Transplant DONOR Travel Reimbursement Form

Our team stands ready to help so you receive the appropriate benefits for your transplant-related expenses.

In order to receive reimbursement, please submit the following documentation:

- This **Transplant DONOR Travel Reimbursement Form**, completed legibly and in its entirety.
- All receipts. These must be legible and match the information provided on this form.
- A log of miles traveled. Eligible travel reimbursement is provided only for travel of more than 60* miles.

*This minimum mileage requirement varies by state. Check with your transplant coordinator to confirm your minimum mileage requirement.

See page 2 of this form for excluded expenses.

Recipient expenses must be submitted separately using the Transplant RECIPIENT Travel Reimbursement Form.

Transplant Center (Facility Name/City/State): _____

Name of Donor:	**Donor email address:**	**Donor date of birth:**	**Total number of receipts included:**
Traveling companion/caregiver† name:	**Relationship of companion/caregiver† to donor:** ☐ **Spouse** ☐ **Other**	**Donor relationship to recipient (if known):**	
Donor address:	**City, State, Zip:**		
Recipient Name & Date of Birth:			

†Traveling companion/caregiver is limited to a parent, spouse, child, sibling, or any person residing with the transplant donor.

Travel date(s) *travel date(s) **TO** the hospital facility*	**Travel date(s)** *travel date(s) **FROM** the hospital facility*	**Transportation** *air, bus, pre-approved rental car*	**Lodging** *up to $200 per day for Recipient and for one traveling Companion/ Immediate Family member*	**Personal Car Mileage** *††based on IRS rate for medical travel*	**Meals** *up to $75 per day for Recipient and for one traveling Companion/ Immediate Family member*	**Total**
Ex: 8/24/2019		*$0*	*$210.55*	*$22.00*	*$82.25*	*$314.80*
Totals:	___					

††IRS mileage reimbursement rate for medical travel is published on the IRS website at www.irs.gov.

I agree that each trip shown above was for travel and mileage that is allowed. I also agree that no other agency can pay me back for the trip and mileage. I understand that if I hold back any facts or document things that are not true, I may be doing something that is against the law. In that case, I could have to pay money back or face legal actions.

Signature:_____ **Date:** _____

Please Note: *A signature is required by the donor or companion. If you are filing the claim on behalf of a donor who is over the age of 18, you must provide a Power of Attorney or Appointment of Representative. Signature must be legible to determine payment eligibility.*

Transplant DONOR Travel Reimbursement Form

For internal use only:

Diagnosis Number: _____ Provider ID: _____

Form Instructions

You must submit these documents within 6 months from the date the services were received, unless timely filing was prevented. Please be advised that it may take up to 60 days to receive a determination of your request.

Complete all applicable sections on the form.

- The full name and home address of the donor
- The full name of the donor traveling companion
- The place of service where the transplant occurred
- The date of each travel expense
- The description and/or charge for each daily travel expense incurred

Transplant services must be pre-authorized to receive travel reimbursement.

Exclusions and Specifications

The following are specifically excluded from reimbursement under any circumstances. Other expenses not listed below also may be denied if they are not preapproved.

a. Alcohol/tobacco
b. Car Rental (unless pre-approved by the Center of Excellence)
c. Vehicle maintenance for motorized and hybrid, and electric car (includes: any repairs/parts, labor, general maintenance, towing, roadside assistance, etc.)
d. Parking, such as but not limited to hotel, valet or any offsite parking other than hospital
e. Storage rental units, temporary housing incurring rent/mortgage payments
f. Utilities, such as gas, water, electric, housekeeping services, lawn maintenance, etc.
g. Speeding tickets
h. Entertainment (e.g., movies, visits to museums, additional mileage for sightseeing, etc.)
i. For any services related to pet care, boarding, lodging, food, and/or travel expenses; other than those related to certified/registered service animal(s)
j. Expenses for persons other than the patient and his/her covered companion
k. Expenses for lodging when member is staying with a relative
l. Any expense not supported by a receipt
m. Upgrades to first class travel (air, bus, and train)
n. Personal care items (e.g., shampoo, deodorant, clothes)
o. Luggage or travel-related items including passport/passport card, REAL ID travel ids, travel insurance, travel agency fees, TSA precheck, and early check-in boarding fees, extra baggage fees
p. Souvenirs (e.g., t-shirts, sweatshirts, toys)
q. Telephone calls/mobile bills, replacement parts, or cellular purchases of any type
r. All other items not described in the policy as eligible expenses
s. Any fuel costs/charging station fees for any vehicle
t. Any tips, concierge, club level floors, and gratuities
u. Salon, barber, and spa service

If you have questions regarding your benefits, please call the customer service telephone number listed on your Ambetter from PA Health & Wellness ID card (if you are an Ambetter member) or your transplant coordinator through the Center of Excellence.

Send this completed form to Ambetter from PA Health & Wellness by mail **WITH RECEIPTS** and **MILEAGE LOG** attached. Please keep photocopies of your bills, receipts, and supporting documentation for your personal records.

Transplant DONOR Travel Reimbursement Form

Ambetter from PA Health & Wellness, Attn: Claims Department - Member Reimbursement
P.O. Box 5010
Farmington, MO 63640-5010