



**2025-2026
Transplant RECIPIENT Travel
Reimbursement Form**

We understand that this is a difficult time for you and your family. Our team stands ready to help so you receive the appropriate benefits for your transplant-related expenses.

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

- This **Transplant RECIPIENT 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 50 miles from the residence to the Center of Excellence:
- A log of miles traveled.

See page 2 of this form for excluded expenses.

Donor expenses must be submitted separately using the Transplant DONOR Travel Reimbursement Form.

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

Name of subscriber:	Member ID # :	Member date of birth:
Transplant recipient name:	Recipient's relationship to subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Other	Transplant recipient email address:
Traveling companion(s) name:	Relationship of companion (s) to recipient: <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Total number of receipts included:
Member address: _____ City, State, Zip: _____		
Donor name (if known): _____		Date of Transplant: _____

Maximum 30-day increments per form.

Travel date(s) <i>travel date(s) TO the hospital facility</i>	Travel date(s) <i>travel date(s) FROM the hospital facility</i>	Transportation <i>air, bus, pre-approved rental car</i>	Lodging <i>Up to \$200 per day for Recipient and for traveling Companion(s)</i>	Personal Car Mileage <i>**based on IRS rate for medical travel</i>	Meals <i>up to \$75 per day for Recipient and for traveling Companion(s)*</i>	Total
<i>Ex: 8/01/2025</i>		\$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 Recipients are allowed one companion if the Recipient is an adult, or two Companions if the Recipient 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 lose my benefits, have to pay money back, or face legal actions.

Signature: _____ **Date:** _____

Please Note: A signature is required by the Member or companion; 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.



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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 of the transplant recipient
- The Member ID and home address
- The full name of the Member 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.

Non-Covered Expenses:

The following items are not reimbursable expenses:

- 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
- f. Mortgage payments
- g. Loss of wages due to time off from work required for the transplant for Recipient, Donor, or Companion(s).
- h. Utilities, such as gas, water, electric, housekeeping services, lawn maintenance, etc.
- i. Speeding or parking tickets
- j. Entertainment (e.g., movies, visits to museums, additional mileage for sightseeing, etc.)
- k. Any services related to pet care, boarding, lodging, food, and/or travel expense,
- l. Expenses for persons other than the Transplant Recipient, Donor, or their respective Companion(s)
- m. Expenses for lodging when the Transplant Recipient, Donor, or their respective Companions(s) are staying with a relative, friend or otherwise have free lodging.
- n. Any expense not supported by a receipt.
- o. Upgrades to first class travel (air, bus, and train)
- p. Personal care items (e.g., shampoo, deodorant, clothes, medications)
- q. 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.
- r. Souvenirs (e.g., t-shirts, sweatshirts, toys)
- s. Telephone calls/mobile bills, replacement parts, or cellular purchases of any type.
- t. All other items not described in the policy as eligible expenses.
- u. Any fuel costs/charging station fees for any vehicle not related to an approved rental car (but note that mileage is reimbursable)
- v. Any tips, concierge, club level floors, and gratuities
- w. Salon, barber, and spa services
- x. Insurance premiums
- y. Cost share amounts owed to the transplant surgeon or facility or other provider.

