

Calculating Additional 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 additional transplant costs and household expenses. It will be helpful to collect and organize 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 additional expenses.

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

Provide the household monthly income(s) in the columns below. For example, Income 1 could be provided by the patient, the patient's spouse or a parent/guardian. Income 2 could be provided by another adult, such as a domestic partner or adult child.

Income 1*

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

Income 2*

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

*If this person will not continue to receive regular pay during the transplant process, please still include his or her currently monthly income when you work through the tool. The tool will automatically note the change in monthly household income.

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

National Marrow Donor Program®

Office of Patient Advocacy

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