



# Transplant DONOR Travel Reimbursement Form

In order to receive transplant reimbursement, please submit the following documentation:

- This **Transplant DONOR Travel Reimbursement Form**, completed legibly and in its entirety
- All receipts. These must be legible and match the information provided on this form
- A log of miles traveled. Eligible travel reimbursement is provided only for travel of more than 100 miles

See page 2 of this form for excluded expenses.

Recipient expenses must be submitted separately using the Transplant RECIPIENT Travel Reimbursement Form.

Transplant Center (Facility Name/City/State): \_\_\_\_\_

Name of Donor:	Donor email address:	Donor date of birth:	Total number of receipts included:
Traveling companion/caregiver* name:	Relationship of companion/caregiver* to donor: <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Donor relationship to recipient (if known):	
Donor address:		City, State, Zip:	

*\*Traveling companion/caregiver is limited to a parent, spouse, child, sibling, or any person residing with the transplant donor.*

Travel date(s) travel date(s) TO the hospital facility	Travel date(s) FROM the hospital facility	Transportation air, bus, pre-approved rental car	Lodging up to \$200.00 per person per night, not to exceed 2 persons	Personal Car Mileage †based on IRS rate Mileage for medical travel	Meals up to \$75 per person per day, not to exceed 2 persons	Total
Ex: 8/24/2019		\$0	\$210.55	\$ 22.00	\$82.25	\$314.80
Totals:						

*†IRS mileage reimbursement rate for medical travel is published on the IRS website at [www.irs.gov](http://www.irs.gov).*

*I agree that each trip shown above was for travel and mileage that is allowed. I also agree that no other agency can pay me back for the trip and mileage. I understand that if I hold back any facts or document things that are not true, I may be doing something that is against the law. In that case, I could have to pay money back or face legal actions.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Note:** A signature is required by the donor or companion. If you are filing the claim on behalf of a donor who is over the age of 18, you must provide a Power of Attorney or Appointment of Representative. Signature must be legible to determine payment eligibility.

**For internal use only:**

Diagnosis Number: \_\_\_\_\_ Provider ID: \_\_\_\_\_



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## Form Instructions

You must submit these documents within 6 months from the date the services were received, unless timely filing was prevented. Please be advised that it may take up to 60 days to receive a determination of your request.

Complete all applicable sections on the form.

- The full name of the donor
- The donor home address
- The full name of the donor traveling companion
- The place of service where the transplant occurred
- The date of each travel expense
- The description and/or charge for each daily travel expense incurred

Transplant services must be pre-authorized to receive travel reimbursement.

### Exclusions and Specifications

The following are specifically excluded from reimbursement under any circumstances. Other expenses not listed below also may be denied if they are not preapproved.

- Alcoholic beverages
- Vehicle maintenance
- Vehicle insurance
- Flight insurance
- Child care services/Daycare
- Cards, stationery, stamps, etc.
- Clothing
- Any services/products purchased outside of the United States of America
- Dry cleaning
- Entertainment
- Flowers
- Household products
- Household utilities
- Kennel services
- Laundry services
- Non-hospital parking
- Security deposits
- Telephone calls
- Tobacco products
- Toiletries

If you have questions, please contact your transplant coordinator.

Send this completed form to Allwell from Arkansas Health & Wellness by mail **WITH RECEIPTS** and **MILEAGE LOG** attached. Please keep photocopies of your bills, receipts, and supporting documentation for your personal records.

#### **ALLWELL FROM ARKANSAS HEALTH & WELLNESS**

Attn: Claims Department -Member Reimbursement  
P.O. Box 5010  
Farmington, MO 63640-5010

If you have questions, please contact your transplant coordinator.