

United HealthCare

Travel and Lodging Assistance Program

TRAVEL & LODGING EXPENSE REIMBURSEMENT FORM

Member's ID/SSN #	Address (Please Print)	City	State	Zip
Patient's Name (Please Print)	Patient or Parent/Guardian Signature			
Group #	Home Phone Number	Estimated Total Expense Amount	Today's Date	
Hospital Name	Lodging Facility and Phone Number			

Date	Travel			Lodging	Meals			Other
	Auto Mileage*	Plane, Train, Bus	Taxi, Tolls, Parking, etc		Breakfast	Lunch	Dinner	
Totals		\$	\$	\$	\$	\$	\$	\$

* Record actual number of ground miles driven from patient's home to the hospital and back home again. Mileage will be reimbursed at the corporate reimbursement rate when air travel is not being used. **NOTE:** Charges for automobile rental and gasoline are NOT eligible for reimbursement.

<p>Send to :</p> <p>Specialized Care Services- Travel and Lodge 4316 Rice Lake Road Duluth, MN 55811 ATTN: Route# MN015-2879</p> <p style="text-align: center; margin-top: 20px;">Questions, phone toll free: 800-842-0843</p>	<p>HOW TO SUBMIT YOUR CLAIM:</p> <ul style="list-style-type: none"> Make copies of this form as needed. Keep one for an original copy. A copy of this form must be completed and included with each request for reimbursement. Please tape original receipts (NO staples) on a 8 ½ x 11 sheet of plain white paper (using one side only), make sure that the tape does not cover a <u>date</u> or <u>dollar amount</u>. Credit card receipts are not acceptable in absence of original receipts. <u>Do not</u> highlight or circle covered items or cross off non-covered items on receipts. Cleaning supplies, Personal items and/or miscellaneous items ARE NOT covered. Keep a copy of the entire claim for your records. <p style="font-size: small; margin-top: 10px;">REMEMBER TO OBTAIN RECEIPTS. PAYMENT CANNOT BE PROCESSED WITHOUT ORIGINAL RECEIPTS. COMPLETION OF THIS FORM DOES NOT GUARANTEE PAYMENT. (Please allow 6-8 weeks for your reimbursement)</p>
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Care/Case Coordinator's Name (Please Print)	Care/Case Coordinator's Phone Number: (866) 534-7209
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