

## Medical Travel Support Claim Form

You can use this form to seek reimbursement for eligible travel and lodging expenses that may be covered according to your plan benefits. If you have any questions regarding your Travel and Lodging benefit, please check your coverage with your employer, or call **212-501-4444** (TTY: **711**).

### Member

Full name \_\_\_\_\_ Member ID number \_\_\_\_\_  
Group # \_\_\_\_\_ Date of birth (MM/DD/YYYY) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Is this a new address?      Yes      No  
Phone number \_\_\_\_\_ Email address \_\_\_\_\_

### Patient information

Please select who this submission is for (select one):      Subscriber      Spouse / domestic partner      Dependent  
Full name \_\_\_\_\_ Date of birth (MM/DD/YYYY) \_\_\_\_\_  
Did the patient travel with a caregiver?      Yes      No      If yes, please list the total number of caregivers: \_\_\_\_\_

### Provider/facility information

Provider/facility name \_\_\_\_\_ Tax ID number (TIN) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Details about the travel and lodging you paid for

Please use this space to briefly describe services rendered:

Fill out this chart to tell us what you paid for. Fill out a separate line for each charge. If you need more room, you can use a separate piece of paper. All expenses listed require proof of payment. For each expense listed, please:

- Tape the original receipt (no staples) on an 8.5" x 11" sheet of plain white paper (using one side only). Make sure that the tape does not cover a date or dollar amount.

Do not highlight or circle covered items or cross off non-covered items on receipts.

### Details about the travel and lodging you paid for (continued)

Start date of expense	End date of expense	Rental car	Auto mileage*	Fuel fee	Parking fee/tolls	Taxi, train, bus, ferry, and subway fare(s)	Uber/Lyft fare(s)	Domestic airfare	Lodging/hotel
Total expense amounts		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

\*Record actual number of ground miles driven from patient's home to where the service was rendered.

## Member signature

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty.

Signature \_\_\_\_\_

Date (MM/DD/YYYY) \_\_\_\_\_

By checking this box and signing this form, I verify the travel and lodging information submitted for reimbursement is in accordance with the coverage requirements noted in my benefit plan. Completion and submission of the form does not guarantee payment.

## Ready to send the completed form?

### Before you put it in the mail, make sure you:

- Complete and sign this form.
- Include the original receipts for the expense(s) you listed.
- Keep a copy of everything you send us.

### How to submit your claim:

- Eligible expenses will be considered for reimbursement after the expenses have been submitted with all clear and legible receipts from the dates of travel indicated on the claim form. All travel and lodging receipts are required with this form.
- Your airfare flight itinerary and paid ticket receipt (both are required for reimbursement).
- Any other receipts for covered items as indicated above.
- If information is missing or incomplete when you submit the reimbursement form, you will receive a letter explaining what is missing.
- Receipts must be submitted within one year of when the expense was incurred.
- We will process your request based on your plan benefits. When completed, we will send you a check or a follow-up letter.

### Send to:

NYCE PPO Plan  
P.O. Box 21534  
Eagan, MN 55121

### Questions? We're here to help.

If you have any questions, please call Member Services at **212-501-4444** (TTY: **711**).