Donor Shield Reimbursement Policy - Kidney

Document Last Revised: 9/21/2026

Reimbursement Requirements (RR)

To receive reimbursement, the following conditions must be met:

1) **Request Reimbursement:** You will receive a lost wage and donor expense reimbursement invitation email from your donor center. The request for reimbursement must be completed and approved before submitting any claims.
2) **Donation Confirmation:** The donation must be recorded by the donor center before any claims are reimbursed.
3) **Document Requirements:**
    a. All submitted documents and receipts must be readable.
    b. Claims with unreadable documents will be declined in their entirety. No partial reimbursements will be issued.
4) **Certification:** Donors must certify that all submitted information is accurate.
5) **Payment Method:** ACH Information is required for U.S. residents.
    a. SWIFT information is required for payment to an international bank account.
    b. Payments will only be made to bank accounts held in the donor's name.

Lost Wage Reimbursement (LWR)

Donors covered by Donor Shield are eligible for reimbursement of lost wages under the following conditions:

1) **Maximum Limit:** Up to $2,000 per week for a maximum of 12 weeks.
2) **Physician Approval:** Required for LWR requests exceeding 4 weeks.
    a. LWR beyond 4 weeks will only be given to donors with manual labor jobs or post-donation complications.
    b. LWR beyond 6 weeks will only be given to donors with post-donation complications.
3) **Additional Weeks:** Claims for additional weeks must be submitted through the Donor Shield dashboard. All previous weeks must be approved and reimbursed before new claims can be submitted.
    a. Requests for LWR beyond week 3 will be submitted individually, 1 week at a time, based on the donation date.
4) **Eligibility Requirements:**
    a. Donors must provide documentation demonstrating current or recent earned income, such as valid recent pay stubs or a copy of their most recently filed U.S. federal tax return, as set forth in the Submission Guidelines below.
    b. Donors must have a valid U.S. Social Security Number (SSN) or other valid Tax Identification Number (TIN). If U.S. SSN is not fully disclosed on paystub/tax document, please submit your SSN card.
    c. Claims will be declined if both conditions (a and b) are not met.
    d. When calculating Donor Shield weekly reimbursement, bonus, cash tips, and other forms of supplemental income will not be included in the reimbursement amount.
5) **Tax Information:** Reimbursed lost wages are considered taxable income.
    a. Official SSN or TIN documentation must be provided (tax document, SSN card, etc.).
    b. Form 1099 will be issued prior to January 31 of the following year, using the donor-provided SSN or TIN.
6) **Submission Guidelines:**
    a. The first LWR claim can only be submitted within 3 weeks of the scheduled surgery date and up to 60 days after the donation.
    b. Pay stubs showing gross income must be dated within 90 days of the donation. All pay stubs submitted outside that period will result in the claim being declined.
    c. Name and SSN on the supporting documents must match the information in the reimbursement claim.
    d. The tax form submission should be a single page that shows both the SSN and gross wages.
    e. Combined tax returns are accepted; the document must clearly be marked with the donor's individual earnings.
    f. Recent name changes must be explained and supported with additional documentation.
    g. Circle or highlight the following required additional information:
        i) SSN/TIN
        ii) Pay stub – pay period start and end dates
        iii) Pay stub/tax return – gross wages

h. Hourly employees must submit 3 pay stubs in a single PDF and their prior year's tax document.
i. Salaried employees must submit 1 pay stub and their prior year's tax document.
j. Self-employed donors must submit a single page from their prior year personal tax return or 1099(s) showing SSN and gross wages.
k. Password-protected PDF files will not be accepted. Submitting a password-protected file will result in the claim being declined.

7) **Payment Details:**
   a. Payments will only be made to the bank account held in the donor's name.
   b. For LWR up to 3 weeks, payments will be made within 10 calendar days after the donation is confirmed.
   c. For additional weeks (4+), payments will be made within 10 calendar days after physician approval.

Donor Expense Reimbursement (DER)

Donors covered by Donor Shield are eligible for reimbursement of donation-related expenses under the following conditions:

1) **Maximum Limit:** Up to $6,000 for all combined expenses, including travel, lodging, meals, and dependent care. Any Advance Reimbursement expenses previously utilized will be deducted from the $6,000 total.
2) **Submission Guidelines:**
   a. Claims can only be submitted after a completed request for reimbursement and within 60 days following the donation.
   b. The donor must enter all trips into the DER claim system to ensure the trip dates align with the claimed expenses.
   c. Limit of 1 submission per donor.
   d. Receipts must be provided for all expenses, with the requested amounts circled or highlighted.
   e. Credit card statements will not be accepted in place of receipts.
   f. Please remove any duplicate receipts and unnecessary pages from the uploaded file.
   g. Receipts under a name other than the donor's must be clearly identified, and a reason for the discrepancy must be provided.
3) **Expense Details:**
   a. **Flights:** 3 round trips
      i) **Donor**: Limited to a maximum of 2 round trips from the donor's residence to the donor center.
      ii) **Caregiver:** Limited to 1 round trip, applicable only for the surgery date.
      iii) **Only flights between the donor's or caregiver's primary residence and the donor center are eligible for reimbursement.**
      iv) Caregiver receipts must clearly state the caregiver's name and address.
   b. **Transportation Expenses:**
      i) Capped at $700 for car services, taxis, trains, rideshares, car rentals, and parking.
   c. **Self-Driving Mileage Reimbursement:**
      i) Capped at 1,000 miles at the IRS standard rate (currently $0.76/mile) for self-driving travel.
      ii) Do NOT submit receipts for tolls and gas, as they are covered in the mileage reimbursement.
   d. **Meal Reimbursement:**
      i) Capped at $200 while away from home for the donation process.
      ii) Meals and groceries at home are not covered.
   e. **Hotel Reimbursement:**
      i) Capped at 14 total nights between the donor and the donor's caregiver, unless a physician's note is included with medical justification.
      ii) If the caregiver has a separate lodging arrangement from the donor, please note the caregiver's name on the receipt.
      iii) Receipts under an unknown name will result in the claim being declined.
   f. **Dependent Care:**
      i) Capped at $1,500.
      ii) This covers expenses for children, adult dependents, or pets during the first 3 weeks of the donor's surgery and recovery.
      iii) Receipts are required if provided by a care facility.
      iv) If care is provided by an individual without a receipt, a signed letter with the expense breakdown is required for reimbursement.
      v) The letter must include the start and end dates of the services, caregiver's full name and contact information, location where the care was provided, names and total number of individuals who received care, type of care provided, and the total amount paid.
      vi) Failing to provide all required information will result in the claim being declined.

4) **Follow-Up Visits:** Expenses related to follow-up visits will only be covered within 60 days of the donor surgery.
    a. We encourage all donors to complete at least 1 follow-up visit within 30 days of surgery.
    b. Expenses for follow-up 60 days after donation will not be covered by Donor Shield.
5) **Exclusions:**
    a. Prescription medications and doctor visit copays are not covered. Speak to your donor center regarding prescription medications and doctor visit copays.
6) **Tax Information:** Travel, lodging, meals, and dependent care reimbursements are generally tax-free and may not need to be reported on your tax return. Please discuss this with your tax advisor.
7) **Payment Details:**
    a. Payments will only be made to bank accounts held in the donor's name.
    b. Submitted claims will not be processed until after the donation is confirmed by the donor center.
    c. Approved claims will be reimbursed within 10 calendar days following the approval date.

Donor Complications (DC)

Complications related to donor surgery are rare. Medical expenses for DC that arise after the donor nephrectomy and are a direct result of the surgery are typically covered by insurance and coordinated through the donor center. Any eligible DC expenses that remain uncovered will be covered by Donor Shield.

1) **LWR Beyond 12 Weeks:** Donors must provide the following documentation, including, but not limited to:
    a. Income, last pay stub
    b. Letters from both the donor's surgeon and the physician confirming the inability to work
    c. Proof of denial of governmental disability benefits (short- or long-term disability)
    d. Copy of the UNOS incident report related to the case
    e. A maximum of 3 weeks is allowable for the first claim
    f. Complication requests for LWR beyond week 3 will be submitted individually, 1 week at a time.