



## Transplant DONOR Travel Reimbursement Form

Our team stands ready to help so you receive the appropriate benefits for your transplant-related expenses.

In order to receive 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 75\* miles.

\*This minimum mileage requirement varies by state. Check with your transplant coordinator to confirm your minimum mileage requirement.

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): \_\_\_\_\_

<b>Name of Donor:</b>	<b>Donor email address:</b>	<b>Donor date of birth:</b>	<b>Total number of receipts included:</b>
<b>Traveling companion/caregiver<sup>†</sup> name:</b>	<b>Relationship of companion/caregiver<sup>†</sup> to donor:</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Other	<b>Donor relationship to recipient (if known):</b>	
<b>Donor address:</b>		<b>City, State, Zip:</b>	
<b>Recipient Name &amp; Date of Birth:</b>			

<sup>†</sup>Traveling companion/caregiver is limited to a parent, spouse, child, sibling, or any person residing with the transplant donor.

<b>Travel date(s)</b> <i>travel date(s) TO the hospital facility</i>	<b>Travel date(s)</b> <i>travel date(s) FROM the hospital facility</i>	<b>Transportation</b> <i>air, bus, pre-approved rental car</i>	<b>Lodging</b> <i>up to \$200 per day for Recipient and for one traveling Companion/Immediate Family member</i>	<b>Personal Car Mileage</b> <i>**based on IRS rate for medical travel</i>	<b>Meals</b> <i>up to \$75 per day for Recipient and for one traveling Companion/Immediate Family member</i>	<b>Total</b>
<i>Ex: 8/24/2019</i>		\$0	\$210.55	\$22.00	\$82.25	\$314.80
<b>Totals:</b>	—					

\*\*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: \_\_\_\_\_

**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 and home address of the donor
- 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.

- a. Alcohol/tobacco
- b. Car Rental (unless pre-approved by the Center of Excellence)
- c. Vehicle maintenance for motorized and hybrid, and electric car (includes: any repairs/parts, labor, general maintenance, towing, roadside assistance, etc.)
- d. Parking, such as but not limited to hotel, valet or any offsite parking other than hospital
- e. Storage rental units, temporary housing incurring rent/mortgage payments
- f. Utilities, such as gas, water, electric, housekeeping services, lawn maintenance, etc.
- g. Speeding tickets
- h. Entertainment (e.g., movies, visits to museums, additional mileage for sightseeing, etc.)
- i. For any services related to pet care, boarding, lodging, food, and/or travel expenses; other than those related to certified/registered service animal(s)
- j. Expenses for persons other than the patient and his/her covered companion
- k. Expenses for lodging when member is staying with a relative
- l. Any expense not supported by a receipt
- m. Upgrades to first class travel (air, bus, and train)
- n. Personal care items (e.g., shampoo, deodorant, clothes)
- o. Luggage or travel-related items including passport/passport card, REAL ID travel ids, travel insurance, travel agency fees, TSA precheck, and early check-in boarding fees, extra baggage fees
- p. Souvenirs (e.g., t-shirts, sweatshirts, toys)
- q. Telephone calls/mobile bills, replacement parts, or cellular purchases of any type
- r. All other items not described in the policy as eligible expenses
- s. Any fuel costs/charging station fees for any vehicle
- t. Any tips, concierge, club level floors, and gratuities
- u. Salon, barber, and spa service

If you have questions regarding your benefits, please call the customer service telephone number listed on your WellCare of North Carolina ID card (if you are a member) or your transplant coordinator through the Center of Excellence.

Send this completed form to WellCare of North Carolina by mail **WITH RECEIPTS** and **MILEAGE LOG** attached. Please keep photocopies of your bills, receipts, and supporting documentation for your personal records.



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Reimbursement Form**

**WELLCARE OF NORTH CAROLINA**

Attn: Claims Department - Member Reimbursement

P.O. Box 5010

Farmington, MO 63640-5010