

TRANSPORTATION EXPENSE REPORT for Eligible CHP Transplant Members

Name of Patient:	
CHP ID:	Date of Birth:
Address:	
Transplant Date (benefit begins 10 days prior to transplant):	
Dates of Inpatient Hospital Stay:	
Transplant Center:	

Please follow these instructions so that we can promptly process your transplant-related transportation and lodging reimbursement.

- The lifetime benefit maximum reimbursement allowed is \$5,000.
- Attach original or legible copies of receipts for reimbursable expenses. To help expedite the claim, please put them in the order they are listed below.
- The transportation benefit covers one round-trip, only, for the patient and one companion (two companions if the patient is a minor) from the patient's residence to the transplant facility, if the facility is outside a 100 mile radius from the patient's residence. Transportation includes personal automobile, airplane or other commercial vehicle costs. CHP staff can assist in calculating mileage by using current computer map resources. Parking fees, tolls, rental car fees, and tips are included in the mileage amount and are not separately reimbursable. Mileage reimbursement is made at the rates allowed by the Internal Revenue Service for mileage related to medical services, which is currently 20 cents per mile. (Mileage reimbursement will apply to the \$5,000 maximum reimbursement.)
- Lodging will be reimbursed for up to \$75 per day for the companion, while present in the distant location for the patient's (Member's) transplant episode.
- The patient (Member) is responsible for all transportation and lodging costs not covered through this benefit.
- This benefit is available only if the transplant is covered by Capital Health Plan's plan*.
- Travel and accommodation for follow-up visits from the member's home and back to the transplant facility are excluded from this benefit.
- Airfare reimbursement should be limited to coach or economy fares that includes the cost for one bag per person. Additional baggage fees not covered.
- This form and travel receipts must be submitted within one year from the dates of service.
- Follow up visits are excluded.

*This benefit applies to Medicare Advantage, Basic 1, Basic 2, Conversion C, and Standard plans

Lodging	Check In	Check Out
Dates		
Name of Lodging		
Charge per night		
Lodging Total		

Transportation	Patient		Companion	
	From Home to Facility	From Facility to Home	From Home to Facility	From Facility to Home
Dates Traveled				
Mileage				
Total				

Signature:	Date:

CHP is unable to process the reimbursement unless this form is entirely completed and appropriate receipts are submitted. Please allow 30 days for processing. Send completed forms and receipts to:

Capital Health Plan
Claims Department
P.O. Box 15349
Tallahassee, FL 32317-5349