



Claim Form For Travel Reimbursements

This form is to be used for request of travel reimbursement in relation to travel expenses for organ transplant services.

- Benefits are provided for reimbursement if the facility is greater than 50 miles from the recipient's home.
- \$150/ day limit for reasonable lodging and meals.
- Ground travel is reimbursed based on mileage from the recipient's home or temporary lodging to the transplant facility.
- Reimbursement is calculated using Peak Health current mileage reimbursement rate.
- Air travel is reimbursed at the price of the airline ticket (coach class).
- Tolls and Parking incurred while traveling between the recipient's home or temporary lodging and transplant facilities.
- There is a \$10,000 aggregate limit for all travel costs.
- The reimbursement period begins 5 days prior to a transplant and ends 12 months after the date of transplant. Reimbursement applies to the recipient(adult) and one other person. If the recipient is a child, two adults are covered.

To receive reimbursement according to your benefits, please submit the following documentation within 6 months from date of travel:

Peak Member Information		
Last Name:	First Name:	
Date of Birth:		
Home Address:		
City:	State:	Zip Code:

Claimant		
Last Name:	First Name:	
Date of Birth:		
Home Address:		
City:	State:	Zip Code:
<input type="checkbox"/> Recipient	<input type="checkbox"/> Donor	<input type="checkbox"/> Traveling Companion
Date of Birth:		
Peak Member ID (if applicable):		

Name	Date(s)	Type of Receipt	Cost
Total			\$

*Attach Original Receipts: keep copies of all receipts and this form.

Declaration: I declare that to the best of my knowledge and belief the information I have provided in the Claim Section of this form is full, true, and complete.	
Name:	Date:

If you have questions about this form or the process for submission, please call Member Service at 1-833-569-7325.

Mail the completed form and attached receipts to:

Peak Health
1085 Van Voorhis Road, Suite 300
Morgantown WV 26505-3497

- ✓ Please allow 45 days processing time.
- ✓ Payment will be made to the address on file under Claimant.
- ✓ Payment will be made in the form of a paper check.