CGHC Travel Reimbursement Request Form for Expenses Related to Eligible Covered Services

Common Ground Healthcare Cooperative will reimburse travel expenses related to certain covered services when the patient must travel more than 100 miles one way. Please follow the instructions below to complete the form. Be sure to include all receipts for eligible travel expenses. If you have any questions, please contact Member Services. Email info@commongroundhealthcare.org or call at 1-877-514-2442, 8:00 am to 5:00 pm Monday to Friday. TTY users please call 711.

Eligibility For Travel Reimbursement:

- Covered services include:
  - Organ transplant(s)
  - Hemophilia Outreach Center (HOC) services
- The covered patient must travel more than 100 miles (one-way) to receive care from a Designated Facility (e.g., Center of Excellence) or Designated Physician.

Note – If a member elects to receive a non-covered service, he or she is responsible for the entire charge associated with the non-covered service.

Travel and lodging is limited to the covered patient along with:

- Up to two (2) companions if the patient under 18 years of age
- Up to two (2) companions if the transplant involves a living organ donor
- One (1) companion in all other scenarios

Notes – Travel and lodging for follow-up visits after a transplant are excluded from reimbursement. Payment will be made to the subscriber for reimbursement of the patient's and companion's travel.

How To Submit for Travel Reimbursement:

- Submit all receipts within 365 days (1 year) from the date of discharge from Designated Facility.
- Complete the form and attach all applicable receipts.
  - Reimbursement can only be processed with the corresponding receipts.
  - Incomplete forms or missing receipts may delay reimbursement.
- Please be sure to keep a personal copy of the form and receipts for your records.
- Mail the form with receipts attached to:

  Attn: Travel Reimbursement
  Common Ground Healthcare Cooperative
  PO Box 1630
  Brookfield, WI 53008-1630

Maximum amount payable for all allowed travel and lodging services related to eligible covered services is $10,000.

Note – Member cost-sharing (copay/coinsurance/deductible) does not apply to travel and lodging. These expenses do not count toward the maximum out-of-pocket cost limits.

Eligible Expenses:

CGHC will pay up to $150 per day per person (combined maximum) for lodging and travel. This includes:

1. Mileage – limited to personal vehicle use
    - Rate – we calculate mileage using the Internal Revenue Service (IRS) defined mileage rates in effect at the time of travel.
    - Distance calculation – mileage will be calculated
        - Based on an objective source such as Google Maps
        - Starting from the enrolled member's street address of record (not a PO Box) to the street address of the approved Designated Facility or Designated Physician
        - For multi-day travel, from the street address (not PO Boxes) of the lodging facility to the Designated Facility or Designated Physician.
2. Airfare – limited to travel outside of CGHC's service area
    - Ticket – based on coach or economy fares
    - Baggage – one checked bag per person
3. Rental vehicle – rental fees are covered, but mileage will not be reimbursed separately
4. Lodging – will be reimbursed up to the per diem rate as specified by the U.S. General Services Administration or the actual cost based on receipts, whichever is less. Visit www.gsa.gov for details about per diem rates.

Not Eligible for Reimbursement:

Indirect expenses are not eligible for reimbursement. These include, but are not limited to:

- Alcoholic beverages
- Baby-sitter or day care services
- Car maintenance
- Club memberships
- Cards, stationary, stamps
- Cleaning or housekeeping services
- Clothing
- Dry cleaning
- Entertainment (i.e. cable television, books, magazines, movie rentals, etc.)
- Extended parking at the airport
- Flowers, balloons, toys, or other gifts
- Household products and utility fees
- Kennel fees or veterinary boarding fees
- Laundry services
- Personal items
- Postage
- Security deposits
- Telephone and/or cell phone charges
- Toiletries
- Traveler check fees
- Valet parking

COMMON GROUND
HEALTHCARE COOPERATIVE

Travel Reimbursement Request Form

I: PATIENT DETAILS

Member Last Name	Member First Name	MI	Member Date of Birth
Member Street Address	**City**	**State**	**ZIP Code**

Member ID #	Group Number (If applicable, see ID card)	Travel Dates

II: TRAVEL COMPANION(S)

Name of Travel Companion #1	Relationship to Patient
Name of Travel Companion #2	**Relationship to Patient**

III: TRAVEL INFORMATION

Receipts are required for all commercial or public transportation (bus, plane, taxi, train, etc.) and any tolls or parking fees.

Starting Location (Patient's Physical Address)	Designated Facility or Designated Provider Address

Date(s) Traveled	Name of Recipient / Companion	Mode of Transportation	Total Dollar Amount
		Other (Please Specify)	
		Other (please specify)	
		Other (please specify)	
		Other (please specify)	
		Other (please specify)	
		Other (please specify)	

Date(s)	Tolls / Parking Fees

IV: LODGING DETAILS

Please list your lodging expenses by date. Receipts are required for reimbursement.

Date(s)	Name of Establishment	Number of People	Total Dollar Amount

☐ I certify that the above information is true. The enclosed material is correct and unaltered. The expenses were incurred by the patient and/or eligible companion(s). I realize false or fraudulent alterations of these materials may result in civil or criminal prosecution.

☐ I have kept a personal copy of the form and receipts for my records. I understand all material submitted to CGHC will not be returned.

Date	Phone Number	Signature

Mail Completed Form to:

ATTN: Travel Reimbursement

Common Ground Healthcare Cooperative

PO Box 1630

Brookfield, WI 53008-1630