**Application for Remuneration of Expenses**

**and Payment of Lost Income of a Living Organ Donor**

As stipulated in Article 28b, para. 1, of the Law No. 285/2002 Sb. (The Transplantation Act)

**I, as a living organ donor, ask for remuneration of expenses which were expediently and demonstrably expended (remuneration of expenses) as well as for remuneration of the balance between lost income and received wage, pay and/or reward including sick pay received from health insurance due to temporary labor incapacity caused by organ procurement and necessary health services provided in connection with this procurement (lost income).**

**Name and surname of living organ donor:** ……………………………………………….…

**Birth number (or date of birth):** ……………..……………………………………………....

**Permanent address:** …….……………………………………………………………………..

(or other postal delivery address)

**Date of organ procurement:** ………….………………………………………………………

**Name and address of the transplant center performing the procurement:**

………………………………………………………………………………………………......

**Labor incapacity caused by organ procurement**

**from:** ………………………….… **till:** …………………………………

**Name and address of the health services provider where health care in connection with organ procurement was provided:**

……………………………………………...................................................................................

**Notes of KST:**

**(NOT to be filled in by the applicant)**

**Žádost doručena dne:** …………......……..... **Podpis:** ……………………………....…..

(Application received) (Signature)

**Jedinečné identifikační číslo dárce:** ....................................................................................

(Unique donor´s identification number)

**Kontrola údajů provedena dne:** ………………....… **Podpis:** ..........................................

(Controlled) (Signature)

**Part A**

**Remuneration of expenses**

**Expenses for:** …………………………………………………………………………………

**Justification:** …………………………………………………………………………………...

**Amount in CZK:** ………………………………………………………………………………

**I attach the original receipt 🞏** or **I attach a verified copy of the receipt 🞏**

(click as appropriate, please)

Instruction to the application

for remuneration of expenses of a living organ donor

* Claim can only originate to a person – living donor of an organ for transplantation.
* Only expenses expediently and demontrably expended, originating due to organ procurement and provision of health services provided in connection with health services required by the donation will be paid.
* The remuneration shall be paid on the rebound upon presentation, in original or in a verified copy, of the proof of payment of expediently and demonstrably expended expenses.
* The claim for remuneration of expenses does not include transportation costs. The transport of a living donor (i) to the place of procurement, (ii) from this place to the place of health services provision, (iii) from this place, and (iv) remuneration of transportation costs is covered from the health insurance (Art. 13, para. 2, letter e) of the Public Health Insurance Act)
* The claim for remuneration of expenses does not include regulatory fees, fees for drugs prescriptions, fees for hospitalization in case these fees are charged in relation to evaluation of health capability of an organ donation as per the Transplantation Act (Art. 16a, para 2, letter e) of the Public Health Insurance Act)
* Should the application not be submitted within 24 months of the date of procurement the claim becomes extinct.

**Notes of KST:**

**(NOT to be filled in by the applicant)**

**Nárok schválen ve výši:** …………………………………………………..…………………..

(The claim approved in the amount of)

**Nárok snížen z důvodu:** ……………………………………………………………………….

(The claim decreased due to)

**Kontrola oprávněnosti a prokazatelnosti a výše nároku provedena kým:** ………………..

(Check of justification, demonstrability and amount of expenses done by)

**Date:**  ………………….………....…..….. **Signature** ..............................................................

**Part B**

**Remuneration of balance between lost income and received wage, pay and/or reward including sick pay received from health insurance**

**a) Duration of temporary labor incapacity from:** …………….. **till:** ……………………….

(Original form of labor incapacity, or a verified copy, shall be presented, OR in case such a document is missing a written statement of health care provider shall be presented, stating the dates when the person was off work due to organ donation and related health care)

**b) Average monthly wage/pay:** ………………………………………………………...……..

(Original statement of your payroll department/accountant on you average monthly wage/pay for the last three months shall be presented)

**c) Sick pay received:** ……………………………………………………………..……………

(Original statement, or a verified copy, on the amount of sick pay received from your health/social insurance, OR in case such a document is missing a statement of account documenting who paid you sick pay and what was the initial amount)

**d) Remuneration of lost wage/pay for the duration of your labor incapacity:** ……..……..

(Original statement of the amount of lost income remuneration received during the time of your labor incapacity shall be presented – if such a remuneration has been paid)

**e) Lost income for the duration of labor incapacity:** ………………………………………..

(Original statement of your payroll department/accountant on the amount of lost income in total during the time of youl labor incapacity shall be presented)

**Self-employed persons/enterpreneurs shall present an original of the duration of temporary labor incapacity (see point a. above) and a verified copy of a Trade Certificate or of another valid official document of self-employment.**

**Notes of KST:**

**(NOT to be filled in by the applicant)**

**Nárok schválen ve výši:** …………………………………………………..…………………..

(The claim approved in the amount of)

**Kontrola oprávněnosti a prokazatelnosti a výše nároku provedena kým:** ………………..

(Check of justification, demonstrability and amount of expenses done by)

**Date:**  ………………….………....…..….. **Signature** ..............................................................

**Instruction to the Application for Remuneration of Expenses**

**and Payment of Lost Income of a Living Organ Donor**

* Claim can only originate to a person – living donor of an organ for transplantation.
* The remuneration shall be paid on the rebound upon presentation, in original or in a verified copy, of the proof of the amount of lost income.
* A verified copy of medical statement of finished labor incapacity in connection with the procurement shall be attached to the application. A person not receiving such a document shall attach a written statement of a health care provider stating the time for the person was not able to carry out activities a lost income remuneration is provided for.
* Should the application not be submitted within 24 months of the date of procurement the claim becomes extinct.

**Remuneration send to the account number:** …………………...……………………………

**Date:** …………………… **Signature of applicant:** ........................................

**Application together with all appendices, without which lost income cannot be paid, shall be sent in a registered letter to:**

**Koordinační středisko transplantací, Ruská 85, 100 00 Praha 10,**

**Czech Republic**