



Wellmark Blue Cross Blue Shield of Iowa
Wellmark Health Plan of Iowa, Inc.

Independent Licensees of the Blue Cross and
Blue Shield Association

Food, Travel and Lodging Reimbursement Form for Transplant-Related Expenses

We understand that this is a difficult time for you and your family. Our team stands ready to help guide you so you receive appropriate reimbursement for your transplant-related expenses.

In order to receive reimbursement according to your benefits, we need you to complete two forms. The first form is the Member Claim Form (C-5321) which is located on Wellmark.com (Member>Member Quick Links>Forms). The second form, which is this form, documents your food, travel, and lodging expenses.

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

Mail both forms along with original receipts to:

Wellmark Blue Cross Blue Shield of Iowa
1331 Grand Avenue
PO Box 9232, Station 1E238
Des Moines, IA 50306

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

Section 1

PLEASE NOTE: One companion or caregiver is allowed for adults and **two companions or caregivers** are allowed for dependents according to your benefits. A companion or caregiver is one that accompanies the patient or a person who provides direct care to the patient.

Insured Name	Wellmark ID Number
Insured Street Address	City, State and ZIP Code
Patient Name	Patient Date of Birth
Companion or Caregiver Name	Dates Accompanied / /
Companion or Caregiver Name	Dates Accompanied / /



Section 2

In Section 2, please list your food and/or lodging expenses by date for the patient and **applicable companion or caregiver**.

Please note that the receipt for each food and 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 and tip. Meal expenses should be reasonable.)

Date(s)	Name of Restaurant/Cafe	Number of People? (Only those people that are listed in Section 1 are eligible.)	Total Dollar Amount for Reimbursable Meal(s)
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Date(s)	Name of Hotel or Motel	Number of People?	Total Dollar Amount for Reimbursable Lodging
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* Valet parking is not eligible for reimbursement.



Section 3

Mileage

Please include addresses from the patient’s home to the transplant facility. (Mileage is reimbursed at *most current* Medical mileage rate – www.IRS.gov based on Map Quest results.) There is no need to send gasoline receipts.

Patient Home Address

Transplant Facility Address

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

Date(s)	Parking Fees (Hotel/Motel or Transplant Facility Specific if applicable)*

*Valet parking is not eligible for reimbursement.

Section 4

Miscellaneous

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

PLEASE NOTE: Reimbursement based on receipts for those listed in Section 1 on this form according to your benefits.

Date(s)	Name of Service or Expense e.g. Airline Tickets (coach)	Total Dollar Amount of Service or Expense
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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, deodorant, 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