

Subject: Transplant Patient Care	Page 1 of 3	Procedure # 30.0009A
Title: Organ Transplantation: APPENDIX A: Kidney Donor Financial Letters	Revision of: 5/29/2012	Effective Date: 2/26/2015

Donor Financial Letter: Northwestern Memorial Hospital Kidney Recipient

As a potential living kidney donor, several tests are required to ensure that you are in optimal health to be an organ donor. The standard donor tests that are covered by your recipient’s insurance are an EKG, chest x-ray, CT scan, 24 hour urine, blood work, and occasionally an echocardiogram. Based on those test results, it is possible that our physicians will recommend that your primary care physician order additional testing. This testing is a necessary health screening that you would need regardless of donation status. If the testing indicates a problem, you will need to have your primary care physician recommend treatment. Any additional testing and treatment, including age appropriate cancer screenings, will be your responsibility and will need to be paid for out of pocket or be billed under your insurance. This may include, but is not limited to, stress tests and ultrasounds.

If you are approved to be a kidney donor, the cost for your surgery and routine post donor follow-up visits at 1 week, 6 months, 1 year, and 2 years will not be your responsibility. Though uncommon, you may have donor-related complications and need to have additional appointments or treatments at Northwestern Memorial Hospital (NMH) for care. The determination that a problem is a donation-related complication is at the discretion of a transplant surgeon.

The two most common complications seen at Northwestern Memorial Hospital (NMH) are developing a hernia at the area of the incision, which occurs 0.002% of patients, or the need for the scar to be surgically revised due to pain or non-healing, again occurring in only 0.002% of patients.

At anytime during your evaluation or after donation, if you receive a bill from Northwestern Memorial Hospital (NMH) or any other facility for donation related services please send it to us **immediately**. Do not discard it or ignore it! **If you receive a bill, it means that we did not receive it and cannot pay it.** Mail the itemized invoice to:

Kovler Organ Transplantation Center
Attn: Transplant Payables
676 N. St. Clair Street
Suite #1900
Chicago, IL 60611

Northwestern Memorial Hospital and Northwestern Medical Group (NMG) will bill the recipient’s insurance for complications when care is provided at NMH. If your recipient has Medicare, all complications will be billed to the recipient’s Medicare regardless of time since donation. In the event of a **life-threatening emergency** and care is provided at a non-NMH facility within 90 days of donation, your recipient’s insurance will be billed. NMH and NMG will cover the outstanding portions of those bills. If you chose to have care for non-life threatening emergency complications at any non-NMH facility at any point in time, without our explicit permission, it is expected that your insurance will be billed.

It is important that you understand Medicare and other insurance payors mandate that donor expenses, including complications, are the responsibility of the recipient and recipient transplant center. **Commercial insurance companies expect the donor’s insurance to cover expenses after 90 days.**

I have read and understand the above and my questions have been answered. I fully agree to each of the statements in this form and sign below as my free and voluntary act.

Signature of Patient

Date

Donor Financial Letter: Non-Northwestern Memorial Hospital Kidney Recipient

As a potential living kidney donor, several tests are required to ensure that you are in optimal health to be an organ donor. The standard donor tests that are covered by your recipient's insurance are an EKG, chest x-ray, CT scan, 24 hour urine, blood work, and occasionally an echocardiogram. Based on those test results, it is possible that our physicians will recommend that your primary care physician order additional testing. This testing is a necessary health screening that you would need regardless of donation status. If the testing indicates a problem, you will need to have your primary care physician recommend treatment. Any additional testing and treatment, including age appropriate cancer screenings, will be your responsibility and will need to be paid for out of pocket or be billed under your insurance. This may include, but is not limited to, stress tests and ultrasounds.

If you are approved to be a kidney donor, the cost for your surgery and routine post donor follow-up visits at 1 week, 6 months, 1 year, and 2 years will not be your responsibility. Though uncommon, you may have donor-related complications and need to have additional appointments or treatments at Northwestern Memorial Hospital (NMH) for care. The determination that a problem is a donation-related complication is at the discretion of a transplant surgeon.

The two most common complications seen at Northwestern Memorial Hospital (NMH) are developing a hernia at the area of the incision, which occurs 0.002% of patients, or the need for the scar to be surgically revised due to pain or non-healing, again occurring in only 0.002% of patients.

At anytime during your evaluation or after donation, if you receive a bill from Northwestern Memorial Hospital (NMH) or any other facility for donation related services please send it to us **immediately**. Do not discard it or ignore it! **If you receive a bill, it means that we did not receive it and cannot pay it.** Mail the itemized invoice to:

Kovler Organ Transplantation Center
Attn: Transplant Payables
676 N. St. Clair Street
Suite #1900
Chicago, IL 60611

Northwestern Memorial Hospital and Northwestern Medical Group (NMG) will bill the recipient's insurance for complications when care is provided at NMH. If your recipient has Medicare, all complications will be billed to the recipient's Medicare regardless of time. In the event of a **life-threatening emergency** and care is provided at a non-NMH facility within 90 days of donation, billing will be handled per the contract between NMH and your recipient's transplant center. After 90 days, if your recipient does not have Medicare, you should talk with your recipient's transplant center about payment. If you chose to have care for non-life threatening emergency complications at any non-NMH facility at any point in time, without our explicit permission, it is expected that your insurance will be billed.

It is important that you understand Medicare and other insurance payors mandate that donor expenses, including complications, are the responsibility of the recipient and recipient transplant center. **Commercial insurance companies expect the donor's insurance to cover expenses after 90 days.**

I have read and understand the above and my questions have been answered. I fully agree to each of the statements in this form and sign below as my free and voluntary act.

Signature of Patient

Date

RESPONSIBLE PARTY:

APPROVED ELECTRONICALLY 2/25/2015

Leigh Anne Mixon

Division Administrator

NMFF Division of Transplantation Surgery

Date

APPROVED ELECTRONICALLY

2/26/2015

Gwen McNatt

Director

NMH Solid Organ Transplantation

Date

APPENDICES:

Appendices may be updated with an independent approval process from the body of the policy:

Date of Last Update: 3/26/2012, 5/04/2012, 1/23/2015, 2/17/2015

Revision of: APPENDIX A: Kidney Donor Financial Letters

Approval Dates: 12/21/2010, 7/25/2011, 5/29/2012, 2/26/2015

- Director, NMH Solid Organ Transplantation
- Division Administrator, NMFF Transplant Surgery