



Date

[Name, Address]

Dear [Name],

Your doctor referred you to ECMC for a kidney transplant.

Your insurance does not cover a kidney transplant at ECMC.

You may be able to change your insurance and we are happy to give you recommendations that would allow you to get a transplant at ECMC.

We'd like to hear from you if you have any questions or want to discuss this further.

Give our financial specialist a call at (716) 898-3739 or email Katie Basior at [kbasior@ecmc.edu](mailto:kbasior@ecmc.edu).

Sincerely,

ECMC Transplant Team