

Travel Reimbursement Claim Form

Medica Prime Solution® (Cost), Medica Group Prime SolutionSM (Cost)



Your Medica plan provides reimbursement for transplant travel expenses.

Simply follow these three steps for reimbursement:

- Complete this claim form
- Attach your itemized receipt(s) and proof of payment
- Mail the completed form and a copy of your receipt(s) to:

Medica Claims

PO Box 30990

Salt Lake City, UT 84130

Please allow 30 calendar days for processing. All reimbursement requests must be submitted within 365 days from the date of service.

COMPLETE THE FOLLOWING (PLEASE PRINT):

Today's Date:		
ID # (from member ID card)	Group # (from member ID card)	Date of Transplant Service
Patient's Name (please print)	Patient's Date of Birth	Phone Number
Address (please print)	City/State	Zip Code
Provider/Clinic Name/City/State	Hotel Name And phone Number	Number of Rooms
Please enter travel companions names in the following fields:	Companion 1:	Companion 2 (if patient is a minor child):

ITEMIZE YOUR TRAVEL EXPENSES (PLEASE PRINT):

Travel Date	Auto Mileage*	Plane, Train, Taxi or Bus Expenses*	Incidental Expenses (Eg, Tolls and parking)	Lodging**
	_____ # of miles	\$	\$	\$
	_____ # of miles	\$	\$	\$
	_____ # of miles	\$	\$	\$
	_____ # of miles	\$	\$	\$
	Total # Miles _____	Total \$	Total \$	Total \$

*Reimbursement for travel expenses includes miles traveled to and from your home to the approved hospital site. Mileage is reimbursed at the IRS medical mileage reimbursement rate. Medica will calculate the amount to be reimbursed.

**Lodging expenses are reimbursed based on your Medica plan.

Questions? Call us 8 a.m.-8 p.m. CT, seven days a week.

Medica Prime Solution (Cost) members toll free: **1 (800) 234-8755 (TTY: 711)**

Medica Group Prime Solution (Cost) members toll free: **1 (800) 575-2330 (TTY: 711)**