



**British Columbia and Yukon Branch**  
 200 – 4940 Canada Way  
 Burnaby, BC V5G 4K6  
 604-558-6879  
 kidney.ca

## Claim Form

### Living Organ Donor Expense Reimbursement Program (LODERP)

When you have completed the Claim Form, please email to [loderp.bcy@kidney.ca](mailto:loderp.bcy@kidney.ca) with the receipts and your banking information or VOID cheque or fax everything to 1-800-667-8871. Please make sure you have filled out and emailed your Donor Information Form (see link below).

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

DID # \_\_\_\_\_

OFFICE USE ONLY

For detailed information about the category maximums please refer to the [Frequently Asked Questions](#)

Travel	Assessment	Surgery	Claim	Reimbursement Office Use Only
Mileage: \$0.50/km Assessment:           KMs Surgery:               KMs				
Airfare				
Bus Fare				
Taxi/Ride Share/Sky Train				
Other Travel				
Total Travel Claim				

Parking	Assessment	Surgery	Claim	Reimbursement
Total Parking Claim				

Accommodation	Assessment	Surgery	Claim	Reimbursement

Meals	Assessment	Surgery	Claim	Reimbursement

Companion	Assessment	Surgery	Claim	Reimbursement
Airfare				
Accommodation				
Meals				

Other	Assessment	Surgery	Claim	Reimbursement
Childcare				
Pet Care				

Loss of Income Surgery Only	Number of Weeks Maximum 8	Average Net Income Max \$700	Claim	Reimbursement
Weeks x Net Income				

Totals	Assessment	Surgery	Claim	Reimbursement

Claimant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions please reach out to [loderp.bcy@kidney.ca](mailto:loderp.bcy@kidney.ca) or call 604-558-6879

**Before submitting:**

- Please complete the [Donor Information Form](#)
- Make sure you have the claim form filled out
- Have receipts (not needed for food or mileage)
- Banking info/ VOID cheque