univera HEALTHCARE
PO Box 211256
Eagan, MN 55121

Travel and Lodging Reimbursement Form for Expenses Relating to Eligible Out-Of-Area Organ and Tissue Transplant(s)

We understand that this is a difficult time for you and your family. We are ready to help guide you so you receive appropriate reimbursement for your out-of-area transplant related services. In order to receive reimbursement according to your benefits, please complete this form and include receipts where noted.

If you have any questions regarding this benefit, please call the number on the back of your ID card.

Eligibility

In order to be eligible for this benefit, the transplant service must be performed at a Centers for Medicare and Medicaid Service (CMS) approved facility located greater than 75 miles from the member's legal permanent residence. The following types of transplants are covered for this benefit: corneal, kidney, kidney-pancreatic, heart, liver, lung, heart/lung, bone marrow, stem cell, intestinal/multivisceral. This benefit applies to the Medicare Advantage member and one companion to accompany the patient. A companion may be a spouse, family member, legal guardian, or any person not related to the member but actively involved in the member's care. Patients who are minors are allowed travel benefits for themselves, one or both parents, or a parent and designated companion.

Reimbursement

Automobile expenses (mileage and gas) will be reimbursed at the IRS medical mile-approved rate in effect on the date of travel, which can be found at www.irs.gov and based on an objective source such as Google Maps/MapQuest. Tolls and parking are reimbursable while traveling to the transplant center with a receipt.

- Airfare reimbursement is limited to coach or economy fares. This includes the cost for one bag per covered person. Additional baggage fees are excluded.
- When rental vehicles are used, rental fees are covered, but mileage will not be reimbursed separately.
- Reimbursement of lodging will be based up to the per diem rate for lodging specified by the U.S. General Services Administration, which is available at www.gsa.gov or the actual cost of the lodging based on submitted receipts, whichever is less.
- The maximum amount payable for travel and lodging related to the initial transplant is limited to $10,000.00 per transplant.
- Travel receipts must be submitted within 365 days (1 year) from the date of discharge.
- Reimbursement for the travel and lodging for both the patient (subscriber) and the companion will be made payable to the subscriber.
- Member cost-sharing responsibilities (copays/coinsurance/deductibles) do not apply to travel and lodging services. If a member elects to receive a non-covered service, he or she is responsible for the entire charge associated with the non-covered service.
- Travel and lodging do not count toward the maximum out-of-pocket cost limits.
- Travel and accommodation for follow-up visits from the member's home back to the transplant facility are excluded from this benefit.

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Member ID#	
Member's Last Name	**Member's First Name**
Member Street Address	**City**
State	**Zip**
Member Date of Birth	**Sex** M F Transgender
Name of Travel Companion(s)	**Date(s) Accompanied**

Lodging

Please list your lodging expenses by date for the patient and applicable companion(s). Please note the exclusions listed at the end of this reimbursement form.

Date(s)	Name of Establishment	No. of People	Total Dollar Amount	Receipt Included ☑

Travel

Please include address from the patient's home and the transplant facility address. Mileage is reimbursed at the most current medical mileage rate at www.IRS.gov and based on an objective source such as Google Maps/MapQuest. Tolls and parking fees the day of travel are eligible for reimbursement. Receipts required for the following modes of transportation: plane, bus, taxi, train, other. Airfare reimbursement is limited to coach or economy fares.

Starting Location Physical Address	Transplant Center Street Address

Date(s) Traveled	Name of Patient/Companion	Mode of Transportation*	Total Dollar Amount

Mail to:

PO Box 211256
Eagan, MN 55121

Travel continued:

Date(s) Traveled	Name of Patient/Companion	Mode of Transportation*	Total Dollar Amount

*Method of travel: Plane, Bus, Taxi, Personal Vehicle, Train, Other (please specify)

Date(s)	Tolls / Parking Fees	Receipt Included ☑

I certify that the above information is true, and the enclosed material is correct and unaltered, and the expenses were incurred by the patient and/or eligible companion(s). I understand all material submitted becomes the property of Univera Healthcare and will not be returned. I realize false receipt or fraudulent alterations of these materials may result in civil or criminal prosecution. I authorize the release of any information.

Date	Phone (including area code)	Signature

- Original itemized receipts including all pertinent information must be submitted with this claim form where indicated that they are required.
- Cancelled checks, money orders, credit card vouchers and personal list of services or bills stating only "balance forward" are not acceptable.
- Make copies of the original receipts for your files before submitting the original. All materials submitted will be retained by us and cannot be returned to you.

Exclusions include, but are not limited to:

- Alcoholic beverages or tobacco products
- Car maintenance
- Car rental club memberships
- Cards, stationery, stamps
- Clothing
- Dry cleaning
- Entertainment (cable television, books, magazines, movie rentals)
- Extended Parking at the Airport
- Flowers
- Household products
- Household utilities, including maid, baby-sitter or day care services
- Kennel fees and veterinary boarding fees
- Laundry services
- Meals are not included
- Mileage within the transplant city
- Other personal items
- Postage
- Security deposits
- Telephone bills and cell phone charges
- Toiletries
- Toys
- Transportation that exceeds coach rates
- Traveler check fees
- Valet Parking