

Pre-Estimate Travel Reimbursement Request Form

The PEBP Consumer Driven Health Plan (CDHP), Low Deductible Plan (LD-PPO), and Exclusive Provider Organization (EPO) allow for reimbursement of certain travel and hotel accommodation expenses permitted under IRS Regulation 213(d) and IRS Publication 502 when associated with covered, pre-certified medical treatment at a Center of Excellence for organ and/or tissue transplant, or bariatric weight loss surgery performed. Additionally, travel for a participant located in a State with restricted access to abortion to the nearest care center for abortion services covered under this Plan.

The first step in the travel pre-authorization process is to complete this form. Once the form is complete, please submit it to PEBP for review and approval. Once the request is approved, a signed copy of the approval will be provided to you for your records.

Please refer to PEBP's current plan year CDHP, LD-PPO, or EPO Master Plan Document, depending on which Plan you are on, located in the PLAN DOCUMENTS section on our website <https://pebp.nv.gov> for specific and detailed information regarding allowable expenses eligible for reimbursement.

REMINDERS:

1. Travel expenses are covered only when the distance to the Center of Excellence or abortion service center is 50 miles or more from the participant's residence for organ/tissue transplant, bariatric weight loss surgery, or abortion.
2. Travel expenses are covered only when incurred in conjunction with the patient's transplant or bariatric surgery (does not include pre-surgery evaluations) and for one year after surgery for follow-up visits as required by the patient's surgeon.
3. Unless there are extenuating circumstances, an estimate of your travel expenses must be pre-authorized by PEBP.
4. Expenses incurred for travel and hotel accommodations for organ and/or tissue transplants or bariatric weight loss surgeries that are not performed at a PPO Center of Excellence are not covered.
5. Organ/tissue transplant procedures, bariatric weight loss surgeries, and abortion **must** be pre-certified for medical necessity by PEBP's Utilization Management Company. Travel expenses associated with a procedure that has not been pre-certified by PEBP's Utilization Management Company will not be covered.
6. PEBP reserves the right to verify your completion of the pre-certification process with PEBP's Utilization Management Company prior to completing your request for travel expense reimbursement.
7. PEBP does not provide advance payment for travel expenses.
8. After your procedure, you must submit a Post-Travel Reimbursement Request along with any relevant receipts and documents. The Post-Travel Reimbursement Form is available online at <https://pebp.nv.gov> or by calling PEBP to request a copy be mailed.

NOTE: PEBP has full authority to approve or deny all or part of your travel expenses. The denial of travel expenses cannot be appealed.

If you have questions regarding your benefits, please call UMR at 1-888-763-8232.

Section 1. General Information					
Name of Insured:			PEBP ID#:		
Insured Residential Street Address:			City, State and ZIP Code:		
Name of Patient (if different than Insured):			Patient Date of Birth:		
Patient Residential Street Address:			City, State and ZIP Code:		
Approved Center of Excellence Street Address:			City, State and ZIP Code:		
Purpose of Trip (check one):					
<input type="checkbox"/> Organ/Tissue Transplant		<input type="checkbox"/> Bariatric Surgery		<input type="checkbox"/> Abortion	
Section 2. Lodging Estimate					
Lodging will be reimbursed in accordance with IRS Regulation 213(d) and IRS Publication 502 . Participants should refer to the IRS https://www.irs.gov/ website for more information.					
Estimated Check-In Date	Estimated Check-Out Date	Lodging # of Days	Location (City, State, Zip)	IRS Lodging Rate	Estimated Total
Section 3. Travel Estimate					
Participants who use their personal vehicle to travel will be compensated for miles to and from (based on an objective source such as Google Maps) at the standard mileage reimbursement rate for medical for which a deduction is allowed for travel for federal income tax purposes or the personal convenience mileage reimbursement rate depending on the circumstances and the cost of other methods of travel. Participants are required to use the least expensive method of transportation. Miles associated with rental car usage are not eligible for reimbursement.					
*Method of Travel Abbrev: P=Plane B=Bus T=Taxi PC=Personal Vehicle X=Passenger in Car O=Other (specify)					
Estimated Departure Date	Estimated Return Date	Travel # of Days	Method of Travel	Round Trip Mileage	Estimated Total
Section 4. Miscellaneous					
Please list any anticipated miscellaneous services or expenses not already addressed in the above sections.					
Date(s)	Name of Service or Expense				Estimated Total

It is important to remember that receipts will be required when filing your Post-Travel Reimbursement Request. Proof that you attended an appointment is required in conjunction with requested reimbursements. If your post- surgery follow-up care is included in the cost of your surgery, your provider will not submit a claim to UMR for post-surgery follow-up care; therefore, an Explanation of Benefits (EOB) may not be issued by UMR. If this case, you must submit a note from the care provider’s office which includes the full name of the patient and date of service for the appointment. Post Travel Reimbursement Request Forms and receipts must be submitted within 12 months of the date of the surgery/procedure. The purpose of this form is to provide an *estimate* only of expenses related to travel when associated with medical treatment for organ and/or tissue transplants or bariatric weight loss surgery performed at a PPO Center of Excellence.

Exclusions and Specifications

The following are specifically excluded from reimbursement under any circumstances (other expenses not included below may be denied if they are not preapproved.)

- Alcoholic Beverages
- Vehicle Insurance
- Cards, stationery, stamps, etc.
- Dry cleaning
- Flowers
- Household utilities
- Laundry Services
- Toiletries
- Car Maintenance
- Flight Insurance
- Clothing
- Entertainment
- Household products
- Kennel Services
- Security Deposits
- Meals

Travel Specifications

Travel expenses incurred are reimbursed at the rates established by the [Internal Revenue Service](#) on conjunction with [US General Services Administration](#) (GSA) according to The Center of Excellence physical location.

Travel expenses are subject to the annual deductible and coinsurance amount.

Reimbursement of eligible travel expenses will be payable to the primary participant (employee or retiree) and not to the service vendor (credit card company, hotel, etc.).

Once complete, mail this entire form to PEBP. You are also welcome to submit documents securely online through a form that can be found under the subheading Submit Supporting Documents here: <https://pebp.state.nv.us/contact-us/>.

I hereby certify that the information given by me on and in connection with this form is true and correct to the best of my knowledge and belief. I am aware that any person who knowingly makes any false statement or misrepresentation to obtain reimbursement from PEBP is subject to civil and/or criminal prosecution. I understand that PEBP has full authority to deny all or part of my travel expenses and should PEBP deny any or all of my expenses I have no right to appeal its decision.

Insured’s Signature Date