

Public Employees' Benefit Board Travel Reimbursement Form

Please fill in the form below, attach appropriate receipts, and mail to:

Providence Health Plans, Claims, Suite T, PO Box 4327, Portland, OR 97208-4327

Please keep a copy of all forms and other items submitted and check your member contract for exact benefits.

- Your travel reimbursement benefit helps cover your travel expenses for both out of area care or transplant services. Reimbursement is limited to \$5,000 per Calendar Year. If an overnight stay is required, food and lodging are reimbursable up to \$150 per diem (per day). Per diem expenses apply to the \$5,000 maximum.
- Travel reimbursement is available if you are unable to locate an in-network provider within 50 miles of your residence, or covered services are not available in your state of residence due to law or regulation when such services are received in another state as legally permissible or services for which a center of excellence (COE) is recommended.
- The transplant travel benefit is limited to:
(1) The evaluation; (2) the trip to the transplant center for the transplant procedure (if this requires a separate trip from the evaluation); and (3) the initial post-transplant period after discharge, during which the transplant recipient is required to remain in the local area of the transplant facility.
 - Per your member contract, the benefit applies to the transplant recipient only.
- Automobile-related reimbursement is based on the roundtrip mileage from your home to the location of care and reimbursed per the federal mileage reimbursement for personal cars being driven for medical purposes.
- **Receipts are required for all reimbursement, with the exception of mileage reimbursement if you are traveling by automobile. Combined daily expenses for food & lodging are limited to \$150 or \$300 for member plus adult travel companion for authorized care:**
 - Food receipts must be itemized by circling the recipient's items.
 - Lodging receipts must be itemized and on hotel/property management letterhead.
 - Toiletries, personal items, alcoholic beverages, and magazines, etc., are not covered.
- Medical deductible applies to the maximum travel reimbursement travel limit.
- **Maximum travel reimbursement is \$5,000 per calendar year.**
- Receipts must be submitted within 12 months of incurred expense to be eligible for reimbursement.

Patient Information:

PATIENT NAME

PATIENT MEMBER ID

Date Range(s) for Reimbursement:*

FROM ___/___/___ TO ___/___/___

- Initial / Pre-surgical evaluation(s)
- Trip to transplant center for transplant procedure
- Follow-up visit

*Complete for transplant reimbursements only

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Total reimbursement requested for lodging:

\$ _____

NAME OF HOUSING FACILITY/HOTEL _____

ADDRESS _____

ROOM OR APT # _____

CITY _____ STATE _____

ZIP _____ () - _____
PHONE NUMBER

Total reimbursement requested for food:

\$ _____

(Attach itemized receipts)

Total reimbursement requested for transportation:

Reimbursements are based on date of service and Federal reimbursement rates

Auto: Roundtrip miles for evaluation:

\$ _____

Auto: Roundtrip miles:

\$ _____

Plane or train from home to location of care:

\$ _____

Please submit receipts for tickets showing passenger name:

Please submit verifiable contract or receipt. Some items are not eligible for reimbursement including refundable deposits, furnishing rental/purchases, and phone charges.

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.