



## Post-Travel Reimbursement Request Form

### Post-Travel Reimbursement Request Form

We understand this is a difficult time for you and your family. We, at PEBP, want to make this process as quick and easy as possible so you can receive the appropriate reimbursement for travel expenses you incurred in relation to your organ and/or tissue transplant, bariatric weight loss surgery, or abortion.

The PEBP Consumer Driven Health Plan (CDHP), Low Deductible (LD) PPO Plan, and Exclusive Provider Organization (EPO) Plan allows for reimbursement of certain travel and lodging accommodation expenses permitted under IRS Regulation 213(d) and IRS Publication 502 when associated with covered, pre-certified medical treatment for organ and/or tissue transplants or bariatric weight loss surgery performed at a PPO Center of Excellence. Additionally, PEBP will reimburse travel for a participant located in a State with more restrictive access to abortion than Nevada, *see* NRS 422.250, to the nearest care center for abortion services covered under this Plan.

Please refer to PEBP's current plan year CDHP, LD, 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.

#### REMINDER'S:

1. Travel expenses are covered only when the distance to the Center of Excellence or care center for abortion services is 50 miles or more from the participant's residence.
2. Travel expenses are covered only when incurred in conjunction with the patient's transplant, abortion, hip or knee total joint replacement, or bariatric surgery. This includes pre-surgery appointments such as evaluations, testing, counseling, etc., 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.
  - The Pre-Estimate Travel Reimbursement Form is available online at <https://pebp.nv.gov/> or by calling PEBP and requesting a copy be mailed.
4. Expenses incurred for travel, lodging accommodations, and/or meals 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. Services and procedures for reimbursement **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 the Utilization Management vendor prior to completing your request for travel expense reimbursement.
7. PEBP does not provide advance payment for travel expenses.
8. If the travel companion has their own separate PEBP plan, travel expense reimbursement will not apply to the companion.
9. The Plan will reimburse up to the GSA rate for lodging, travel, or actual expenses,



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whichever is less.

10. The Plan will reimburse the GSA rate for Meals (M&EI). Receipts are not required for meals reimbursement.
  - Reimbursement is not allowed if the meal is provided at no cost or included in another bill.

**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 medical benefits, please call PEBP's Third-Party Claims Administrator at 1-888-763-8232.

It is important to include all required receipts when filing this Post-Travel Reimbursement Request. Proof that you attended an appointment is required in conjunction with all requested reimbursements. If an Explanation of Benefits (EOB) is not issued by Third-Party Claims Administrator, a note from the care provider's office verifying the full name of the patient and date of service for the appointment may be submitted. Post Travel Reimbursement Request Forms and receipts must be submitted within 12 months of the date of the surgery/procedure. The plan reimburses for travel up to one year after services for follow-up visits as required by the patient's provider/surgeon. Travel expenses incurred on or after one year are not eligible for reimbursement.

**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.nv.gov/Contact/contact-us/>.



## Post-Travel Reimbursement Request Form

### 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: |
| <b>Purpose of Trip (check one)</b><br><br><input type="checkbox"/> Organ/Tissue Transplant <input type="checkbox"/> Bariatric Surgery <input type="checkbox"/> Abortion |                           |

### Section 2: Lodging

Lodging reimbursement is based on receipts for sleeping accommodations for individuals specified in Section 1 of this form only, including taxes and fees. Lodging taxes are limited to the taxes on reimbursable lodging costs.

For transplants, some Centers of Excellence facilities may have on-site or affiliated lodging services; therefore, the plan will pay the lesser of the affiliated lodging or GSA rates, subject to verification of availability.

PLEASE NOTE: Corresponding receipts for each lodging item documented below must accompany this form.

| Date(s) | Name of Establishment | Total Dollar Amount | Receipt Included<br>(Yes / No) |
|---------|-----------------------|---------------------|--------------------------------|
|         |                       |                     |                                |
|         |                       |                     |                                |
|         |                       |                     |                                |



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### Section 3: Travel

Please include the physical address of the starting location (if different than the Patient Address listed in Section 1) and the Center of Excellence's or Abortion Care Center's physical address. Participants who use their personal vehicle to travel to a Center of Excellence or Abortion Care Center will be compensated for miles to and from the Center of Excellence or Abortion Care Center (based on an objective source such as Google Maps) at the standard mileage reimbursement rate or the cost of other methods of travel. Participants are required to use the least expensive method of transportation.

| Starting Location Physical Address |
|------------------------------------|
|                                    |
|                                    |
|                                    |

| Center of Excellence or Abortion Care Center Physical Address |
|---|
|   |
|   |
|   |

| Date(s) & Time(s) Traveled from Residence to Center | Date(s) & Time(s) Traveled from Center to Residence | Method of Travel* |
|---|---|-------------------|
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |

\*Method of Travel: **P**=Plane **B**=Bus **T**=Taxi **PC**=Personal Vehicle **X**=Passenger in Car **O**=Other (specify)

### Section 4: Meals

Meals will be reimbursed in accordance with the meals and incidental expense (M&IE) allowance for the location of the Center of Excellence according to the United States General Services Administration (GSA). **Receipts are not required for the M&IE allowance.** Participants should refer to the GSA's website <http://gsa.gov> and the link "Per Diem Rates" for the most current rates. Reimbursement is not allowed if the meal is provided at no cost or included in another bill.

| Date(s) | Meal Reimbursement<br>Specify if meal is for Patient(P),<br>Companion(C) or Both(B) |
|---------|---|
|         |   |
|         |   |
|         |   |
|         |   |



## Post-Travel Reimbursement Request Form

### Section 5: Miscellaneous

Please list miscellaneous services or expenses not already addressed in the above sections.

PLEASE NOTE: Reimbursement is based on receipts for the individual listed in Section 1 of this form.

| Date(s) | Name of Service or Expense<br>e.g. Parking, Tolls, etc. | Patient(P),<br>Companion(C)<br>or Both(B)? | Total<br>Dollar<br>Amount | Receipt<br>Included<br>(Yes / No) |
|---------|---|--|---------------------------|-----------------------------------|
|         |   |  |                           |                                   |
|         |   |  |                           |                                   |
|         |   |  |                           |                                   |
|         |   |  |                           |                                   |

### 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 Fees
- Security Deposits
- Travel Expenses Travel expenses related to a facility or provider that is not a certified Center of Excellence, exclusive hospital/ambulatory surgical facility, or outpatient infusion facility
- Travel expenses incurred on or after one year following services are not eligible for reimbursement.

#### Travel Specifications

Travel expenses incurred are reimbursed at the rates established by the [Internal Revenue Service](#) according to The Center of Excellence physical location or the care center for abortion services physical location.

Travel expenses are not subject to the annual deductible and coinsurance amount. PEBP will issue appropriate reporting forms (form 1099, W2, etc.) for federal tax reporting purposes. You may be liable for taxes and must consult your tax professional for further assistance.

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, restaurant, etc.).



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**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.nv.gov/Contact/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.

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Insured's Signature

Date