



Transplant DONOR Reimbursement

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. These must be legible and match the information provided on this form.
- A log of miles traveled. Eligible travel reimbursement is provided only for travel of more than 75 miles.

See page 2 of this form for instructions and a list of excluded expenses.

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 DOB:
Number of Receipts included:	Traveling companion or caregiver* name:	Relationship of companion or caregiver* to donor: Spouse or Other
Donor address (City, State, Zip):		

*Traveling companion/caregiver is limited to a parent, spouse, child, sibling, or any person residing with the transplant donor.

EXPENSE AND MILEAGE LOG

Travel dates(s) To facility	Travel date(s) FROM facility	Transportation Air, bus, pre-authorized rental car	Lodging	Personal Care Mileage	Meals	Total

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:** _____

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 process request.

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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 donor
- The donor home address
- The full name of the donor traveling companion
- 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 pre-authorized.

- Child care
- Mileage for travel while within the facility city
- Rental cars, buses, taxis, or shuttle service, except as pre-authorized
- Frequent flyer miles
- Coupons, vouchers or travel tickets
- Prepayments or deposits
- Telephone calls
- Laundry
- Postage
- Entertainment
- Interim visits to a medical care facility while waiting for the actual transplant procedure
- Travel expenses for donor companion/caregiver
- Return visits for the donor for a treatment of a condition found during the evaluation

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

HAP CareSource

Attn: Claims Department – Member Reimbursement
P.O. Box 3607
Dayton, OH 45401-3607

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