

Planning for Indirect Transplant Expenses

This tool was created by the National Marrow Donor Program® (NMDP) and is designed to help you develop a combined estimate of your indirect transplant costs and household expenses. You may want to collect information about your household income and expenses (such as pay stubs, credit card statements and other bills) before you start the tool.

If you do not have all of the information, you can still print a report. Please keep in mind that the details of this report are based on the information you provide. The more detailed information you provide, the more the tool will be able to highlight the factors that affect indirect expenses and identify resources for financial planning advice and support.

1. Transplant Information

Transplant Center: _____

Type of transplant:

The type of transplant affects the amount of time the patient will stay in the hospital during the transplant process. The patient's doctor determines the most appropriate cell source for the patient:

- Autologous (patient's own cells)
- Related allogeneic (family member's cells, including cord blood)
- Unrelated allogeneic (volunteer donor's cells, including cord blood)

Type of preparative regimen:

The preparative regimen (or conditioning regimen) also affects the amount of time that the patient will be in the hospital. The preparative regimen destroys all (or many) of the diseased cells before the patient can receive the healthy blood-forming cells. Depending upon the patient's medical condition, the doctor will prescribe one of the following preparative regimens:

- Myeloablative
- Nonmyeloablative

2. Income and Expense Information

Monthly Income

The person providing the primary or secondary income may be the patient, the patient's spouse or the parent/guardian of a child. If this person is another adult, such as a domestic partner or adult child, this income may or may not be included.

Primary Income Source*

_____ Take-home pay (employer)
_____ Disability income
_____ Social security income (SSI/SSDI)
_____ Private work insurance income
_____ Alimony and child support
_____ Income from rental property, investments, and retirement, if applicable.

Secondary Income Source*

_____ Take-home pay (employer)
_____ Disability income
_____ Social security income (SSI/SSDI)
_____ Private work insurance income
_____ Alimony and child support
_____ Income from rental property, investments, and retirement, if applicable.

*If this person will not work during the transplant process, please include their current monthly income. The tool will automatically note the change in household.

Household Expenses

Monthly Medical Expenses and Health Insurance

_____ Co-payments for office visits and current medication
_____ Health insurance premiums (employer-sponsored and private)
_____ Other monthly medical expenses for household members
_____ Current medical debt (total debt.)

Other Monthly Living Expenses

_____ Child care
_____ Alimony and child support
_____ Education and enrichment classes (such as tuition, lessons, after-school activities)
_____ Savings and investments (such as retirement, 401K, investment funds, vacation, college)

Monthly Household Expenses

_____ Mortgage or rent
_____ Homeowner's or renter's insurance
_____ Utilities (electricity, heating, telephone, household operation)
_____ Car (loans, insurance, repairs, gasoline)
_____ Credit card payments
_____ Food
_____ Other household expenses

Office of Patient Advocacy

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The National Marrow Donor Program's Office of Patient Advocacy supports patients and families from diagnosis through survivorship. OPA offers programs, resources and services that meet each patient's needs through one-on-one counseling, educational materials or information in other languages. In addition to print, audio and visual materials, OPA has a bilingual (Spanish/English) case manager and LanguageLine interpreter services available for callers.