



## CGHC Travel Benefit Reimbursement Request Form for Expenses Relating to Eligible Out-of-Area Transplant(s)

The Common Ground Healthcare Cooperative (CGHC) team is here to help you and your family receive reimbursement for your out-of-area transplant. To receive reimbursement, please follow the instructions below and complete the reimbursement form attached. Please be sure to include all receipts for your eligible travel expenses.

If you have any questions regarding this benefit, please call 1-877-514-2442, 8:00 am to 5:00 pm Monday to Friday. TTY users please call 711.

### Eligibility:

In order to qualify for travel reimbursement under this policy, the member must have to travel over 100 miles (one-way) outside the CGHC defined Service Area to receive care from a Designated Facility or Designated Physician. The benefit is limited to the covered member receiving transplant services, along with:

- Up to two (2) companions for beneficiaries up to 18 years of age;
- Up to two (2) companions if the transplant involves a living donor;
- One (1) companion in all other scenarios.

### For Your Reimbursement:

- Travel receipts must be submitted within 365 days (1 year) from the date of discharge or completion of transplant infusion period.
- Reimbursement for the travel and lodging for both the patient (member) and the companion will be made payable to the CGHC subscriber.
- Complete the CGHC Travel Benefit Reimbursement Request Form attached.
  - Please attach all applicable receipts. Reimbursement can only be processed with the corresponding receipts.
  - Mail the receipts with the attached form to:

Attn: Transplant Reimbursement  
Common Ground Healthcare Cooperative  
120 Bishop's Way, Suite 150  
Brookfield, WI 53005

(Please note that incomplete forms may result in payment delay. Be sure to keep a personal copy of the form and receipts for your records.)

- Member cost-sharing responsibilities (copays/coinsurance/deductibles) do not apply to travel and lodging services. If a member elects to receive a non-covered service, he or she is responsible for the entire charge associated with the non-covered service.
- Travel and lodging do not count toward the maximum out-of-pocket cost limits.
- Travel and accommodation for follow-up visits from the member's home back to the Designated Facility or Designated Physician are excluded from this benefit.

**Eligible Expenses:**

The maximum amount payable for all allowed travel and lodging services related to a covered transplant is \$10,000.

Benefits for the member and/or eligible companion(s) are payable up to a combined maximum of \$200 per day for lodging and travel per person. Eligible services for reimbursement are as follows:

1. Mileage reimbursement for personal vehicle usage.
  - Internal Revenue Service (IRS) defined mileage rates in effect at the time of service will be used to calculate mileage reimbursement for the use of personal vehicles.
  - Mileage will be calculated as the distance from the enrolled member's street address of record (not a PO Box) to the street address of the approved Designated Facility or Designated Physician based on an objective source such as Google Maps.
  - Mileage for daily travel will be calculated based on the street addresses (not PO Boxes) of the approved transplant facility and that of the lodging facility.
2. Airfare reimbursement is limited to coach or economy fares, including the cost for one bag per member or covered companion.
3. If rental vehicles are used, rental fees are covered, but mileage will not be reimbursed separately.
4. Reimbursement of lodging and meals will be provided up to the per diem rate for lodging specified by the U.S. General Services Administration, which is available at [www.gsa.gov](http://www.gsa.gov) or the actual cost of the lodging based on submitted receipts, whichever costs less.

**Non-Eligible Expenses:**

Items not directly related to travel and lodging expenses are not payable. These include, but are not limited to:

- Alcoholic beverage
- Car maintenance
- Car rental club memberships
- Cards, stationary, stamps
- Clothing
- Dry cleaning
- Entertainment (i.e. cable television, books, magazines, movie rentals, etc.)
- Extended parking at the airport
- Flowers
- Household products
- Household utilities, including cell phone charges, maid, baby-sitter, or day care services
- Kennel fees or veterinary boarding fees
- Laundry services
- Other personal items
- Postage
- Security deposits
- Telephone and/or cell phone charges
- Toiletries
- Toys
- Traveler check fees
- Valet parking



HEALTHCARE COOPERATIVE

## Travel Benefit Reimbursement Request Form

I: TRANSPLANT RECIPIENT INFORMATION			
Member Last Name	Member First Name	MI	Member Date of Birth
Member Street Address	City	State	ZIP Code
Member ID #	Group Number (If applicable, see ID card)	Travel Dates	
II: TRAVEL COMPANION(S) INFORMATION			
Name of Travel Companion		Relationship to Transplant Recipient	
Name of Travel Companion		Relationship to Transplant Recipient	
III: TRAVEL INFORMATION			
Receipts are required for the following modes of transportation: plane, bus, taxi, train, other. Receipts are also required for any tolls or parking fees.			
Starting Location (Transplant Recipient Physical Address)		Transplant Center Street Address	
Date(s) Traveled	Name of Recipient / Companion	Mode of Transportation	Total Dollar Amount
Date(s)		Tolls / Parking Fees	

**IV: LODGING INFORMATION**

Please list your lodging and meal expenses by date. Receipts are required for reimbursement of expenses.

Date(s)	Name of Establishment	Number of People	Total Dollar Amount

I certify that the above information is true, and the enclosed material is correct and unaltered, and the expenses were incurred by the patient and/or eligible companion(s). I understand all material submitted to Common Ground Healthcare Cooperative will not be returned. I realize false or fraudulent alterations of these materials may result in civil or criminal prosecution.

Date	Phone Number	Signature
------	--------------	-----------

**Mail Completed Form to:**

ATTN: Transplant Reimbursement  
Common Ground Healthcare Cooperative  
120 Bishop's Way, Suite 150  
Brookfield, WI 53005