



Travel and Lodging Reimbursement Form

You can use this form to seek reimbursement for eligible travel and lodging expenses that may be covered according to your plan benefits. If you have any questions regarding your Travel and Lodging benefit, please check your coverage with your employer, or call the number on your member ID Card.

Subscriber/policyholder information

Full name _____

Subscriber/policyholder or member ID _____

Plan/group # _____

Date of birth _____

Address _____

City _____ State _____ ZIP _____

Is this a new address? Yes No

Phone number (____) _____

Email address _____

Patient information

Please select who this submission is for (select one):

Subscriber Spouse / domestic partner Dependent

Full name _____

Date of birth _____

Did the patient travel with a caregiver? Yes No

If yes was answered for the above question, please list the total number of caregivers. ____

Provider/Facility Information

Provider/Facility Name _____

Provider Address _____

City _____ State _____ Zip Code _____

Details about the travel and lodging you paid for

Subscriber/policyholder or member signature

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty.

Signature _____ Date _____

- By checking this box and signing this form, I verify the travel and lodging information submitted for reimbursement is in accordance with the coverage requirements noted in my benefit plan. Completion and submission of the form does not guarantee payment.

Ready to send the completed form?

Before you put it in the mail, make sure you:

- Complete and sign this form.
- Include the original receipts for the expense(s) you listed.
- Keep a copy of everything you send us.

How to submit your claim:

- Eligible expenses will be considered for reimbursement after the expenses have been submitted with all clear and legible receipts from the dates of travel indicated on the claim form. All travel and lodging receipts are required with this form.
 - Your airfare flight itinerary and paid ticket receipt (both are required for reimbursement).
 - Any other receipts for covered items as indicated above.
 - If information is missing or incomplete when you submit the reimbursement form you will receive a letter explaining what is missing.
- Receipts must be submitted within one year of when the expense was incurred.
- We will process your request based on your plan benefits. When completed, we will send you a check or a follow-up letter.

Send to:

The address listed next to **Medical Claims** on the back of your member ID card.

Questions? We're here to help.

If you have any questions, please call the Customer Service phone number on your member ID card.