



## **Hospital and/or Hotel Representatives**

The Organ Donor Incidental Expenses Family Benefit Plan (ODIEFBP) provides reimbursement benefits for certain incidental expenses incurred by eligible vital organ donors and/or donor families. This plan was established by Pennsylvania Act 102, which increases awareness and education of the need for organ transplantation and encourages organ donation. Eligible participants are donors of vital organs, such as: heart, liver, lung, kidney, pancreas, small bowel, large bowel or stomach. Donor family members include those persons who travel with the living donor to provide support to him/her during the transplantation process.

A limited amount of up to \$300\* per family for lodging and meal expenses will be covered by the ODIEFBP, regardless of family size or income. Arrangements at select hotels for lodging and meals will be facilitated by a Hospital Representative. No money is exchanged with the donor family; all transactions will take place between hospitals or hotels and the Department of Health.

### **Administration of the ODIEFBP**

1. Identify the hospital representative that will inform the donor family about the ODIEFBP. Contact Cyndi Malinen, Organ Donor Program Administrator, and provide this information for our records, and to receive a list of participating hotels in your area.
2. Make accommodations for the donor family by one of the following ways:
  - a) Hospital Representative calls and makes arrangements at the hotel; or
  - b) Hospital Representative gives a list of selected hotels to the donor family.
3. Hospital or Hotel registers with the Commonwealth as a “Non-procurement Vendor” at [www.vendorregistration.state.pa.us](http://www.vendorregistration.state.pa.us) Identify reimbursement option preferred, and invoice one of the following ways:
  - a) The hotel invoices DOH and the check is sent to the hotel; or
  - b) The hospital invoices DOH and the check is sent to the hospital.

If additional information is needed, contact Cyndi Malinen, Organ Donor Program Administrator at (717) 787-6214 or [cmalinen@pa.gov](mailto:cmalinen@pa.gov)

\* Reminder, there is a \$300 maximum and you cannot submit a request for reimbursement for alcoholic beverages (only food and lodging expenses)



Organ Donor Incidental Expenses Family Benefit Plan  
Reimbursement Request Form

Donor Family Name: \_\_\_\_\_

Donor Type (Cadaveric/Living): \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_

**Referral Hospital:** \_\_\_\_\_

Hospital POC/Social Worker \_\_\_\_\_

**Hotel** Referred to: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Please submit this form and all receipts via mail or fax or email to:

Department of Health  
Bureau of Health Promotion and Risk Reduction  
Health & Welfare Building, Room 1000  
625 Forster Street  
Harrisburg, PA 17120-0701  
Attn: Cyndi Malinen, Organ Donation Program Administrator

OR

Fax: 717-213-3795  
Attn: Cyndi Malinen, Organ Donation

OR

[cmalinen@pa.gov](mailto:cmalinen@pa.gov)