# **Transplant Travel Reimbursement Form**

Please return form to:



This form is to be used for travel expense incurred in connection with pre-approved transplant services.

Attn: Claims Department
5101 N. O'Connor Blvd
Irving, TX 75039

Member's Name

Last

First

CHRISTUS Health Plan

Last	First				Middle Initial
Member's CHRISTUS	 Health Plan ID Nur	mber			
Member's Home Addr	ess				
Number and Street		City	S	tate and Zip Code	
Primary Care Provider	· Name and Addres	SS			
Primary Care Provider	<sup>-</sup> Name				
Number and Street		City	9	ate and Zip Code	
Specialist Name and A	Address				
Specialist Name					
Number and Street		City		State and Zip Code	
Travel Claim Informat	tion				
Dates of Travel:	Lodging – # of nights and total cost:				
		NOTE: Itemize	ed lodging rec	eipts required. \$10,000 lifeti	me max applies.
Method of travel: (Automobile, Train, Plane, Bus)				Mileage (total miles driven):	
Meals (total number of meals and cost):				Member's Daytime Phone Number:	
NOTE: Itemized meal red	ceipts required. \$10,	000 lifetime ma	ximum applie	s.	
Member Signature				Date:	
_					
Parent/Guardian Name					
Parent/Guardian Signa	ature				

Important Note: If this form and required documents are not included the claim will be denied due to lack of documentation. Appeals should not be submitted until a determination letter for this claim is received. Please contact Member Services if you have additional questions.

# **Transplant Travel Reimbursement**

(Important Information)



#### **Eligibility**

- 1. The benefit only applies to recipients of a pre-approved organ/tissue transplant from a <u>plan-approved</u> facility within the United States for travel expenses incurred due to travel 61 miles or greater from recipients home.
- 2. Transplant Travel **must be** preauthorized by CHRISTUS Health Plan.
- 3. Travel claims must be filed no later than one year (365 days) after the qualifying travel date.

#### Reimbursement

Covered Travel expenses for a Member receiving a transplant include charges for:

- 1. Transportation to and from the transplant site, including charges for a rental car used during a period of care at the transplant facility.
- 2. Lodging while at, or traveling to and from the transplant site
- 3. Food while at or traveling to and from the transplant site.

## **Travel Companion**

- 1. CHRISTUS Health Plan will also cover travel expense for ONE companion to accompany the patient as described in the reimbursement section above.
- 2. Patients that are minors are allowed travel benefits for:
  - Themselves
  - One or both parents
  - A parent and a designated companion (A companion may be a spouse; a family member; a legal guardian; or any person not related to the Member but actively involved in the Member's care.

## Requirements

- 1. Itemized receipts are required when making a claim. This includes, but is not limited to:
  - a. Meals while at or traveling to and from the transplant site.
  - b. Lodging while at or traveling to and from the transplant site.
  - c. Commercial transportation
  - d. Plane or train tickets
  - e. Approved rental cars
- 2. All invoices or receipts must be in the name of the claimants.
- 3. All invoices or receipts must show valid travel dates.
- 4. All invoices or receipts must show billing itemization.
- 5. Air or rail travel: Reimbursement is limited to "coach" class.
- 6. Car rental: Reimbursement is limited to "compact" class unless otherwise prior approved. Pre-pay and premium gas receipts are <u>not</u> reimbursable.
  - Fuel receipts are **always** required.

Claimant is expected to use the least costly mode of transportation. Optional expenses are not reimbursable. (e.g., rental car GPS, additional insurance, fuel top-off at rental return, pre-boarding charges).

The following travel expenses are excluded from reimbursement:

- a. travel costs incurred due to travel within sixty (60) miles of the Member's home
- b. laundry bills
- c. telephone bills
- d. alcohol or tobacco products
- e. charges for transportation that exceeds coach rates

<u>Information above is not all inclusive. Other guidelines may apply when appropriate. Please read</u> <u>your member plan evidence of coverage for more information.</u>