

TRAVEL REIMBURSEMENT FORM

REQUIRED INFORMATION

ID # (From member ID card)		Group/Policy	Today's Date	
Patient's Name (Please Print)		Patient's Date of Birth	Phone Number	Email
Address (Please Print)		City	State	ZIP
Hospital Name/City/State		Hotel Name and Phone Number		Number of Rooms
Please enter travel companion names in the following fields:		Companion 1:	Companion 2 (if patient is a minor child):	

TRAVEL EXPENSES

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 # of Miles _____	Total \$ _____	Total \$ _____	Total \$ _____

Mail this completed form, along with receipts for expenses claimed and required documentation to the appropriate address below.

If the group/policy on the front of your Medica ID card reads "IFB" or begins with "B", send this form to:

Medica
PO Box 9310, Mail Route CW299
Minneapolis, MN 55440-9310

Or fax this form to: 952-992-1427

If the group/policy on the front of your Medica ID card begins with "A", send this form to:

Medica
PO Box 211435
Eagan, MN 55121

Or fax this form to: 952-992-3024



For all travel and lodging questions call the customer service number on the back of your ID card.

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

**Lodging expenses are reimbursed based on the terms of your plan with Medica.

Administration of travel reimbursement is only allowed in the location for which care has been authorized.

MEDICA®

Discrimination is Against the Law

Medica complies with applicable Federal civil rights laws and will not discriminate against any person on the basis of race, color, national origin, age, disability or sex. Medica:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: TTY communication and written information in other formats (large print, audio, other formats).
- Provides free language services to people whose primary language is not English, such as: Qualified interpreters and information written in other languages.

If you need these services, call the number included in this document or on the back of your Medica ID card. If you believe that Medica has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Civil Rights Coordinator, Mail Route CP250, PO Box 9310, Minneapolis, MN 55443-9310, 952-992-3422 (phone/fax), TTY 711, civilrightscoordinator@medica.com.

You can file a grievance in person or by mail, fax, or email. You may also contact the Civil Rights Coordinator if you need assistance with filing a complaint.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you want free help translating this information, call the number included in this document or on the back of your Medica ID card.

Si desea asistencia gratuita para traducir esta información, llame al número que figura en este documento o en la parte posterior de su tarjeta de identificación de Medica.

Yog koj xav tau kev pab dawb kom txhais daim ntawv no, hu rau tus xov tooj nyob hauv daim ntawv no los yog nyob nraum qab ntawm koj daim npav Medica ID.

如果您需要免費翻譯此資訊，請致電本文檔中或者在您的 Medica ID 卡背面包含的號碼。

Nếu quý vị muốn trợ giúp dịch thông tin này miễn phí, hãy gọi vào số có trong tài liệu này hoặc ở mặt sau thẻ ID Medica của quý vị.

Odeeffannoo kana gargaarsa tolaan akka isinii hiikamu yoo barbaaddan, lakkoobsa barnuu kana keessatti argamu ykn ka dugda kaardii Waraqa Eenyummaa Medica irra jiruun bilbila'a.

إن كنت تريد مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم الوارد في هذه الوثيقة أو على ظهر بطاقة تعريف ميديكا الخاصة بك.

Если Вы хотите получить бесплатную помощь в переводе этой информации, позвоните по номеру телефона, указанному в данном документе и на обратной стороне Вашей идентификационной карты Medica.

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປຂໍ້ມູນນີ້ໝີ, ໃຫ້ໂທຫາເລກໝາຍທີ່ມີຢູ່ໃນເອກະສານນີ້ ຫຼື ຢູ່ດ້ານຫຼັງຂອງບັດ Medica ຂອງທ່ານ.

이 정보를 번역하는 데 무료로 도움을 받고 싶으시면, 이 문서에 포함된 전화번호나 Medica ID 카드 뒷면의 전화번호로 전화하십시오.

Si vous voulez une assistance gratuite pour traduire ces informations, appelez le numéro indiqué dans ce document ou au dos de votre carte d'identification Medica.

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປຂໍ້ມູນນີ້ໝີ, ໃຫ້ໂທຫາເລກໝາຍທີ່ມີຢູ່ໃນເອກະສານນີ້ ຫຼື ຢູ່ດ້ານຫຼັງຂອງບັດ Medica ຂອງທ່ານ.

Kung nais mo ng libreng tulong sa pagsasalin ng impormasyong ito, tawagan ang numero na kasama sa dokumentong ito o sa likod ng iyong Kard ng Medica ID.

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Ako želite besplatnu pomoć za prijevod ovih informacija, nazovite broj naveden u ovom dokumentu ili na poleđini svoje ID kartice Medica.

Dii t'aa' jiik'e sha'ata' hodoonih ninizingo ei ninaaltsoos Medica bec ne'ho' dilzinigi bine'dee' nambooo biká'igijij' béesh bec hodiilnih.

Wenn Sie bei der Übersetzung dieser Informationen kostenlose Hilfe in Anspruch nehmen möchten, rufen Sie bitte die in diesem Dokument oder auf der Rückseite Ihrer Medica-ID-Karte angegebene Nummer an.

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