

Travel Reimbursement Voucher



Member must be traveling one hundred miles or more from their PCP office to be eligible.

Please return form to: **CHRISTUS Health Plan**
Attn: Claims Department
5101 N. O'Connor Blvd
Irving, TX 75039

Beneficiary Name		
Last	First	Middle Initial
Beneficiary USFHP CHRISTUS Health Plan ID Number		
Beneficiary Home Address		
Number and Street	City	State and Zip Code
Primary Care Provider Name and Address		
Primary Care Provider Name		
Number and Street	City	State and Zip Code
Specialist Name and Address		
Specialist Name		
Number and Street	City	State and Zip Code
Travel Claim Information		
Dates of Travel:	Lodging – # of nights and total cost:	
	<i>NOTE: Itemized lodging receipts required. Per diem reimbursement rate applies.</i>	
Method of travel: (Automobile, Train, Plane, Bus)		Mileage (total miles driven):
Meals (total # of meals and cost):		Beneficiary Daytime Phone Number:
<i>NOTE: Itemized meal receipts required. Per diem reimbursement rate applies.</i>		

Beneficiary Signature _____ Date: _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

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.

MC4892

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(Important Information)

Eligibility

1. The benefit only applies if there are no other specialists available who can meet the medical/behavioral health needs, of the beneficiary, within one hundred miles (one way) of the PCM's office.

Non - Medical Attendant

1. If medically necessary, ONE non-medical attendant (NMA) may also be authorized for travel expense reimbursement.
2. When the patient is an adult, age 18 or older, the provider MUST verify in writing that the NMA is medically necessary to travel with patient. The NMA can be a parent, spouse, other adult family member (age 21 years or older) or a legal guardian.
3. For chronic medical conditions, the provider may request the NMA letter be valid for up to one year. When the patient is a child, age 17 and younger, a NMA letter from the provider is not required.

Reimbursement

- A. Government per diem rates will be used to estimate the reasonable costs for allowable expenses.
- B. USFHP will reimburse the actual costs of lodging and meals up to the government maximum per diem allowance for the specialty care provider's area.
- C. Lodging reimbursement may not exceed local per diem rate for lodging at the specialty provider's ZIP code.
- D. Reasonable actual fuel expenses are reimbursed for rental cars and receipts are always required.
- E. Lodging and meals reimbursement includes taxes and reasonable tips but excludes alcoholic beverages.
- F. Claimant is responsible for the first one hundred miles of travel.

To review lodging and meal per diem rates, visit <https://www.travel.dod.mil/Travel-Transportation-Rates/Per-Diem/Per-Diem-Rate-Lookup/>.

Requirements

1. Itemized receipts are required when submitting a claim. This includes, but is not limited to:
 - a. Meals
 - b. Lodging
 - c. Parking
 - d. Tolls
 - e. Commercial Transportation
 - f. Plane or Train Tickets
 - g. Approved Rental Cars
 - h. Taxis
2. Lodging booked through vacation rental sites cannot be reimbursed as official lodging. Examples include, but are not limited to: Airbnb, HomeAway, VRBO.
3. All invoices or receipts must be in the name of the claimants.
4. All invoices or receipts must show valid travel dates.
5. All invoices or receipts must show billing itemization.
6. All invoices or receipts must show payment in full (zero balance).
7. Air or rail travel: Reimbursement is limited to "economy" class unless otherwise prior approved.
8. Car rental: Reimbursement is limited to "compact" class unless otherwise prior approved.
NOTE: Reservations made through discounted hotel or travel programs do not generally provide itemized receipts. Receipts that are not itemized will be omitted from reimbursement. (i.e., booking fees and taxes not separated)
9. 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)

Other guidelines may be applied when appropriate. The information above is not all inclusive.