



Travel and Lodging Reimbursement Form for Expenses Relating to Eligible Out-Of-Area Organ and Tissue Transplant(s)

We understand that this is a difficult time for you and your family. We are ready to help guide you so you receive appropriate reimbursement for your out-of-area transplant related services. In order to receive reimbursement according to your benefits, please complete this form and include receipts where noted. If you have any questions regarding this benefit, please call 1-800-977-7522. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays. TTY users please call 711.

Eligibility

In order to be eligible for this benefit, the transplant service must be performed at a Centers for Medicare and Medicaid Service (CMS) approved facility located greater than 75 miles from the member's legal permanent residence. The following types of transplants are covered for this benefit: corneal, kidney, kidney-pancreatic, heart, liver, lung, heart/lung, bone marrow, stem cell, intestinal/multi-visceral. This benefit applies to the Allwell member and one companion to accompany the patient. A companion may be a spouse, family member, legal guardian, or any person not related to the member but actively involved in the member's care. Patients who are minors are allowed travel benefits for themselves, one or both parents, or a parent and designated companion.

Reimbursement

Automobile expenses (mileage and gas) will be reimbursed at the IRS medical mile-approved rate in effect on the date of travel, which can be found at www.irs.gov and based on an objective source such as Google Maps/MapQuest. Tolls and parking are reimbursable while traveling to the transplant center with a receipt.

- Reimbursement for the travel and lodging for both the patient (subscriber) and the companion will be made payable to the subscriber.
- Airfare reimbursement is limited to coach or economy fares. This includes the cost for one bag per covered person. Additional baggage fees are excluded.
- When rental vehicles are used, rental fees are covered, but mileage will not be reimbursed separately.
- Reimbursement of lodging will be based up to the per diem rate for lodging specified by the U.S. General Services Administration, which is available at www.gsa.gov or the actual cost of the lodging based on submitted receipts, whichever is less.
- The maximum amount payable for travel and lodging related to the initial transplant is limited to \$10,000.00 per transplant.
- Travel receipts must be submitted within 365 days (1 year) from the date of discharge.
- Member cost-sharing responsibilities (copays/coinsurance/deductibles) do not apply to travel and lodging services. 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 do not count toward the maximum out-of-pocket cost limits.
- Travel and accommodation for follow-up visits from the member's home back to the transplant facility are excluded from this benefit.



Member ID#	
Member's Last Name	Member's First Name
Member Street Address	City
State	Zip
Member Date of Birth	Sex M F
Name of Travel Companion(s)	Date(s) Accompanied

Lodging

Please list your lodging expenses by date for the patient and applicable companion(s). Please note the

Date(s)	Name of Establishment	No. of People	Total Dollar Amount	Receipt Included Y/N

exclusions listed at the end of this reimbursement form.

Travel

Please include address from the patient's home and the transplant facility address. Mileage is reimbursed at the most current medical mileage rate at www.IRS.gov and based on an objective source such as Google Maps/MapQuest. Tolls and parking fees the day of travel are eligible for reimbursement. Receipts required for the following modes of transportation: plane, bus, taxi, train, other. Airfare reimbursement is limited to coach or economy fares.

Starting Location Physical Address		Transplant Center Street Address		
Date(s) Traveled	Name of Patient/Companion	Mode of Transportation*	Total Dollar Amount	



Travel continued:

Date(s) Traveled	Name of Patient/Companion	Mode of Transportation*	Total Dollar Amount

*Method of travel: Plane, Bus, Taxi, Personal Vehicle, Train, Other (please specify)

Date(s)	Tolls/Parking Fees	Receipt Included Y/N

I certify that the above information is true, and the enclosed material is correct and unaltered, and the expenses were incurred by the patient and/or eligible companion(s). I understand all material submitted becomes the property of Allwell from Arizona Complete Health and will not be returned. I realize false receipt or fraudulent alterations of these materials may result in civil or criminal prosecution. I authorize the release of any information.

Date	Phone (including area code)	Signature

- Original itemized receipts including all pertinent information must be submitted with this claim form where indicated that they are required.
- Cancelled checks, money orders, credit card vouchers and personal list of services or bills stating only "balance forward" are not acceptable.
- Make copies of the original receipts for your files before submitting the original. All materials submitted will be retained by us and cannot be returned to you.

Exclusions include, but are not limited to:

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| o Alcoholic beverages or tobacco products | o Laundry services |
| o Car maintenance | o Meals are not included |
| o Car rental club memberships | o Mileage within the transplant city |
| o Cards, stationery, stamps | o Other personal items |
| o Clothing | o Postage |
| o Dry cleaning | o Security deposits |
| o Entertainment (cable television, books, magazines, movie rentals) | o Telephone bills and cell phone charges |
| o Extended Parking at the Airport | o Toiletries |
| o Flowers | o Toys |
| o Household products | o Transportation that exceeds coach rates |
| o Household utilities, including maid, baby-sitter or day care services | o Traveler check fees |
| o fees and veterinary boarding fees | o Valet Parking |



Mail to:

Allwell from Arizona Complete Health
Claims Department- Member Reimbursement
P.O. Box 3060
Farmington, MO 63640

Allwell from Arizona Complete Health contracts with the Federal Government and is an Advantage plan with a Medicare contract. Enrollment in Allwell from Arizona Complete Health depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits may change on January 1 of each year.



Discrimination is Against the Law

Allwell from Arizona Complete Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Arizona Complete Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Allwell from Arizona Complete Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages

If you need these services, contact Member Services at:

Allwell from Arizona Complete Health 1-800-977-7522 (TTY: 711)

If you believe that Arizona Complete Health failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Chief Compliance Officer, Cheyenne Ross. You can file a grievance in person, by mail, fax, or email. Your grievance must be in writing and must be submitted within 180 days of the date that the person filing the grievance becomes aware of what is believed to be discrimination.

Submit your grievance to:

Allwell from Arizona Complete Health, Chief Compliance Officer-Cheyenne Ross
1870 W. Rio Salado Parkway, Tempe, AZ 85281.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail at U.S. Department of Health and Human Services; 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201; or by phone: 1-800-368-1019, 1-800-537-7697 (TTY).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>



La discriminación es contra la ley

Allwell from Arizona Complete Health cumple con las leyes Federales de derechos civiles correspondientes y no discrimina con base en la raza, el color, la nacionalidad, la edad, la discapacidad o el sexo. Arizona Complete Health no excluye a las personas ni las trata en forma distinta debido a su raza, color, nacionalidad, edad, discapacidad o sexo.

Allwell from Arizona Complete Health:

- Proporciona, sin cargo alguno, ayudas y servicios a las personas con discapacidades para que se comuniquen en forma eficaz con nosotros, como: intérpretes de lenguaje de señas calificados.
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles y otros formatos).
- Proporciona, sin cargo alguno, servicios de idiomas a las personas cuyo idioma primario no es el inglés, como: intérpretes calificados e información por escrito en otros idiomas.

Si necesita estos servicios, llame al Centro de Contacto con el Cliente de:

Allwell from Arizona Complete Health al: 1-800-977-7522 (TTY: 711)

Si considera que Arizona Complete Health no ha proporcionado estos servicios o que ha discriminado de otra manera con base en la raza, el color, la nacionalidad, la edad, la discapacidad o el sexo, puede presentar una queja ante el Director General de Cumplimiento (Chief Compliance Officer), Cheyenne Ross. Puede presentar la queja en persona o por correo, fax, o correo electrónico. Su queja debe estar por escrito y debe presentarla en un plazo de 180 días a partir de la fecha en que la persona que presenta la queja se percate de lo que se cree que es discriminación.

Presente su queja a:

Allwell from Arizona Complete Health, Chief Compliance Officer-Cheyenne Ross
1870 W. Rio Salado Parkway Tempe, AZ 85281.

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de Estados Unidos, electrónicamente mediante el Portal de Quejas de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo postal a U.S. Department of Health and Human Services; 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201; o por teléfono: 1-800-368-1019, 1-800-537-7697 (TTY).

Los formularios para presentar quejas se encuentran en <http://www.hhs.gov/ocr/office/file/index.html>

