



## 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: <u>hb-ohvclaims@luminarehealth.com</u>

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

Or mail to: OhioHealthy

Attn: OhioHealthy Travel Reimbursement

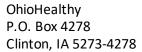
P.O. Box 4278

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.





| Travel and Lodging Benefit Reimbursement Predetermination and Claim Form  |   |  |
|---|---|--|
| <ul><li>□ Predetermination Request</li><li>□ Reimbursement Request (to the content of the conte</li></ul> |   |  |
| Section 1 – Predetermination R  | equest & Reimbursem   | ent Request  |
| Member (Patient) Name   |   | OhioHealthy Member ID:   |
| Member (Patient) Address  |   |  |
| Member (Patient) Phone #  |   |  |
| Treatment Date Span   |   |  |
| Section 2 – Provider and/or faci<br>Name of treating provider   | lity information and re                                       | eason for treatment  |
| Specialty of treating provider  |   |  |
| Address of treating provider  |   |  |
| Name of treating facility   |   |  |
|   |   |  |
| Address of treating facility  |   |  |
| Specialty of treating facility  Brief description of the service or di  |   |  |
| Section 3 - Reimbursement Peg   | uest & Receints/Docum   | entation (attach additional pages if needed)   |
|   | Date:   | Miles OR Alternative Transportation Fare:  |
| Miles Driven* (Round Trip = miles driven from residence   | 2 4.10.   | Times of the manner transportation is also   |
| to treatment provider and back to   |   |  |
| residence, includes mileage from hotel to treatment provider and back to hotel)   |   |  |
| OR  |   |  |
| Alternative Transportation*   |   |  |
| (Bus, Train, Taxi, eTaxis - Uber, Lyft, etc.)   | Total Miles Driven or Total Alternative Transportation Fares: |  |
| Lodging*  | Number of nights:   |  |
| (Includes Hotel or online accommodation   | Cost Per Night:   |  |
| marketplaces – Airbnb, Vrbo, etc.)  | Total Hotel Charges (including fees and taxes):               |  |
| Air Travel*   | Travel Dates:   | Total Airfare & fees:  |
| Total Travel Reimbursement Req  | uested:   |  |
| professional or IRS.gov for additional tax informati  | overed medical procedure that excon.                          | eed the IRS guidelines may be considered tax able income. Consult a tax  |
| claim containing any materially false information or  | conceals, for the purpose of mislead                          | company or other person files an application for insurance or statement of<br>ling information concerning any fact material thereto commits a fraudulent<br>I certify that the information submitted is true and accurate to the best of |

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