

# **NHS Scotland Financial Operating Procedure for Reimbursement of Living Solid Organ Donor Expenses**

NSD607-003 V7

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National Services Directorate, NHS National Services Scotland



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# 1. Introduction

## 1.1. Background

This policy explains how a person who wishes to donate an organ can receive a refund for loss of earnings and some other costs such as travelling expenses. Ideally this refund should be applied for before the planned surgery to remove the organ and this document explains how someone can apply and what they need to do. This policy sets out the rules about how and what can be refunded and what is expected from the patient making the application for the refund.

The principle of reimbursement is founded on the premise that there should be no financial incentive or disincentive in becoming a living donor.

Transplantation is a treatment of choice for people with organ failure. Increases in living donation have been seen over recent years, which have increased the number of donor organs available. A kidney transplant from a living donor has both improved life and graft expectancy compared to deceased donor transplantation and is proven to be significantly more cost effective than dialysis or a deceased donor transplant.<sup>1</sup>

Liver transplantation is lifesaving, unfortunately there are not enough livers donated by people who have died for those awaiting a transplant. Living donor liver transplantation typically offers better outcomes to deceased donor liver transplantation<sup>2</sup>.

The living donor will be required to undergo tests and have a period of absence from work whilst recovering from the procedure. This protocol has been developed for those instances when a living donor incurs expenses or suffers a loss of earnings as a direct result of the donation.

**Ideally a living donor should submit the evidence and claim form as soon as possible prior to donation.**

The following sets out the evidence required to support a living donor claim and a framework for implementing financial reimbursement of incurred expenses for donations within Scotland.

## 1.2. Policy statement

The Human Tissue (Scotland) Act 2006 forbids the offer or payment of any inducement for the supply of a human organ. However, it does not prohibit the payment of reasonable expenses to a donor for travel and accommodation and any loss of earnings incurred if directly attributable to his/her donation of an organ.

NHS Scotland is permitted to make such payments and should do so if the living donor transplant is permitted under the Human Tissue (Scotland) Act 2006. NHS Scotland is not legally obliged to make such payments. However, as renal transplant is the most cost-

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<sup>1</sup> An economic evaluation of living donor kidney transplantation in Scotland - <https://shtg.scot/our-advice/living-donor-transplantation/>

<sup>2</sup> [4 Efficacy | Living-donor liver transplantation | Guidance | NICE](#)

effective treatment for end stage renal failure<sup>3</sup>, and a living donor transplant may be the only option for a patient in liver failure, payment of any associate donor expenses is justified.

This policy aims to define the commissioning position in Scotland to ensure the financial impact on the living organ donor is cost neutral. This policy aims to be compatible with other UK countries – England, Wales, and Northern Ireland for the reimbursement of costs associated with undertaking a living donation. Reimbursement of expenses must be proportionate and fair for the individual and administered in a consistent and timely manner. Best practice must be congruent with the Human Tissue (Scotland) Act 2006. These payments will be made by the national transplant units, in order to ensure equity of access across Scotland.

## 2. Principles of reimbursement

Any payments to living donors should ensure that, within reason, the donor is no worse off as a result of the donation, but they must not gain any financial advantage. Any payments in excess of the amount needed to reimburse losses would constitute a payment for the donation and would breach the Human Tissue (Scotland) Act 2006.

The following points summarise the policy in Scotland (but with a view to being compatible with policies from the other UK countries) for the reimbursement of costs associated with undertaking a living donation. This could either be a directed kidney donation (to a relative, friend or other); or part of the National Living Donor Kidney Sharing Schemes (i.e. paired/pooled donation or non-directed altruistic donation and altruistic donor chains); or living liver donation:

- a) The principle of reimbursement is founded on the premise that there is **no financial incentive or disincentive** in becoming a living donor.
- b) All individual claims must be submitted to the Transplant unit Co-ordinator and settled in a timely manner to prevent unnecessary hardship to the donor as a consequence of the donation.
- c) The financial reimbursement will reflect the loss of earnings and other relevant expenses (such as travel costs, additional child care / employment costs/ accommodation etc) .
- d) The principles of reimbursement will be communicated clearly to the donor in a transparent and consistent manner before donation, as set out in the NHS Scotland Financial Operating Procedure for Reimbursement of Living Donor Expenses.
- e) Special arrangements (e.g., retrospective consideration of claims) may need to be considered where donors who are non-resident in the UK are involved or those that relate to the National Living Kidney Sharing Schemes, if the timeframe prior to donation precludes prospective agreement.

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<sup>3</sup> [Living donor kidney transplant - Organ transplantation - NHS Blood and Transplant](#)

- f) NHS Boards will reimburse donors directly and will make every effort to avoid delayed payment.
- g) Potential donors who are deemed unsuitable to proceed to donation may be eligible to claim for reimbursement of certain expenses such as travel expenses, including parking costs.
- h) NHS Boards may consider additional reimbursement costs on a case-by-case basis.
- i) In Scotland, living donation from adults without mental capacity is not permitted under the Human Tissue (Scotland) Act 2006 (see 3.10)

### 3. Guidelines for reimbursement

A governance structure has been agreed to provide the appropriate level of scrutiny for all claims. This is designed to support the timely and consistent payment of legitimate claims and to provide a robust risk management strategy to underpin the policy.

#### 3.1. Potential living donors who reside in the UK

Consideration of claims for expenses incurred by the donor as a direct result of donation include reimbursement of expenses incurred through the evaluation process, in-patient stay and for up to 12 weeks post-operatively.

##### 3.1.1. Travel expenses

Any reasonable claim for travel expenses is considered on an individual basis and documentation (e.g., tickets / receipts) to support the claim for these expenses will be required. Travel expenses will only be reimbursed for the donor.

Appropriate travel costs are calculated on the basis of the cheapest and/or most appropriate mode of public transport available (including any promotional or concessionary fares). Mileage will be reimbursed at the HM Revenue and Customs Mileage Allowance Payment (MAP) rate. Current rates can be confirmed at : [HM Revenue and Customs Mileage Allowance Payment \(MAP\) rates](#), in line with other UK nations<sup>4</sup>.

Taxi fares will only be reimbursed when used by the donor if clinically necessary, as approved by the appropriate clinician.

##### 3.1.2. Accommodation expenses

Accommodation costs will be reimbursed for the donor alone. ( i.e.- Accommodation costs incurred for donor's partner/spouse will not be included within this reimbursement.) Costs incurred for a spouse, partner, or other accompanying persons are not routinely covered. However, in exceptional circumstances—such as when the donor is travelling from a remote or rural location, has specific clinical needs, or requires support due to vulnerability—reimbursement for a companion's accommodation may be considered. Such cases must be discussed and approved in advance by the Clinical Services Manager. All claims must be supported by appropriate documentation and justification. If the clinical team deems necessary, when a donor stays overnight in a hotel, guesthouse or other commercial

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<sup>4</sup> NHS England. 2021. Clinical Commissioning Policy: Reimbursement of Expenses for Living Donors. Available online: [Reimbursement-of-Expenses-for-Living-Donors-A06PA-Dec-2021.pdf \(england.nhs.uk\)](#) [Accessed on 13/02/2026]

accommodation, the overnight costs will be reimbursed at the actual receipted cost, up to the normal maximum limit set out in this policy, in line with other UK nations, at £100<sup>5</sup>. This includes VAT, breakfast and any other charges without exception. These may be subject to change so should be checked before processing claims. Advice will be available from the transplant administration (if applicable) or living donation co-ordinator. Subsistence costs, including food, beverages, and other personal expenses, are not eligible for reimbursement under this policy. These costs are considered part of normal daily living expenses and are not directly attributable to the donation process. Donors should be made aware of this in advance to avoid any misunderstanding when submitting claims

Where the maximum limit is exceeded for genuine reasons (e.g., the choice of hotel was not within the donor's control or cheaper hotels were fully booked), additional assistance may be granted at the discretion of the Clinical Services Manager prior to booking.

If accommodation costs are required to be met in advance, the clinical team can request the travel team ([travel@nhslothian.scot.nhs.uk](mailto:travel@nhslothian.scot.nhs.uk) or [TravelPO@ggc.scot.nhs.uk](mailto:TravelPO@ggc.scot.nhs.uk)) to book the accommodation on the donor's behalf.

### 3.1.3. Other expenses

- Care of a dependent will be considered on an individual basis. the donor is responsible for first exploring any entitlement to support from their local authority's Social Services department. Evidence of this exploration—such as correspondence with Social Services or confirmation of ineligibility—must be provided as part of the claim. The transplant team may request this documentation to ensure that NHS reimbursement is only provided where no statutory support is available.
- Backfill cover for business – this will be linked to loss of earnings but assume that, if cover is in place, earnings have not been 'lost'. Evidence of reasonable backfill costs may be requested by NHS Scotland including bank transfer details.
- Donation-related prescription costs for donors that live out with Scotland.
- Other necessary reasonable expenses that may be incurred should be discussed with the donation team prior to donation, they will be considered on a case-by-case basis, receipts will be required to be submitted as evidence to support the claim.

### 3.1.4. Loss of earnings

Payment for loss of earnings is legal under the Human Tissue (Scotland) Act 2006, but the method of payment and position with respect to any tax liability depends on the employment status of the individual. Key principles and advice relating to loss of earnings and changes to benefits entitlement is provided below. However, if living donors require expert advice or further information, details are available at <https://www.gov.uk/browse/benefits>.

## Dividends

Dividends and other forms of investment income are not considered eligible for reimbursement under the loss of earnings section of this policy. Reimbursement is intended to cover income directly lost due to absence from employment or self-employment as a

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<sup>5</sup> NHS England. 2021. Clinical Commissioning Policy: Reimbursement of Expenses for Living Donors. Available online: [Reimbursement-of-Expenses-for-Living-Donors-A06PA-Dec-2021.pdf \(england.nhs.uk\)](#) [Accessed on 13/02/2026]

result of organ donation. As such, only taxable employment income (for salaried individuals) or taxable profit (for self-employed individuals) will be considered. Company dividends, rental income, or other passive income streams are excluded from reimbursement calculations.

### **Employed/ Salaried donors**

Earnings from employment are normally subject to tax and national insurance contributions and paid through PAYE. Reimbursement is paid on **net** income and will not be taxable. Some employers may continue to pay basic pay, but the donor may lose supplementary pay in the form of commission or tips. Such losses may be reimbursed on provision of suitable proof of average overall earnings.

Exceptionally, if the person is on unpaid leave for several weeks, they may need to make voluntary payments to make up lost pension contributions (for example, to a stakeholder pension or Class 3 additional voluntary National Insurance contributions for a state pension). Such voluntary contributions can be reimbursed without any tax liability. In view of the short time that they are away from work, living donors should not need to make additional National Insurance contributions but if they are unsure they should contact their tax office.

Employed donors should ideally provide payslips for the previous 6 months, but failing that, a minimum of the last 3 months should be submitted. If overtime is a regular part of a donor's income, this should be determined through examining overtime patterns over a 3–6-month period and their P60 from the previous year.

Additional income will be considered on a case-by-case basis. By signing the claims form, the donor is providing authorisation for the NHS Board or commissioner to contact their employer to clarify any payments.

Donors must provide evidence of any statutory sick pay (SSP) and/ or Company Sick Pay received and will be entitled to top-up if SSP is lower than their salary.

Payment will be processed on notification to NHS Board that the donation has proceeded or presentation of medical/discharge certificate.

### **Self-employed donors**

Reimbursement for self-employed donors is based on **gross** income and as such will be liable to tax. Self-employed donors should provide proof of lost gross income (taxable profit only), not business turnover) through documentation such as a copy of their latest tax return, as well as bank statements covering the period affected and a comparative period from the previous year. Company turnover and dividends cannot be included in the reimbursement calculations

If a new business (operating for less than a year), the donor should provide details of net earnings to date, as well as bank statements covering the relevant period or their accountant to provide details of net earnings to date.

Evidence should be submitted of any Employment and Support Allowance received.

For individuals with exceptionally high earnings, fully reimbursing lost income may render the transplant financially unviable. In such cases, reimbursement may be adjusted to reflect the

average national wage. This ensures that the policy remains equitable and cost-effective while still supporting the donor's contribution. Donors in this category should be informed of this consideration early in the process to manage expectations and allow for appropriate financial planning.

### **Unemployed donors**

If donors believe that they have lost benefits as a result of their donation, they should submit relevant supporting information with their claim. This includes any correspondence from the Department for Work and Pensions (DWP) or other relevant agencies. Liaison with benefits agencies may be required to endorse the claim. Donors in receipt of disability allowances should be reassured that these benefits are not typically affected by living donation. However, confirmation of continued eligibility may be requested to ensure no financial disadvantage has occurred.

### **Retired donors**

There should be no lost earnings for a retired donor.

### **3.1.5. Child Tax Credit and Working Tax Credit**

A person's entitlement to Child Tax Credit will not be affected by the fact that they are a living donor. A short absence from work does not usually affect a donor's entitlement to Working Tax Credit, including the childcare element, because, assuming the donor plans to return to work as soon as they have recovered, HMRC would not regard the absence as affecting the donor's 'usual working hours'. When entitlement to either or both of the tax credits is assessed, only taxable income is taken into account. Therefore, if donors receive non-taxable income, they are not required to report it to HMRC. Donors who need further information should contact the Tax Credit Helpline on **0345 300 3900**.

### **3.1.6. Miscellaneous expenses**

Donors may incur additional costs directly related to the donation process that do not fall under standard categories such as travel, accommodation, or loss of earnings. These may include, but are not limited to:

- **Dependent care costs** (e.g., childcare or eldercare during hospital visits or recovery)
- **Visa or legal documentation fees** (for overseas donors)
- **Prescription charges** (particularly for donors residing outside Scotland)
- **Document certification or translation costs**
- **Essential communication costs** (e.g., international calls for overseas donors)

All such claims will be considered on an individual basis and must be supported by itemised receipts or other appropriate documentation. Claims must be reasonable, proportionate, and submitted in advance where possible for prior discussion with the transplant team.

### 3.2. Potential living donors who reside overseas

There are cases when the individual wishing to donate lives overseas. Only donors who plan to donate to an NHS entitled recipient are eligible to apply for reimbursement of expenses.

- Non-UK resident donors who proceed to donation are entitled to claim reimbursement for travel, accommodation, visa costs (including extension), and loss of earnings but not for “living expenses”
- Non-UK resident donors who do not proceed to donation are entitled to claim for travel, accommodation, visa costs (including extension) but not loss of earnings or “living expenses” -
- The overseas donor is no longer the responsibility of NHS Scotland upon discharge from clinic post-donation
- Once donors (both proceeding and non-proceeding) have returned overseas, they are not entitled to claim further expenses through this Protocol. However, in exceptional circumstances, applications for reimbursement will be considered by NHS Scotland on a case-by-case basis.
- *Overseas donors must submit all reimbursement claims within **six months** of their donation. Claims submitted after this period will only be considered in exceptional circumstances and must be supported by a clear explanation and relevant evidence*

The transplant centre should ensure that, where possible, essential pre-operative testing is completed in the donor’s home country prior to travel. This helps confirm donor suitability and reduces unnecessary costs or delays. Recommended tests include:

- Full blood count and biochemistry
- Liver and kidney function tests
- Blood group and tissue typing
- Infectious disease screening (e.g., HIV, Hepatitis B/C, CMV, EBV)
- Urinalysis
- Chest X-ray and ECG
- Imaging studies (e.g., CT angiogram or MRI for anatomical assessment)
- Psychological or psychiatric assessment (if indicated)

All results must be reviewed and accepted by the UK transplant team before any reimbursement is considered

, as per British Transplant Society Guidelines for Living Donor Transplantation<sup>6</sup>.

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<sup>6</sup> British Transplant Society. (2018). Guidelines for Living Donor Transplantation. Donors who are non UK-residents (Chapter 9.2, pg237). Available from: [FINAL\\_LDKT-guidelines\\_June-2018.pdf \(bts.org.uk\)](#) [Accessed on 02/06/2022]

### 3.3 National Living Donor Kidney Sharing Scheme

The National Living Donor Kidney Sharing Scheme organises the exchange of living donor kidneys throughout the UK. This includes paired/pooled donations (for incompatible pairs) and altruistic donations (donating to someone on the national waiting list or triggering a chain in the paired/pooled scheme).

Following NHS England’s guidance, in the case of paired/pooled donation (PPD), the donor can be reimbursed by the recipient transplant unit, as their intended recipient has directly benefited from a living donor transplant even though the kidney went elsewhere. In the case of altruistic donation chains (ADC), initiated by non-directed altruistic donations (NDADs), the donor will be reimbursed by the transplant unit of the recipient. In the case of altruistic donor chains, the donor who starts the chain will require to be reimbursed by the transplant unit of the recipient at the end of the chain. *For example:*

Non-directed altruistic Donor Edinburgh – Recipient Bristol; Donor Bristol – (Waiting list)Recipient Manchester; thus Manchester reimburses Edinburgh

Prospective agreement of donor costs from NHS Scotland may not be feasible in cases of NDAD and ADC donation because the recipient may live anywhere in the UK and arrangements outside Scotland may apply. The Transplant administrator(if applicable) or living donor coordinator should have prior knowledge of a claim and the proposed amount that the NDAD intends to claim prior to donation so that donor expectations can be managed. It is recommended that the appropriate paperwork and application are prepared in advance so that, when a NDAD is matched to a recipient, a claim can be expedited as quickly as possible according to the agreed process.

In cases of paired/pooled donation (PPD) kidneys are exchanged between recipient and donor pairs in either two-way (paired) or three-way or more (pooled) exchange. In this case the reimbursement of the donor will be agreed locally with the recipient transplant centre. This facilitates prospective agreement and works on the basis of reciprocity (i.e., all recipients ultimately receive a transplant when matched).

Altruistic Living Donors (non-directed altruistic donation, including altruistic donor chains)  
This is where a person volunteers to donate a kidney or a lobe of liver to an unknown recipient, that is, someone they have never met before and who is not known to the donor. Where there is a non-directed altruistic donation (NDAD) the donor who triggers a ‘chain’ will claim reimbursement from the recipient transplant centre at the end of the chain.

Donation Type	Donor Location	Recipient Location	Reimbursement Details
Non-directed altruistic Donor (NDAD)	Edinburgh	Bristol	Manchester reimburses Edinburgh

Donation Type	Donor Location	Recipient Location	Reimbursement Details
Donor	Bristol	(Waiting list) Recipient Manchester	Manchester reimburses Edinburgh
Paired/Pooled Donation (PPD)	Various	Various	Reimbursement agreed locally with the recipient transplant centre
Altruistic Living Donors (NDAD, ADC)	Various	Various	Donor claims reimbursement from the recipient transplant centre at the end of the chain

- **Prospective Agreement:** Prospective agreement of donor costs from NHS Scotland may not be feasible in cases of NDAD and ADC donation because the recipient may live anywhere in the UK and arrangements outside Scotland may apply.
- **Transplant Administrator/Living Donor Coordinator:** Should have prior knowledge of a claim and the proposed amount that the NDAD intends to claim prior to donation to manage donor expectations.
- **Preparation:** It is recommended that the appropriate paperwork and application are prepared in advance so that, when a NDAD is matched to a recipient, a claim can be expedited as quickly as possible according to the agreed process.
- **Reciprocity in PPD:** In paired/pooled donation, kidneys are exchanged between recipient and donor pairs in either two-way (paired) or three-way or more (pooled) exchange. This facilitates prospective agreement and works on the basis of reciprocity (i.e., all recipients ultimately receive a transplant when matched).
- **Altruistic Living Donors:** This involves a person volunteering to donate a kidney or a lobe of liver to an unknown recipient. The donor who triggers a 'chain' will claim reimbursement from the recipient transplant centre at the end of the chain.

## 4. Claims procedure

### 4.1. Process

Please see flowchart in Appendix 3 for detailed information on the process.

All claims are time limited and should be made within six months from the date of donation. Any claims made out with this timeframe may be considered on a case-by-case basis if, for exceptional reasons, it has not been possible to make a timely claim. A maximum of two claims submitted outside this timeframe will be permitted, unless further submissions are justified by exceptional circumstances.

Claim forms should be submitted as early as possible to ensure that donor work-up is complete ahead of donation.

The initial claim should be for 8 weeks. Approval for a further 4-week claim can be made after clinical review by a transplant specialist at the 6-week post-donation review. If a donor is deemed unfit to return to work after the 8-week recovery period, the living donor coordinator must request the provision of a sick note to support the claim. If complications arise and the donor requires time off work beyond 12 weeks post-operatively, a discussion with Social Services about longer-term financial support must take place before any further claim is submitted for consideration by NHS Scotland.

## 4.2. Risk management

Claim applications will be reviewed by designated personnel within NHS Scotland. The claim form must be signed by the Clinical Services Manager of the transplant unit and will reflect the workings / decision-making process (e.g. overtime calculations).

### Green – signed off by transplant unit Clinical Services Manager

- Value of up to £5000
- Reasonably straight forward claims

### Amber – to include expert advice where required and sign-off from NSD

- Value of greater than £5000
- Complex, contentious claims
- Potentially fraudulent claims

For all of the above, NSD should be notified in writing through [NSS.specialistservices@nhs.scot](mailto:NSS.specialistservices@nhs.scot). All patient identifiable information should be redacted from claim form and supporting evidence that is submitted; subject of the email to include, Living Donor Claim – Adult Renal/Liver Transplant Service - Commissioning Programme Manager

## 5. Responsibilities

### 5.1. Claimant (donor)

In order to achieve an efficient process, it is the responsibility of the donor to ensure that the following is done:

- The donor must notify their living donor coordinator / transplant liaison nurse at an early stage that they wish to submit a reimbursement claim
- The donor must fully and accurately complete their claim forms
- The donor must submit the paperwork/evidence relating to their claim in a timely fashion

Ensuring the provision of timely, accurate and evidenced information to support claims. The claimant is responsible for providing the best available evidence, such as receipts, invoices, and statements. In the absence of direct evidence, supplementary documentation, such as letters of confirmation or testimonies, may be considered to support claims. Failure to provide supporting evidence will delay the claims assessment and reimbursement process.

## 5.2 Local Renal Unit

In order to achieve an efficient process, it is the responsibility of the local renal unit to ensure that the following is done:

- When notified by the donor that they wish to submit a reimbursement claim, the living donor coordinator / transplant liaison nurse must provide the donor with appropriate information and claim forms
- The living donor coordinator / transplant liaison nurse must notify the transplant unit of the potential reimbursement claim
- The Transplant Administrator(if applicable) / living donor coordinator / transplant liaison nurse must confirm that the donor's information on the claim form corresponds with appointment dates and sign off appointment attendance
- Claim form and evidence must be forwarded to the Transplant Financial Administrator for financial review and payment

## 5.3 NHS Lothian or NHS Greater Glasgow & Clyde

In order to achieve an efficient process, it is the responsibility of NHS Lothian or NHS GG&C to ensure that the following is done:

- The Transplant Administrator (if applicable) or Living Donor Coordinator receives the forms from the donor upon their arrival at the transplant unit and must verify their completeness.
- Any points of clarification regarding the content and supporting information in the application are addressed directly with the donor.
- If necessary, the claim should be referred to a hospital social worker for further advice.
- Claim form and evidence are forwarded to the Transplant Financial Administrator for review and are processed promptly to ensure that payment is approved and submitted to Finance for disbursement within 28 days of receipt.

## 6. Declaration

For expenses to be met, the donor must take personal responsibility for their care and follow reasonable medical advice.

The information included in each claim will be strictly validated to ensure that it is reasonable and appropriate. Transplant centres will be required to provide necessary mechanisms to ensure all information is correct and legitimate. All claims require the signature of the donor, agreeing to the following declaration:

*"I hereby declare that the information provided is accurate and complete. I consent to the disclosure of relevant information for the purposes of verification and fraud prevention, including communication with my employer. I understand that knowingly withholding information or providing false information may result in criminal prosecution and/or civil proceedings"*

## **7. Fraud management**

Fraud in the NHS is unacceptable as it diverts resources away from patient care. It is therefore important that robust verification procedures are in place. Only claims submitted using the appropriate forms should be accepted. Should fraud be suspected, it should be reported to Counter Fraud Services on the fraud hotline 0800 028 4060.

## Appendix 1 Claim Form

### CLAIM FORM FOR REIMBURSEMENT OF EXPENSES FOR LIVING DONORS

Please complete this form and give it to your Transplant Administration team or Living Donor Coordinator for submission. Please attach all supporting evidence to this claim form.

<b>Section 1: DONOR AND RECIPIENT INFORMATION</b>		
To be completed by the donor		
<b>DONOR DETAILS</b>		
Name of donor:		
CHI number:		Date of Birth:
Address:		
Postcode:		Email:
Telephone number(s):		
Donor Consultant		
Transplant Unit		
<b>DONOR BANK DETAILS</b>		
Name and address of bank:		
Sort Code:		Account No:
<b>RECIPIENT DETAILS (if applicable)</b>		
Health Board:		
Name of recipient (if applicable):		
CHI Number:		Postcode:
Date of transplant:		Transplant confirmed: Yes/No
Initial claim covering first 8 weeks:	<input type="checkbox"/>	
Second/final claim covering subsequent weeks:	<input type="checkbox"/>	

Date of hospital/clinic appointment	Initials of Co-ordinator to confirm attendance

**Section 2: TRAVEL (TO BE COMPLETED BY THE DONOR)**

Please only complete this section if you have not been previously reimbursed for your travel expenses by the health board of your residence. Mileage is paid at current NHS mileage rates.

**Car**

Date	Details of Journey (from/to etc)	Mileage travelled	Cost (Office Use)	
			£	pp
Total				

**Public Transport**

Date	Details of Journey (Type of Public Transport, from/to, etc)	Cost of Travel	
		£	pp
Total			

Taxi			
Date	Details of Journey (Name of Taxi Company, from/to etc)	Cost of Travel	
		£	pp
Hotel			
Date	Details of Hotel (Name, Address etc)	Cost of Hotel	
		£	pp
	Total		

### Section 3: LOSS OF EARNINGS

(If donation is planned to proceed). To be completed by the donor.

#### Employment status:

Salaried

Self-employed

Unemployed

#### Proposed date of donation (if agreed):

Dates	Amount claimed	Evidence <sup>7</sup> attached Yes/No

<sup>7</sup> Documents will be returned to the donor

Total				
<b>Section 4: OTHER EXPENSES</b>				
To be completed by the donor. Only complete this section if you have incurred/are likely to incur other expenses that are directly related to your donation.				
Dates	Type of Expense	Reason	Amount claimed	Evidence attached Yes/No
		Total		

<p><b>Section 5: DECLARATION</b></p> <p>The amounts claimed are in respect of expenses necessarily incurred as a result of making a living organ donation.</p> <p>“I declare that the information given is correct and complete. I consent to the disclosure of relevant information for the purpose of checking this and in relation to the prevention and detection of fraud, for example, communication with my employer. I understand that if I knowingly withhold information or provide false information, I may be liable for criminal prosecution and / or civil proceedings.”</p> <p>Donor Signature .....</p> <p>Date .....</p> <p>Co-ordinator Signature.....</p> <p>Date .....</p>
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**Section 6: CONFIRMATION BY BUDGET HOLDER FOR ALL CLAIMS**

To be signed by budget holder

I confirm that the above person has:

*(delete as appropriate)*

Been assessed as a living donor and is suitable to donate

Been assessed as a living donor but is unsuitable to donate and will not be proceeding to donation

Signed..... Date .....

Print name: .....

NHS Unit .....

Cost Centre.....

**Section 7: CONFIRMATION BY LIVE DONOR COORDINATOR FOR SECOND/SUBSEQUENT CLAIM**

To be signed by Live donor Coordinator

I confirm that the above person has been assessed by a consultant and will require further time to recover before returning to work.

Signed..... Date .....

Print name: .....

## Appendix 2 Checklist

### CHECKLIST FOR THE REIMBURSEMENT OF LIVING DONOR EXPENSES

One copy to travel with the claim form. Each signatory to retain a copy once they have actioned and dated.

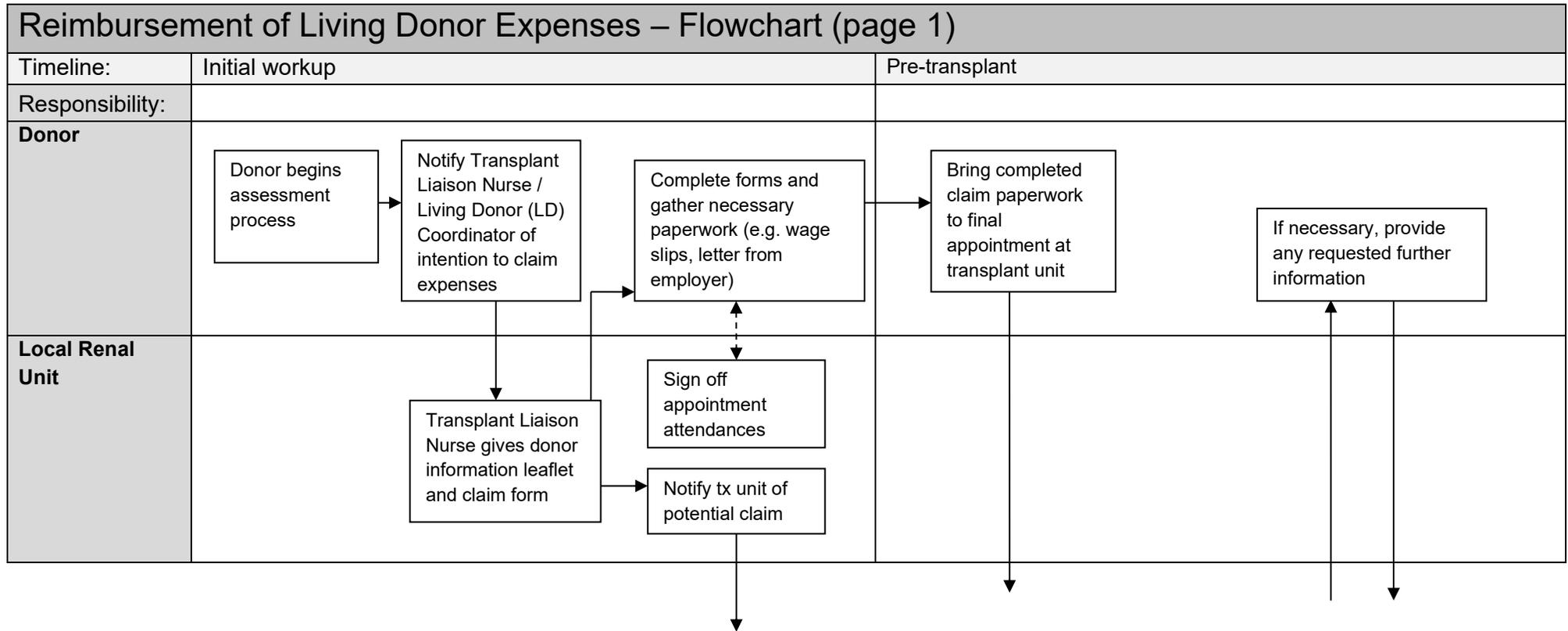
#### A2.1. Supporting claim documentation

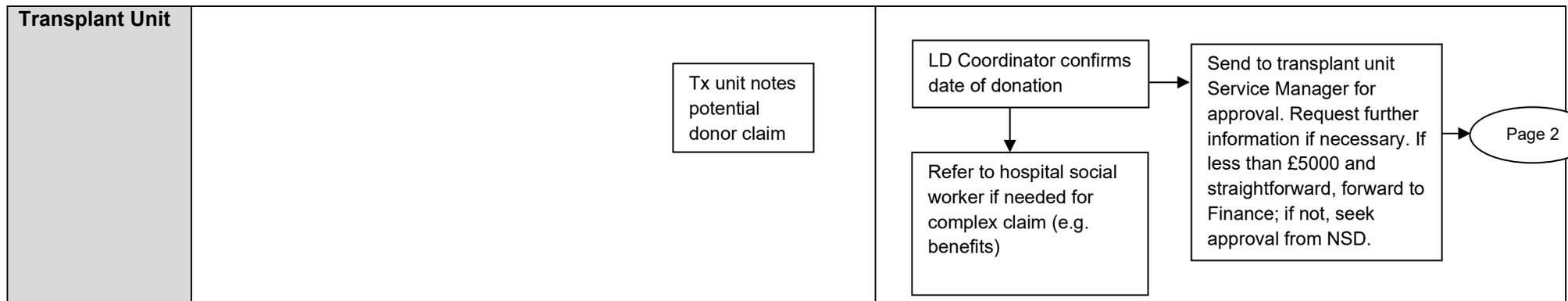
Documents that must be included in claim	Comments
Completed and signed claim form (Appendix 1)	
Checklist (Appendix 2)	
Consultant letter confirming potential date of transplant	
<b>Examples of Evidence:</b>	
Proof of earnings (last 6 months' payslips)	
Employer's letter stating level of financial support during period of time off work	
Confirmation of any Statutory Sick Pay (SSP 1) from employer, or DSS (if self-employed) or Incapacity Benefit (from DSS)	
Most recent statement of earnings (if self-employed)	
Travel tickets	
Mileage travelled by car	

#### A2.2. Actions for initial/final claim

Action	Date	Signature	Comments
<b>Donor:</b>			
Submit claim form to transplant co-ordinator			
<b>Transplant Co-ordinator:</b>			
Check required documents included			
Confirm clinic attendances			
Check calculations			
Submit to Service Manager / Clinical Services Manager			
<b>Service Manager / Clinical Services Manager:</b>			
Approve claim			
Send claim to Finance			
<b>Finance:</b>			
Authorise claim			
Arrange payment to donor (cheque or bank transfer)			

### Appendix 3 Flowchart of Process





**Reimbursement of Living Donor Expenses – Flowchart (page 2)**

Timeline:	Pre-transplant	Transplant	Post-transplant
Responsibility:			
<b>Donor</b>		Initial claim for 8 weeks post-donation → If further recovery clinically necessary, second claim can be made at 6 week post-transplant review	
<b>Local Renal Unit</b>			

