SAIF
Medical Travel Reimbursement Form

Providence Health Plan

If you are unable to locate an in-network provider within 50 miles of your home, you may be eligible for reimbursement of certain expenses incurred for travel to the nearest in-network provider.

Prior authorization may be required; please contact Customer Service by calling the phone number listed on the back of your member ID card. Not all plans include coverage for Medical Travel Reimbursement. Please refer to your member handbook, contract, or summary plan description.

Please keep a copy of all items submitted.

Please Note

- Not all expenses are eligible for reimbursement. Examples of some services not eligible for reimbursement include bus, plane, or train tickets; personal items, toiletries, alcoholic beverages, magazines, etc.
- Receipts are required for all reimbursement, with the exception of mileage.
- Mileage reimbursement is reimbursed at the IRS medical transportation reimbursement rate.
- Parking fees are not covered unless part of hotel charges.
- Food receipts must be itemized with items for the member circled.
- Lodging receipts must be itemized on hotel/ lodging facility receipt or contract.
- Services may be subject to the deductible before the plan reimburses for travel expenses.
- Reimbursement is limited to a maximum of $1,500 per calendar year.
- Daily expenses for food and lodging are limited to $150 per day only when an overnight stay is required.

Complete the form on the following page, attach appropriate receipts, and mail to:

Providence Health Plans
ATTN: Claims
P.O. BOX 3125
Portland, OR 97208-3125

Patient Information:

FULL NAME

MEMBER ID

Date(s) of service(s):

FROM __/__/__ TO __/__/__

FROM __/__/__ TO __/__/__

FROM __/__/__ TO __/__/__

Total reimbursement requested for lodging:

$

NAME OF HOUSING FACILITY/HOTEL

ADDRESS

ROOM OR APT #

CITY STATE

ZIP PHONE NUMBER ( ) -

Total reimbursement requested for transportation:

$

(Attach receipts)

ADDRESS OF STARTING POINT

ADDRESS OF DESTINATION

ROUNDTRIP MILEAGE FOR CONSIDERATION

Total reimbursement requested for food:

$

(Attach itemized receipts. Benefit for member only.)

Please submit verifiable contract or receipt along with # of guests. Some items are not eligible for reimbursement, including but not limited to: refundable deposits, furnishing rental/purchases, and phone charges. Benefit covers member only.

Reimbursement check to be sent to:

ADDRESS CITY STATE ZIP

SIGNATURE DATE __/__/__

DISCLAIMER: This benefit is subject to the coverage described in your medical benefit plan and is reimbursable up to any identified limits, after deductible. However, certain portions of this travel benefit may not fall within the IRS definition of "medical care," for tax purposes. Please consult with your employer benefits team to determine if using portions of these benefits could have tax-related impacts for you. If you have a high deductible health plan, you should contact your HSA vendor for any questions regarding what specific costs can be paid for using your HSA account. Providence Health Plan is not responsible for any employer and/or employee tax considerations, obligations, and/or impacts as may relate to specific plan benefits offered within your plan.