



## Travel and Lodging Benefit Reimbursement Predetermination and Claim Form Instructions

Certain travel expenses, as outlined in the Plan Document and Summary Plan Description, are eligible for reimbursement, subject to any applicable deductible and coinsurance. A Travel and Lodging Benefit Reimbursement Predetermination and Claim Form must be completed for reimbursement consideration.

**Predeterminations:** If an Associate would like to confirm eligibility for expense reimbursement prior to traveling, the form can be submitted detailing the anticipated costs.

Travel Claims: Claims for travel reimbursement must include all receipts and proof of payments.

## **Important Information:**

Incomplete forms will not be considered for reimbursement.

Please submit the Travel and Lodging Benefit Reimbursement Predetermination and Claim Form as follows:

Email: hb-ohyclaims@luminarehealth.com

Web Portal: <a href="https://www.ohiohealthyplans.com/">https://www.ohiohealthyplans.com/</a>

Or mail to: OhioHealthy

Attn: OhioHealthy Travel Reimbursement

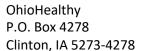
P.O. Box 4278

Clinton, IA 5273-4278

If the service requires pre-authorization for medical necessity, a separate review is required. Preauthorization may be initiated by faxing an Authorization Request for Services form, along with supporting documentation to 717-295-1208

By submitting this form, the submitter attests that s/he has the member's permission to submit on his/her behalf and that the information contained herein is the minimum necessary to request the services being requested.

All claims are subject to the eligibility guidelines, benefits, exclusions, and limitations outlined in the Plan as of the date services are incurred.





□ Predetermination Reques	t (prior to travel) – complete	section 1 and 2
☐ Reimbursement Request	(treatment complete) – com	plete section 1 and 3
Section 1 – Predetermination F	Request & Reimburseme	ent Request
Member (Patient) Name		OhioHealthy Member ID:
· · · · · · · · · · · · · · · · · · ·		,
Member (Patient) Address		
lember (Patient) Phone #		
reatment Date Span		
Section 2 – Provider and/or fac	cility information and re	ason for treatment
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pecialty of treating provider		
Address of treating provider		
ame of treating facility		
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<b>5</b> • • • • • • • • • • • • • • • • • • •		
Specialty of treating facility	agnosis:	
Specialty of treating facility Brief description of the service or dia		ration (attach additional pages if needed)
Specialty of treating facility Brief description of the service or dis		tation (attach additional pages if needed)  Miles OR Alternative Transportation Fare:
Specialty of treating facility Brief description of the service or dis Section 3 – Reimbursement Requ Miles Driven*	iest & Receipts/Document	tation (attach additional pages if needed)  Miles OR Alternative Transportation Fare:
Specialty of treating facility  Brief description of the service or discrete description of the service or discrete description of the service description of the	iest & Receipts/Document	
Specialty of treating facility  Brief description of the service or discrete description of the service of treatment provider and back to desidence, includes mileage from hotel to	iest & Receipts/Document	
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Specialty of treating facility  Brief description of the service or discription of the service or discription of the service or discription of the service or discription.  Board Trip = miles driven from residence of treatment provider and back to desidence, includes mileage from hotel to deatment provider and back to hotel)  DR  Alternative Transportation*	Date:	
Rection 3 – Reimbursement Requirement provider and back to estiment provider and back to hotel provide	Date:	Miles OR Alternative Transportation Fare:
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Specialty of treating facility  Brief description of the service or discription of the service or discription.  Brown Trip = miles driven from residence or treatment provider and back to desidence, includes mileage from hotel to deatment provider and back to hotel)  Brown Transportation*  Bus, Train, Taxi, eTaxis - Uber, Lyft, etc.)  Codging**  Includes Hotel or online accommodation marketplaces – Airbnb, Vrbo, etc.)	Date:  Total Miles Driven or Total A  Number of nights:	Miles OR Alternative Transportation Fare:  Alternative Transportation Fares:
Specialty of treating facility  Brief description of the service or discrete description of the service desc	Total Miles Driven or Total A  Number of nights:  Cost Per Night:	Miles OR Alternative Transportation Fare:  Alternative Transportation Fares:

insurance act, which is a crime and subjects such person to criminal and civil penalties. I certify that the information submitted is true and accurate to the best of

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2.2.2024

my knowledge: