max weekly amount reached
Week 3	\$ 0	\$2,000.00 Max weekly amount reached

You will be able to request additional weeks after your current claim has been reimbursed and you are within 1 week of the next eligible week to request reimbursement for. Please see the Donor Shield Reimbursement Policy if you have any questions.

- i. Please read and save the Donor Shield Reimbursement Policy and confirm that you have provided accurate information.

Wage Reimbursement Request

Need Assessment ✓

Reimbursement Expectations ✓

Employment Information ✓

Tax Information ✓

Coverage Details ✓

Review & Confirmation 6

Review & Confirmation

Please review all your information before submitting

Payment Information: Please be advised that the reimbursement will be directly deposited into your account via ACH, coming from Best Match Corporation.

Form Summary

<p>Need Assessment</p> <p>Reimbursement Importance I plan to donate regardless, but my lost wages and/or expense costs will be a financial hardship.</p>	<p>Reimbursement Expectations</p> <p>Other Reimbursement No, I will not be reimbursed for my lost wages.</p>
--	--

Final Confirmation

- I have read the [Donor Shield Reimbursement Policy](#)
- I confirm that all the information I have provided is accurate to the best of my knowledge.

Cancel

← Previous

Submit Request →

- m. Your lost wage reimbursement request is now submitted. If the Donor Shield team has any questions or identifies any typos or inaccuracies, they may deny your claim until these issues can be corrected or clarified. You will be notified via email if this occurs.

2) Requesting Additional Weeks:

- a. After your initial six weeks of lost wage reimbursement, you must request additional weeks one at a time. You can do this by going to your Donor Shield profile and clicking “Request Additional Weeks.”

Welcome to Donor Shield

Donor Shield Profile

Donation Information

Donation Date: 04/21/2026 Status: ✓ Confirmed

Personal Details

Name: Lisa McDougal Date of Birth: 4/9/1980

[Show additional details](#) ▼

[UPDATE PROFILE](#)

Wage Reimbursement

Get reimbursed for lost wages during your donation recovery period. You can request wage reimbursement once you've completed your Donor Shield Profile and are within 3 weeks of your donation date.

[REQUEST ADDITIONAL WEEKS](#)

Travel & Expense Reimbursement

Submit your travel details and expenses for reimbursement. This includes mileage, hotel, meals, and other travel-related costs.

Travel Reimbursement Status

Travel Request Already Submitted: You have already submitted a travel reimbursement request. Only one travel request is allowed per donation.

[REQUEST EXPENSE REIMBURSEMENT](#)

- b. Once you click on “Request Additional Weeks,” you will be led to this page, which shows all weeks of reimbursement. *Note: Once you submit, your center must approve your additional weeks based on manual labor job or prolonged recovery period. *Note: “Compensation from another source” applies only if you are receiving reimbursement from any source other than Donor Shield. If Donor Shield is your only source of lost wage reimbursement, leave this section blank.

Request Additional Weeks

Week-by-Week Breakdown

WEEK	BASE WEEKLY AMOUNT	OTHER AMOUNT	ADJUSTED AMOUNT
Week 1	\$1,042.00	\$0.00	\$1,042.00
Week 2	\$1,042.00	\$0.00	\$1,042.00
Week 3	\$1,042.00	\$0.00	\$1,042.00
Week 4	\$1,042.00	\$0.00	\$1,042.00

Formula: Base Weekly Amount = Actual Wage Reimbursement Amount (capped at \$2,000)

Adjusted Amount = Base Weekly Amount - Other Amount (capped at \$2,000)

Review the information below and complete the form to request your additional week reimbursement.

Week 5 request

Base weekly amount \$1,042.00

Compensation from another source (offset) (optional) \$

You'll receive \$1,042.00

Other sources of reimbursement

If you are receiving (or will receive) reimbursement for this week's lost wages from any source other than vacation pay, enter that amount above. It will be deducted from your reimbursement.