2024-2025
Transplant DONOR Travel Reimbursement Form

Our team stands ready to help so you receive the appropriate benefits for your transplant-related expenses.

In order to receive reimbursement, please submit the following documentation:

- This **Transplant DONOR Travel Reimbursement Form** completed legibly and in its entirety.
- All receipts must be itemized. These must be legible and match the information provided on this form.
- Eligible travel reimbursement is provided only for travel of more than 60 miles from the residence to the Center of Excellence:
- A log of miles traveled.

See page 2 of this form for excluded expenses.

Transplant Recipient expenses must be submitted separately using the Transplant RECIPIENT Travel Reimbursement Form.

Transplant Center (Facility Name/City/State): _____

Name of Donor:	**Donor email address:**	**Donor date of birth:**	**Total number of receipts included:**
Donor Member ID (if an Ambetter Member):	**Name of Transplant Recipient (if known):**	**Donor relationship to recipient (if known):**	
Traveling companion(s) name:	**Relationship of companion(s) to donor:** ☐ **Spouse** ☐ **Other**	**Date of Transplant:**	
Donor address:	**City, State, Zip:**		

Maximum 30-day increments per form.

Travel date(s) *travel date(s) **TO** the hospital facility*	**Travel date(s)** *travel date(s) **FROM** the hospital facility*	**Transportation** *air, bus, pre-approved rental car*	**Lodging** *up to $200 per day for Recipient and for traveling Companion(s)*	**Personal Car Mileage** *††based on IRS rate for medical travel*	**Meals** *up to $75 per day for Recipient and for traveling Companion(s)**	**Total**
Ex: 8/01/2024		*$0*	*$175.50*	*$22.00*	*$65.25*	*$262.75*
Totals:	___					

††IRS mileage reimbursement rate for medical travel is published on the IRS website at www.irs.gov.
*Transplant Donors are allowed one companion if the Donor is an adult, or two Companions if the Donor is under the age of 18

I agree that each trip shown above was for travel and mileage that is allowed. I also agree that no other agency can pay me back for the trip and mileage. I understand that if I hold back any facts or document things that are not true, I may be doing something that is against the law. In that case, I could have to pay money back or face legal actions.

Signature:_____ **Date:** _____

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Diagnosis Number: _____ Provider ID: _____

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Please Note: *A signature is required by the donor or companion. If you are filing the claim on behalf of a donor who is over the age of 18, you must provide a Power of Attorney or Appointment of Representative. Signature must be legible to determine payment eligibility.*

Form Instructions

You must submit these documents within 6 months from the date the services were received, unless timely filing was prevented. Please be advised that it may take up to 60 days to receive a determination of your request.

Complete all applicable sections on the form.

- The full name and home address of the donor
- The full name of the donor traveling companion(s)
- The place of service where the transplant occurred
- The date of each travel expense
- The description and/or charge for each daily travel expense incurred

Transplant services must be pre-authorized to receive travel reimbursement.

Exclusions and Specifications

The following are specifically excluded from reimbursement under any circumstances. Other expenses not listed below also may be denied if they are not preapproved.

a. Alcohol/tobacco/cannabis
b. Car, trailer, truck rental (unless pre-approved by the Centene Center of Excellence)
c. Vehicle maintenance (includes: any repairs/parts, labor, general maintenance, towing, roadside assistance, etc.)
d. Parking (unless pre-approved by the Centene Center of Excellence)
e. Storage rental units, temporary housing incurring rent/mortgage payments
f. Loss of wages due to time off from work required for the transplant for Recipient, Donor or Companion(s)
g. Utilities, such as gas, water, electric, housekeeping services, lawn maintenance, etc.
h. Speeding or parking tickets
i. Entertainment (e.g., movies, visits to museums, additional mileage for sightseeing, etc.)
j. Any services related to pet care, boarding, lodging, food, and/or travel expenses
k. Expenses for persons other than the Transplant Recipient, Donor, or their respective Companion(s)
l. Expenses for lodging the Transplant Recipient, Donor, or their respective Companion(s) are staying with a relative, friend, or otherwise have free lodging
m. Any expense not supported by a receipt
n. Upgrades to first class travel (air, bus, and train)
o. Personal care items (e.g., shampoo, deodorant, clothes)
p. Luggage or travel-related items including passport/passport card, REAL ID travel ids, travel insurance, travel agency fees, TSA precheck, and early check-in boarding fees, extra baggage fees
q. Souvenirs (e.g., t-shirts, sweatshirts, toys)
r. Telephone calls/mobile bills, replacement parts, or cellular purchases of any type
s. All other items not described in the policy as eligible expenses
t. Any fuel costs/charging station fees for any vehicle
u. Any tips, concierge, club level floors, and gratuities
v. Salon, barber, and spa services
w. Insurance premiums
x. Cost share amounts owed to the transplant surgeon or facility or other provider

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If you have questions regarding your benefits, please call the customer service telephone number listed on your Ambetter Health ID card (if you are an Ambetter member) or your transplant coordinator through the Center of Excellence.

Send this completed form to Ambetter Health Plan by mail **WITH RECEIPTS** and **MILEAGE LOG** attached. Please keep photocopies of your bills, receipts, and supporting documentation for your personal records.

AMBETTER HEALTH PLAN
Attn: Claims Department - Member Reimbursement
P.O. Box 5010
Farmington, MO 63640-5010

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Mileage Log

Date Left Home	Miles on Odometer	Date Arrived at Transplant Center	Miles on Odometer	Total Miles Drive

Date Left Transplant Center	Miles on Odometer	Date Arrived Home	Miles on Odometer	Total Miles Driven

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