



Travel Expense Request Instructions

Please read this page before you complete the attached form. This page will tell you how the Transportation Expense Benefit works and if your trip meets what is needed to get the benefit.

WORDS TO KNOW

Travel time—This is the time it takes for you to travel to your appointment and back home (round trip) plus two hours for each scheduled appointment. We will use online tools, such as Google, to add up the round-trip time. We may call your provider to confirm the appointment.

Lodging— This is when you have an overnight stay at a hotel or motel. See LODGING EXPENSE below for more information.

Per diem rate—The most that can be spent on meals or lodging. This rate is set by the Internal Revenue Service (IRS), General Services Administration (GSA) by city. The city where your appointment is at will tell us what rate to pay.

Reimbursement—This is when you pay for your Travel Expenses and ask us to pay you back. Be sure to send us your form within 30 days, but no later than 180 days from the date of your appointment. If your request is for lodging and parking or toll fees, you must include your receipts. We may not pay you back the full amount you paid for lodging if the cost is over the per diem rate. We will only pay the cost of the lodging stay and no extra services you may have asked for from the hotel or motel.

Prepay—If you are approved for Travel Expenses, but you cannot pay in advance, we will pay for your Travel Expenses before your appointment. If you are approved for lodging, we will book your stay at a hotel or motel near the office or facility of your appointment. **We must get your request at least 10 business days in advance of your appointment date to get prepay.**

MEALS EXPENSE

Your Meals Expense benefit is covered for half or the full per diem rate. This means that if your trip time is between than 4 and 8 hours you will be paid half the per diem rate. You will be paid the full per diem rate if your trip time is 8 hours or more. If you are approved for lodging, we will pay you the full per diem rate for each day you are away from home. You do not need to send us receipts for Meals Expense.

LODGING EXPENSE

We may approve your request for lodging if:

- We get your request at least 10 business days before your check-in date, and
- Total trip time is 12 hours or more, or
- Cannot travel for at least 6 hours one-way because of a medical issue (we may confirm with your doctor), or
- You are approved for Non-Medical Transportation (NMT) and are scheduled to leave your home before 6:00 am to travel to your appointment, or
- Your return home is expected to be after 10:00 pm.

COMPLETING THE FORM

All fields of this form must be completed. You must print neatly so we can read it. You must ask your doctor to sign it. If you are asking to be prepaid, we will call your doctor and confirm your appointment instead of asking for your doctor to sign it. If your doctor did not sign your form, we will accept proof of your appointment instead.

SUBMITTING YOUR FORM

You can FAX your form to **909 912 1049**, we can send you a postage paid envelope, or you can bring or mail it to:

IEHP

Attn: Transportation Services

10801 6th Street, Suite 120

Rancho Cucamonga, Ca 91730



Travel Expenses Request Form

Please print neatly

Request type: Reimbursement ☐ Prepay ☐

Reimbursement requests must be received no later than 180 days from the date of your appointment or checkout date. You must include receipts for lodging, parking and toll fees.

Prepay requests must be received for processing at least 10 business days prior to your appointment date or trip start date.

Expense type: Meals ☐ Lodging ☐ Parking fees ☐ Toll fees ☐

Name (First and last name)

Member ID

Mailing Address (Address, City, State, Zip)

Phone Number

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Is the trip for a minor or an adult who requires a guardian? Yes ☐ No ☐

If yes, what is the first and last name of the parent or guardian?

The payment will be given in the name of the parent or guardian.

Are you in the IEHP Major Organ Transplant (MOT) Program? Yes ☐ No ☐

Please select if someone will go with you.

Spouse/Caregiver/Attendant ☐ Other parent or guardian ☐ MOT donor ☐ MOT donor's caregiver ☐

Travel Detail

Facility name

Address

Provider name

Phone number

Trip start date and time

Trip end date

Type of transportation you will take: Greyhound bus ☐ Rideshare ☐ Private car ☐ NEMT (wheelchair or gurney van) ☐ Other:

Appointment(s) date/time

Appointment(s) reason

Reason for lodging (if requested) – select one or explain

☐ My total trip time is 12 hours or more ☐ I can't travel for at least 6 hours one-way due to a medical issue

☐ My approved transportation must leave before 6 am because of my scheduled appointment time.

☐ Because of my travel time, I will not get home until after 10:00 pm.

☐ Other reason not listed:

Member Attestation

By signing this form, I certify that the above information is true and correct. I have read, understand, and agree with how the benefit works as included with this form. If I am approved for prepaid lodging, I know that I must pay for damages or extra services I ask for during my stay.

Member, parent or guardian signature

Date signed

Provider office signature

Date signed