



## UnityPoint Travel and Lodging Reimbursement Form

In order to receive reimbursement according to your benefits, we need you to complete this form which documents your travel and lodging expenses. Reimbursement will be provided to members without access to care at a UnityPoint Health owned facility in their region.

For this Travel and Lodging Reimbursement Form, **legible receipts** must be sent to HealthPartners. These receipts must match information documented in the following sections.

Mail both forms along with original receipts to:

HealthPartners  
PO Box 1289  
Minneapolis, MN 55440-1289

If you have questions regarding your benefits, please call the customer service telephone number listed on your insurance ID card.

### Section 1

#### Travel Guidelines:

If traveling between 60-180 miles (one way) for services, you receive reimbursement for mileage only.

If traveling beyond 180 miles (one way) you will receive reimbursement for mileage and hotel (up to \$150 per night).

<b>Insured Name (Print)</b>	<b>HealthPartners ID Number</b>
<b>Insured Signature</b>	<b>Insured Telephone Number</b>
<b>Insured Street Address</b>	<b>City, State and ZIP Code</b>
<b>Patient Name</b>	<b>Patient Date of Birth</b>  / /



**Section 2**

In Section 2, please list your lodging expenses by date.

Please note that the receipt for each lodging item documented below *must* be included with this form. **Items not eligible for reimbursement are listed on page 3.**

**Lodging Receipts** (Reimbursement based on receipts for sleeping accommodations for those listed in Section 1 of this form, including tax.)

Date(s)	Name of Hotel or Motel	Total Dollar Amount for Reimbursable Lodging
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		

**Section 3**

**Mileage**

Please include addresses from the patient's home to the facility. (Mileage is reimbursed at *most current* Medical mileage rate – [www.irs.gov](http://www.irs.gov) based on Map Quest results.) There is no need to send gasoline receipts.

Patient Home Address

Provider Address

Number of Miles one way: \_\_\_\_\_

Date(s) Traveled from Home to Facility	Date(s) Traveled from Facility to Home



#### **Section 4**

**Generally these items are not eligible for reimbursement. However, please refer to your benefit certificate.**

- Additional mileage for sightseeing or visits to friends/ relatives
- Alcohol
- Car rental
- Clothing
- Entertainment (i.e. movies or rentals, visits to museums, additional mileage for sightseeing, compact discs, games, etc.)
- Expense for persons other than the patient and his/her covered companion or caregiver
- Expenses for lodging when member or companion is staying with a relative or friend
- Gasoline
- Groceries (i.e. grocery stores, Wal-Mart, K-Mart, etc.)
- Laundry service/supplies
- Non-legible receipts (i.e. food or lodging)
- Paper products (i.e. paper plates, paper towels napkins, etc.)
- Parking fees incurred other than at hotel/motel or hospital
- Personal hygiene items (i.e. toothbrush, etc.)
- Personal services (i.e. child care, house sitting, kennel care, etc.)
- Shoes/slippers
- Souvenirs (i.e. t-shirts, sweatshirts, toys, etc.)
- Telephone bills/calls/phone cards
- Tobacco
- Valet Parking
- Food