

Travel and Lodging Reimbursement Form

Mental Health/Substance Abuse and Reproductive Services



Medical Mutual will pay travel benefits for a member's reasonable and necessary travel expenses that are primarily for and essential to medical care for Covered Services that cannot be legally rendered in the state of the member's residence and for which the member must travel at least 100 miles to receive such care. Travel expenses will be covered as specified below, or as determined by limits indicated by the member's health plan benefits:

1. The medical care for Covered Services must be lawfully obtained in the location where they are provided.
2. Reimbursement is limited to:
 - a. Mileage reimbursement is based on then current IRS mileage reimbursement standards for medical travel.
 - b. Reasonable rate or fare for bus, taxi, ride service, train, or subway; reasonable rate for economy airfare.
 - c. For lodging, the greater of IRS reimbursement standards or limits indicated by the member's health plan apply. Current IRS standards are: \$50 per night per person up to \$100 per night (any lodging for a companion is covered if the companion's presence is necessary to enable the patient to receive medical care).
 - d. Overall expenses are limited to \$1,000 per occurrence or what's included in member's plan benefit.
3. All travel benefits are subject to any cost-sharing requirements of the member's plan, such as deductible, coinsurance, and/or copays.

Notes: All terms, conditions and definitions of the benefit book apply:

- Network rules apply. Members with a PPO network must use the closest available network provider that can legally perform the services. Members with an HMO network may use an out-of-network provider if no in-network provider can legally perform the services; the out-of-network provider will be covered at in-network rates. Prior Authorization is required to seek care outside of the member's HMO network.
- Medical necessity rules apply, as applicable.
- The maximum benefit for mileage is equal to one round trip to the medical care facility for the member (companion/caregiver may accompany). Any commuting to and from the medical care facility outside of this is not a covered benefit.

Personal Information		
Member Name (if different than patient)		Member ID Number
Patient Name		Patient Date of Birth
Facility Name	Procedure Date of Service	Discharge Date
How many people are traveling with the patient?		<input type="checkbox"/> 1 <input type="checkbox"/> 2
Does the patient's immediate family live 100 or more miles from the approved facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Itemized receipts confirming proof of traveling more than 100 miles distance from the approved procedure facility are required. These receipts include (but are not limited to): all hotel, airline, and parking receipts. Please include the patient's name and member ID on all documentation submitted.

Excluded from this Travel and Lodging benefit are: Meals, first-class air travel, frequent flyer miles or travel tickets; coupons or vouchers; deluxe hotel accommodations; entertainment; telephone calls; postage; laundry; loss of work; alcohol, tobacco or other non-food items; child care; mileage within the procedure city; rental cars; long-term parking; pre-payments or deposits; services for a condition that is not directly related to or a result of the procedure; return visits for a condition found during evaluation; or interim visits to a medical facility while waiting on the actual procedure.

If you have any questions about this form or this benefit, please contact Customer Care at the phone number on your member ID card.

Authorization and Request for Reimbursement	
By signing below, you attest that the Covered Services received could not be legally performed in your state of residence and you needed to travel at least 100 miles to receive legally performed Covered Services.	
Member Signature	Date

The following form is for you to track any expenses you may incur as part of receiving medical care for Covered Services related to Mental Health/Substance Abuse and Reproductive Services. Expenses that are tracked on this form do not guarantee payment through your benefit plan. All expenses will need to be reviewed by Medical Mutual to determine coverage. Any eligible expenses for travel and lodging will be paid according to your benefit plan's Certificate of Coverage. Any travel and lodging reimbursements will not be made until after the Covered Services have occurred.

Travel Information				
Please complete the following information for any travel expenses incurred while receiving procedure-related care and attach copies of any applicable receipts for the recorded expenses. All members should keep their original receipts. Expenses will only pay according to the member's Certificate of Coverage; any plan limitations set forth in that document will apply.				
Date of Travel	Means of Travel <input type="checkbox"/> Road <input type="checkbox"/> Air	Mileage/Airfare	Tolls/Parking	Receipt(s) Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Street Address				
City			State	ZIP
Ending Street Address				
City			State	ZIP
Date of Travel	Means of Travel <input type="checkbox"/> Road <input type="checkbox"/> Air	Mileage/Airfare	Tolls/Parking	Receipt(s) Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Street Address				
City			State	ZIP
Ending Street Address				
City			State	ZIP
Lodging Information				
Please complete the following information for any lodging expenses incurred while receiving procedure-related care and attach copies of any applicable receipts for the recorded expenses. All members should keep their original receipts. Expenses will only pay according to the member's Certificate of Coverage; any plan limitations set forth in that document will apply.				
Lodging Dates	Number of Nights	Type of Lodging	Total Expense	Receipt(s) Attached <input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Any person who, with intent to defraud or knowingly facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statements is guilty of insurance fraud.

To submit a claim for travel/lodging expenses, send this completed form and documentation/receipts to:

TravelAndLodging@MedMutual.com

–OR–

Medical Mutual
 ATTN: 01-2B-4551
 2060 East Ninth Street
 Cleveland, OH 44115-1355