

Donor Shield Guide for Donors – Liver

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

Cancel

Continue →

- 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.



 Sending Code...

Enter Code ✕

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

Verification Code

Code expires in: 29:20

Verify Code →

3) Completing Your Profile:

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

The screenshot shows the 'Welcome to Donor Shield' page. Under the 'Donor Shield Profile' header, there is a yellow box titled 'Profile Required for Reimbursement Access' with text explaining that a profile is needed for reimbursement and that it collects address and banking information. Below this is a 'Personal Details' section showing 'Name: Blair Casey' and 'Date of Birth: 10/11/1988', with a 'Show additional details' link. A large red arrow points from the 'Show additional details' link down to a prominent blue button labeled '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.

The screenshot shows the 'Personal Information' form. At the top is a progress bar with four steps: 1. Personal Identity (active), 2. Address Information, 3. Banking Details, and 4. Verification & Submit. The form has a header 'Personal Information' with a home icon. Below is a red box titled 'Policy Review Required' with the text 'Please review and accept the Donor Shield policy to continue' and a checkbox labeled 'I have read and agree to the Donor Shield Reimbursement Policy'. The form fields include: 'First Name' (Blair), 'Middle Initial' (M, marked as optional), 'Last Name' (Casey), 'Date of Birth' (10/11/1988), and 'Phone Number' ((200) 555-1212, with a format note '(555) 123-4567'). At the bottom are 'Cancel' and 'Next -->' buttons.

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.

✓
Personal Identity

✓
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 #:

* Confirm ACH Routing #:

① Verification Required

▲ Routing number needs to be verified

* ACH Account #:

* Confirm ACH Account #:

✔ 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 →

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

✓

Personal Identity

✓

Address Information

✓

Banking Details

4

Verification & Submit

✓

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
----------	--

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:

- 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.
- 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 contains a "Personal Details" box. Inside this box, the "Name" is listed as "Blair Casey" and the "Date of Birth" is "10/11/1988". A link "Show additional details" with a downward arrow is also present. Below the profile box is a blue button labeled "UPDATE PROFILE".

The next section is "Wage Reimbursement". It includes a paragraph: "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." Below this is a yellow warning box with a triangle icon, stating "Donation date required" and "Must be within 3 weeks of donation date". At the bottom of this section is a gray button labeled "REQUEST WAGE REIMBURSEMENT". A red arrow points from the left margin to this button.

The final section is "Travel & Expense Reimbursement". It contains the text: "Submit your travel details and expenses for reimbursement. This includes mileage, hotel, meals, and other travel-related costs." At the bottom of this section is a gray button labeled "REQUEST EXPENSE REIMBURSEMENT". A red arrow points from the right margin to this button.

Donor Shield Expense Reimbursement Guide – Liver

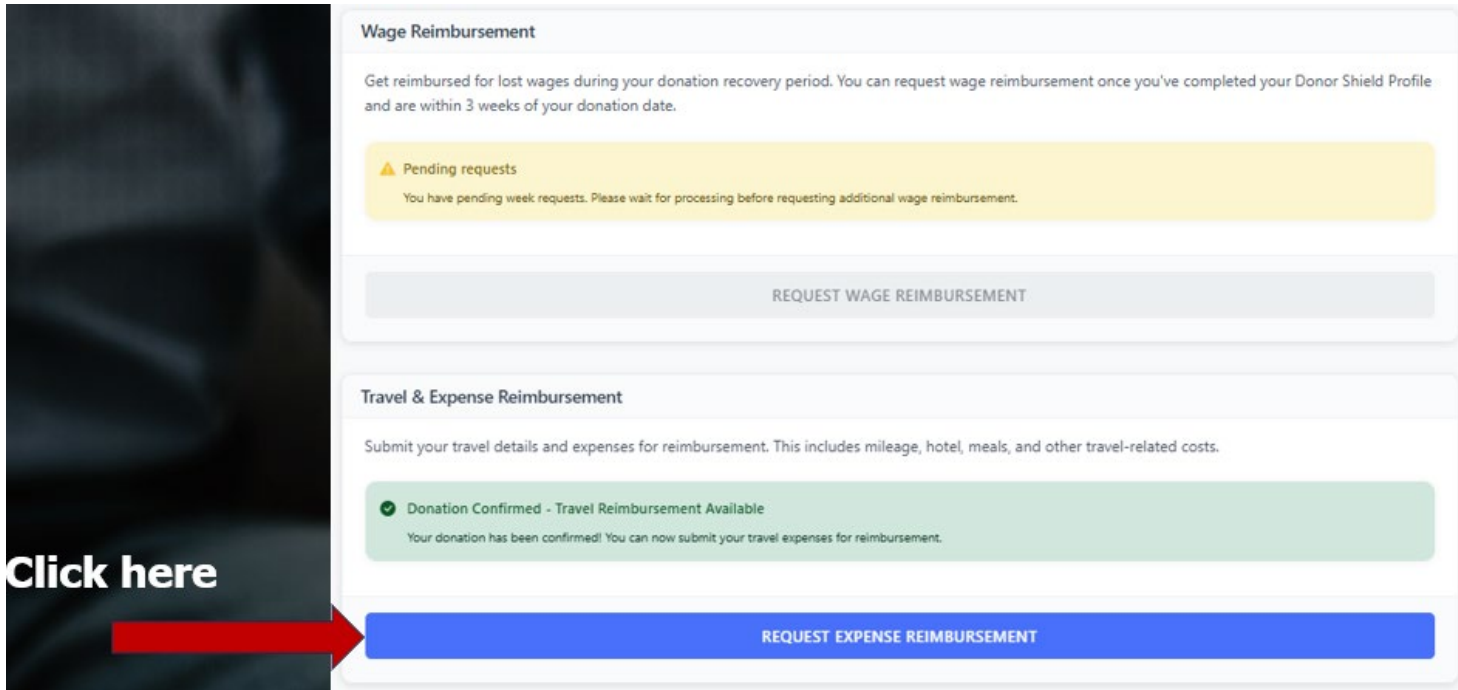
Document Last Revised: 6/18/2026

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 displays the Donor Shield Expense Reimbursement interface. On the left, a dark grey box contains the text "Click here" in white, with a red arrow pointing to the right. The main content area is divided into two sections. The top section, titled "Wage Reimbursement", includes a description: "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." Below this is a yellow warning box with a triangle icon and the text "Pending requests" and "You have pending week requests. Please wait for processing before requesting additional wage reimbursement." At the bottom of this section is a grey button labeled "REQUEST WAGE REIMBURSEMENT". The bottom section, titled "Travel & Expense Reimbursement", includes a description: "Submit your travel details and expenses for reimbursement. This includes mileage, hotel, meals, and other travel-related costs." Below this is a green confirmation box with a checkmark icon and the text "Donation Confirmed - Travel Reimbursement Available" and "Your donation has been confirmed! You can now submit your travel expenses for reimbursement." At the bottom of this section is a blue button labeled "REQUEST EXPENSE REIMBURSEMENT".

2) Trip Information:

- Donation requires multiple trips for test, surgery, pre-op, surgery, labs, and post-op. Select the appropriate reason.
- Enter as many trips as necessary by selecting the reason for your trip and selecting the start and end dates for your trip.
- 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 *
Surgery	02/01/2026	02/06/2026

Did you have a caregiver expense? *

☒ Yes ☐ No

Caregiver Information

Caregiver Name *

Jane Doe

Address Line 1 *	Address Line 2
123 Main Street	Apartment, suite, etc.

City *	State *	Postal Code *
San Diego	CA	55555

 How Trips Work

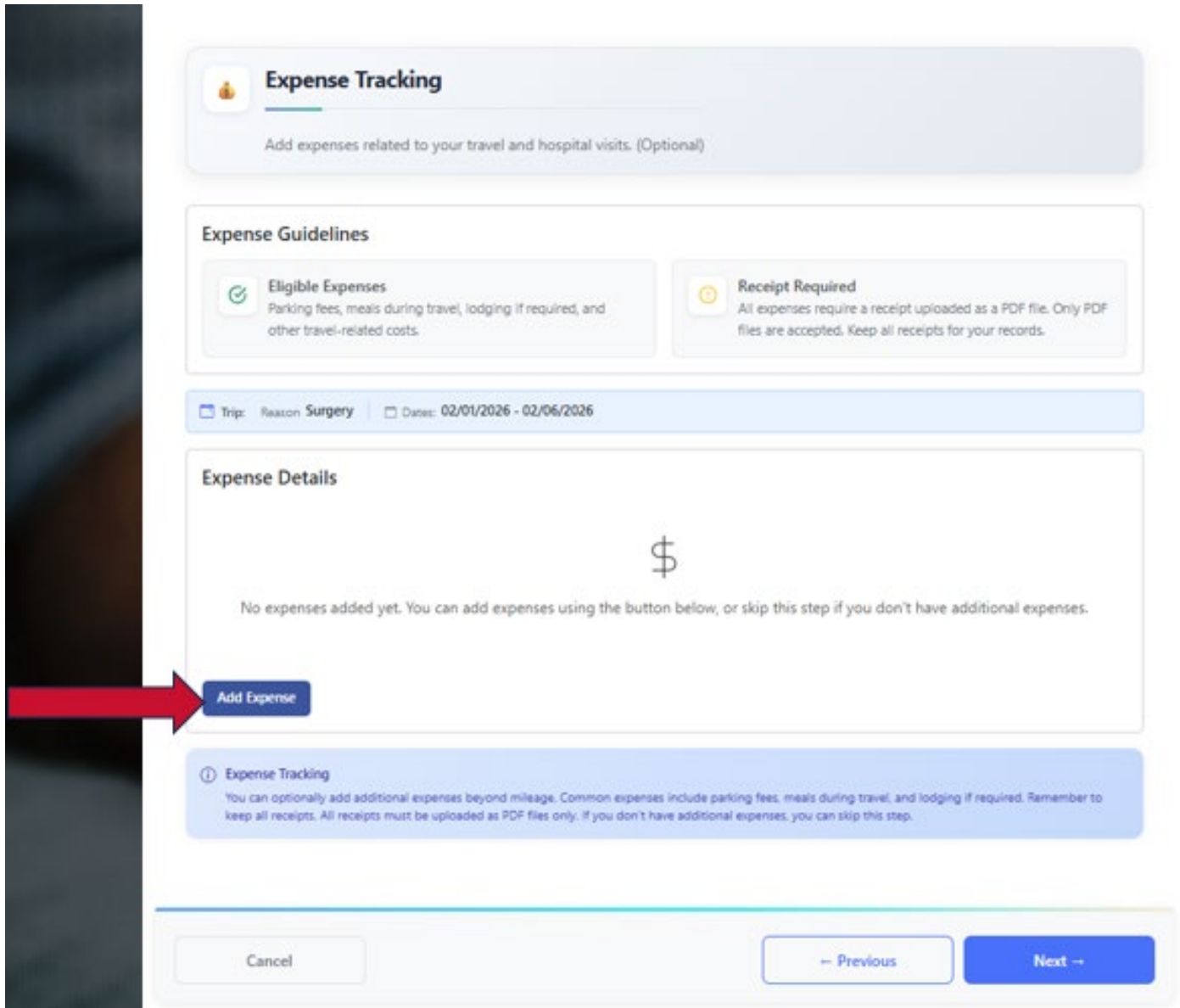
Select the reason for your trip, then enter the start and end dates for your trip to the hospital. If you drove, you'll be able to enter your mileage in the Transportation step. You can add expenses like meals, lodging, and flights in the Expenses step.

Cancel

Next →

3) Expense Tracking:

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



The screenshot displays the 'Expense Tracking' section of a web application. At the top, a header bar contains a flame icon and the title 'Expense Tracking', with a subtitle 'Add expenses related to your travel and hospital visits. (Optional)'. Below this, the 'Expense Guidelines' section is divided into two columns: 'Eligible Expenses' (marked with a green checkmark icon) listing parking fees, meals, lodging, and other travel costs; and 'Receipt Required' (marked with a yellow coin icon) stating that all expenses need a PDF receipt. A light blue bar indicates the current trip is 'Reason Surgery' from '02/01/2026' to '02/06/2026'. The 'Expense Details' section shows a large dollar sign (\$) and a message: 'No expenses added yet. You can add expenses using the button below, or skip this step if you don't have additional expenses.' A red arrow points to a blue 'Add Expense' button. At the bottom, a light blue informational box explains that optional expenses beyond mileage can be added, with common examples like parking and meals. The footer contains three buttons: 'Cancel', '← Previous', and 'Next →'.

Expense Tracking
Add expenses related to your travel and hospital visits. (Optional)

Expense Guidelines

Eligible Expenses
Parking fees, meals during travel, lodging if required, and other travel-related costs.

Receipt Required
All expenses require a receipt uploaded as a PDF file. Only PDF files are accepted. Keep all receipts for your records.

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

Expense Details

\$

No expenses added yet. You can add expenses using the button below, or skip this step if you don't have additional expenses.

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.

Cancel ← Previous 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	☐	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	
02/01/2026	Self-Driving Mileage	\$ 140.00	100	

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	
02/01/2026	Lodging	\$ 1000	5	☐	 PDF only 
02/01/2026	Flights	\$ 600		☒	 PDF only 
02/01/2026	Meals	\$ 150			 PDF only 
02/01/2026	Transportation	\$ 100		☐	 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:

- Once you upload all documents, click Next to move on to review. If all information is correct, save the trip.
- 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

Cancel

← Previous

Save Trip →

Donor Shield Lost Wage Reimbursement Guide – Liver

Document Last Revised: 6/18/2026

Requesting Lost Wage Reimbursement

1) Wage Reimbursement Request:

- a. Select “Request Wage Reimbursement.”

The screenshot displays the 'Welcome to Donor Shield' interface. It features a 'Donor Shield Profile' section with two sub-sections: 'Donation Information' and 'Personal Details'. The 'Donation Information' section shows a 'Donation Date' of 03/25/2026 and a 'Status' of '✓ Confirmed'. The 'Personal Details' section shows a 'Name' of 'Betty Fett' and a 'Date of Birth' of '6/27/1959'. Below these sections is a blue button labeled 'UPDATE PROFILE'. The 'Wage Reimbursement' section contains a paragraph explaining the process and a blue button labeled 'REQUEST WAGE REIMBURSEMENT'. This button is highlighted with a red rectangular box.

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

2

3

4

5

6

Need AssessmentReimbursement ExpectationsEmployment InformationTax InformationCoverage DetailsReview & Confirmation



Need Assessment Survey

Please answer the following question to help us understand your needs

① 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.

Cancel

Next →

c. Answer survey question #2.

Wage Reimbursement Request

1

2

3

4

5

6

Need AssessmentReimbursement ExpectationsEmployment InformationTax InformationCoverage DetailsReview & 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.

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

✓
Need Assessment

✓
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

Cancel

← Previous

Next →

- 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

1Need Assessment

2Reimbursement Expectations

3Employment Information

4Tax Information

5Coverage Details

6Review & 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 *

 Choose File

 PDF files only

A file is required

Cancel

Previous

Next

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- 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.

Pay Stub Information

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

Pay Stub Information

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

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

✓
Need Assessment

✓
Reimbursement Expectations

✓
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)?

\$ 0.00

What year are you reporting from?

2025

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 *

 Choose File

 PDF files only

 A file is required

Cancel

← Previous

Next →

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

Wage Reimbursement Request

✓
Need Assessment

✓
Reimbursement Expectations

✓
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)?

\$

39000

What year are you reporting from?

2025

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

Cancel

← Previous

Next →

j. Select the number of weeks for which you are seeking wage 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
\$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 →

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- 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.

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

Wage Reimbursement Request

✓

✓

✓

✓

✓

6

Need Assessment

Reimbursement Expectations

Employment Information

Tax Information

Coverage Details

Review & Confirmation



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



Need Assessment



Reimbursement Expectations

Reimbursement Importance
I plan to donate regardless, but my lost wages and/or expense costs will be a financial hardship.

Other Reimbursement
No, I will not be reimbursed for my lost wages.



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) \$ 0.00

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.