No matter what stage of kidney disease you are in, you have medical expenses for such things as doctors’ visits, lab tests, and drugs. There are other expenses for dialysis or a kidney transplant when chronic kidney disease (CKD) progresses to Stage 5, kidney failure. Fortunately, many programs and resources help people with kidney disease pay these expenses. We’ve described these resources in the following chapters. To learn which will help you most, you need to know what your specific treatment costs will be. These costs will depend on your health, where you live, what type of treatment for kidney failure you choose, your insurance coverage, and other factors. Ask your doctors and health-care providers for an estimate of costs and keep track of them in a notebook or on this CKD costs worksheet at right. Taking this step can make you feel more in control of kidney disease and its impact on your financial life, and free you to focus on what is your main concern—getting healthier.
Ask for an estimate of every cost for treatment of your kidney disease and write it on this worksheet.

<table>
<thead>
<tr>
<th>Dialysis-related Services</th>
<th>Who to Ask</th>
<th>Charge</th>
<th>What I Will Owe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vascular access surgery (Hemodialysis-HD or Peritoneal dialysis-PD)</td>
<td>Hospital and doctor billing staff</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>Drugs taken in the Dialysis Center</td>
<td>Dialysis billing staff</td>
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<td></td>
</tr>
<tr>
<td>Name</td>
<td>Dose</td>
<td># per month</td>
<td></td>
</tr>
<tr>
<td>EPO, Aranesp</td>
<td>______</td>
<td>______</td>
<td>$________ /mo</td>
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<tr>
<td>IV Vitamin D</td>
<td>______</td>
<td>______</td>
<td>$________ /mo</td>
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<tr>
<td>IV Iron</td>
<td>______</td>
<td>______</td>
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<td>$________ /mo</td>
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<tr>
<td>Doctors’ fees</td>
<td>Doctor billing staff</td>
<td>$________ /mo</td>
<td>$________ /mo</td>
</tr>
<tr>
<td>Home dialysis</td>
<td>Dialysis billing staff</td>
<td>$________ /mo</td>
<td>$________ /mo</td>
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<tr>
<td>Home changes for home hemodialysis (if needed)</td>
<td>Home training nurse</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>Hospital</td>
<td>Hospital billing staff</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>In-center dialysis</td>
<td>Dialysis billing staff</td>
<td>$________ /mo</td>
<td>$________ /mo</td>
</tr>
<tr>
<td>Lab tests</td>
<td>Lab billing or dialysis billing staff</td>
<td>$________ /mo</td>
<td>$________ /mo</td>
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</tbody>
</table>

(continued on page 8)
<table>
<thead>
<tr>
<th>Dialysis-related Services</th>
<th>Who to Ask</th>
<th>Charge</th>
<th>What I Will Owe</th>
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</thead>
<tbody>
<tr>
<td>Drugs taken at home</td>
<td>Pharmacist</td>
<td>$_________/mo</td>
<td>$_________/mo</td>
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<tr>
<td>Name</td>
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<td>_________ _______ _______</td>
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<td>$_________ /mo</td>
<td>$_________/mo</td>
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<tr>
<td>Transportation to Dialysis Center</td>
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<td>$_________/mo</td>
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<tr>
<td>X-rays</td>
<td>Radiology billing staff</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Transplant-related Services</td>
<td>Who to Ask</td>
<td>Charge</td>
<td>What I Will Owe</td>
</tr>
<tr>
<td>------------------------------------</td>
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</tr>
<tr>
<td>Doctors’ fees</td>
<td>Transplant financial counselor</td>
<td>$_____</td>
<td>$_____</td>
</tr>
<tr>
<td>Immunosuppressant drugs</td>
<td>Transplant financial counselor</td>
<td>$_____ /mo</td>
<td>$_____ /mo</td>
</tr>
<tr>
<td>Name</td>
<td>Dose # per month</td>
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<td>________ /mo</td>
<td>________ /mo</td>
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<td>________   ________   ________</td>
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<td>________ /mo</td>
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<td>________   ________   ________</td>
<td>________ /mo</td>
<td>________ /mo</td>
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</tbody>
</table>

Non-Immunosuppressant drugs

<p>| Name                               | Dose # per month                  |        |                 |
| ________   ________   ________    | ________ /mo                     | ________ /mo |
| ________   ________   ________    | ________ /mo                     | ________ /mo |
| ________   ________   ________    | ________ /mo                     | ________ /mo |
| ________   ________   ________    | ________ /mo                     | ________ /mo |
| ________   ________   ________    | ________ /mo                     | ________ /mo |</p>
<table>
<thead>
<tr>
<th>Transplant-related Services</th>
<th>Who to Ask</th>
<th>Charge</th>
<th>What I Will Owe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Dose # per month</td>
<td>$______/mo</td>
<td>$______/mo</td>
</tr>
<tr>
<td>_______ _______ _______</td>
<td>_______ _______ _______</td>
<td>S_________</td>
<td>S_________</td>
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<td>S_________</td>
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<tr>
<td>Transportation</td>
<td>Transplant Coordinator</td>
<td>$_______</td>
<td>$_______</td>
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<tr>
<td>Living donor evaluation (as needed)</td>
<td>Transplant financial counselor</td>
<td>$_______</td>
<td>$_______</td>
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<tr>
<td>Pre-transplant evaluation</td>
<td>Transplant financial counselor</td>
<td>$_______</td>
<td>$_______</td>
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<td>Hospital stay</td>
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<td>$_______</td>
<td>$_______</td>
</tr>
<tr>
<td>Lab tests</td>
<td>Transplant financial counselor</td>
<td>$_______</td>
<td>$_______</td>
</tr>
<tr>
<td>Surgeon’s fees</td>
<td>Transplant financial counselor</td>
<td>$_______</td>
<td>$_______</td>
</tr>
<tr>
<td>Temporary housing (if needed)</td>
<td>Transplant financial counselor</td>
<td>$_______</td>
<td>$_______</td>
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<tr>
<td>Scans and X-rays</td>
<td>Transplant financial counselor</td>
<td>$_______</td>
<td>$_______</td>
</tr>
<tr>
<td>Non-medical hospital charges</td>
<td>Social Worker</td>
<td>$_______</td>
<td>$_______</td>
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</tbody>
</table>
“The best financial advice I can give is to speed up your savings plan and lower your expenses as much as possible after you are diagnosed with CKD. After learning I was headed to kidney failure, I saved more and paid off cars and credit cards to prepare for the financial challenges I would soon face. The sooner you can put these two strategies into practice the better off you will be.”