

2026 MH/SU Member Travel Reimbursement Form

We understand that finding a provider in your area is important. Our team stands ready to help to make certain that you receive the care that you need.

To receive reimbursement for travel, food, and lodging for treatment of mental health and substance use disorders according to your benefits, please submit the following documentation:

- This **MH/SU Member Travel Reimbursement Form** completed legibly and in its entirety.
- All receipts. Must be itemized, legible and match the information provided on this form.
- A log of miles traveled.

See page 3 of this form for excluded expenses.

(Facility Name/City/State): _____

Member name:	Member ID #:	Member date of birth:
Member address:		City, State, Zip:
Total # of receipts:	Date of Service:	Member email address:

Travel Date(s) to the facility	Travel Date(s) from the facility	Lodging	Personal Car Mileage	Meals	Total
<i>Ex: 8/01/2024</i>		\$175.50	\$22.00	\$65.25	\$262.75
Totals:					

Maximum 30-day increments per form.

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 lose my benefits, must pay money back, or face legal actions.

Signature: _____ **Date:** _____

Form Instructions

You must submit these documents within 60 days from the date the services were received, unless timely filing was prevented. Please be advised that it may take up to 10-14 business days to review and issue a reimbursement check.

Complete all applicable sections on the form.

- The full name of the Member
- The Member ID and home address
- The place of service where the service occurred
- The date of each travel expense
- The description and/or charge for each daily travel expense incurred

Services and visits must be pre-authorized to receive travel reimbursement. The amount and the type of reimbursement will be determined by Ambetter.

Reimbursement may be denied if services are obtained more than 100 miles one way from the residence to the provider's facility or if services are obtained outside of Illinois. A denial of reimbursement may be appealed by contacting Member Services.

IRS mileage reimbursement rate for medical travel is published on the IRS website at www.irs.gov.

United States General Services Administration prevailing rates for food and lodging are based upon the location where expenses were incurred.

If you have questions regarding your benefits, please call the Member Services number listed on your Ambetter Health ID card or a Care Manager. Send completed form to Ambetter of Illinois Health Plan by email or mail **WITH RECEIPTS** and **MILEAGE LOG** attached. Please keep photocopies of your bills, receipts, and supporting documentation for your personal records. Your Care Manager would provide instructions if you chose to email your request.

AMBETTER OF ILLINOIS HEALTH PLAN

Attn: Meridian Finance Department – MH/SU Member Travel Reimbursement
1333 Burr Ridge Parkway, Suite 500
Burr Ridge, IL 60527

Please Note: A signature is required by the Member; or if you are filing the claim on behalf of a Member 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.

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
- c. Vehicle maintenance (includes: any repairs/parts, labor, general maintenance, towing, roadside assistance, etc.)
- d. Parking
- e. Storage rental units, temporary housing incurring rent/mortgage payments
- f. Utilities, such as gas, water, electric, housekeeping services, lawn maintenance, etc.
- g. Speeding or parking tickets
- h. Entertainment (e.g., movies, visits to museums, additional mileage for sightseeing, etc.)
- i. Any services related to pet care, boarding, lodging, food, and/or travel expenses
- j. Expenses for persons other than the member
- k. Expenses for lodging the member is staying with a relative, friend, or otherwise have free lodging
- l. Any expense not supported by a receipt
- m. Upgrades to first class travel (air, bus, and train)
- n. Personal care items (e.g., shampoo, deodorant, clothes)
- o. 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
- p. Souvenirs (e.g., t-shirts, sweatshirts, toys)
- q. Telephone calls/mobile bills, replacement parts, or cellular purchases of any type
- r. All other items not described in the policy as eligible expenses
- s. Any fuel costs/charging station fees for any vehicle
- t. Any tips, concierge, club level floors, and gratuities
- u. Salon, barber, and spa services
- v. Insurance premiums
- w. Cost share amounts owed to the facility or other provider

