

## MEDICARE MEMBERS ONLY TRAVEL AND LODGING REIMBURSEMENT FORM FOR TRANSPLANT RELATED EXPENSES

We understand that this is a difficult time for you and your family. UCare stands ready to help guide you so you receive appropriate reimbursement for your transplant related expenses. To receive reimbursement according to your benefits, we need to you complete this form which documents your travel and lodging expenses. Please include legible receipts with this Travel and Lodging Reimbursement form which must match information documented in sections of the form.

## Mail this form along with original receipts to:

UCare 612-676-6500 1-866-457-7144 P.O. Box 52 TTY: 1-800-688-2534

Minneapolis MN 55440-0052 Fax: 612-676-6501 www.ucare.org

viiiiileapoiis iviiv 55440-0052 Tax. 012-070-0501 www.ucare.org

Remember to keep a copy of your information for your records. If you have any questions regarding your benefits, please call the Customer Service telephone number listed on the back of your insurance card.

Please note: One companion or caregiver is allowed for adults. A companion or caregiver is one that accompanies the patient or a person who provides direct care and support to the patient.

Insured Name (Print)	
UCare member ID#:	
Insured Street Address:	
City, State, & ZIP Code:	
Telephone #:	
Patient Date of Birth:	
Patient Name:	
Companion or Caregiver	
Name:	
Dates:	



Please list your lodging expenses by date for the patient and applicable companion or caregiver. Please note that the receipt for lodging items documented below must be included with this form. *Items not eligible for reimbursement are listed on page 3.* 

Please include addresses from the patient's home to the transplant facility. Mileage is reimbursed at most current *medical* mileage rate at www.IRS.gov and based on direct route from member's home address to transplant facility and from lodging to transplant facility. Gasoline receipts are not required as they are not separately reimbursable as that is included in the IRS mileage allowance.

**NUMBER OF PEOPLE** 

**TOTAL DOLLAR** 

AMOUNT FOR

## **Lodging Receipts\***

DATE(S)

Reimbursement based on receipts for sleeping accommodations for those listed in Section 1 of this form, including tax and tip.

NAME OF

HOTEL/MOTEL/LODGING

	FACILITY		REIMBURSABLE LODGING
	ı	1	
MEMBER'S HOME ADDRESS		TRANSPLANT FACILITY ADDRESS	
DATE(S) AND MILEAGE FROM HOME TO FACILITY DATE(S) AND MILEAGE FROM FACILITY TO H			ROM FACILITY TO HOME
DATE(S) AND WILLIAGE PROPRIETO TACIETY		5/112(5)/1115 111121/1021	NOW THE PROPERTY OF THE PROPER
PARKING FEES*, TOLLS		DATE(S)	

<sup>\*</sup>Valet parking fees or tips are not eligible for reimbursement



Please note: The following services, not directly related to travel and lodging expenses aren't reimbursable and therefore are at your own expense. They include, but aren't limited to the following:

- Alcohol/alcoholic beverages
- Additional mileage for sightseeing or visits to friends/relatives
- Any other service not listed in this policy is excluded from reimbursement
- Any service that is an additional charge to the room charge
- Car maintenance
- Car rental
- Cards, stationery, stamps
- Clothing
- Dry cleaning
- Entertainment (cable televisions, books, magazines, movie rentals, visits to museums, additional mileage for sightseeing, compact discs, games, etc.
- Expense for persons other than the patient and his/her covered companion or caregiver
- Expenses for lodging when member or companion is staying with a relative or friend
- Flowers
- Gasoline
- Groceries (i.e., grocery stores, Walmart, K-Mart, Target, etc.)
- Gym fees
- Household products
- Household utilities, including cell phone charges, maid, babysitter, or day care services
- Kennel fees
- Laundry service/supplies
- Limo or private car service
- Meals for the patient and persons eligible to accompany the patient (Note: meals for the patient during an inpatient hospital stay are covered as part of the inpatient hospital care.)
- Non-Legible receipts
- Parking fees incurred other than at hotel/motel or hospital
- Personal hygiene items (i.e., toothbrush, deodorant, etc.)
- Personal service (i.e., childcare, house sitting, kennel care, etc.)
- Security deposits
- Souvenirs (i.e., T-shirts, sweatshirts, toys, etc.)
- Spa
- Telephone bills/calls/phone cards
- Tobacco
- Toiletries
- Valet Parking
- Wi-Fi