## **Travel and Lodging Claim Form**For All Non-transplant Benefits



#### How to file

The qualifying medical claim must be on file before Anthem will reimburse for Travel and Lodging. The member must include the claim date of service and/or claim number or attach a copy of their qualifying claim's Explanation of Benefits.

The member is responsible for the payment of services rendered and should validate covered expenses prior to submitting this claim form.

A valid receipt must be submitted for the expenses. All receipts must be itemized and legible. Itemization includes, but is not limited to, name, date, time, amounts, and purpose. Credit card and bank statements are not acceptable as documentation. Keep a duplicate copy of your itemized bills and receipts as they will not be returned to you.

It is required that all fields are completed. Use a separate line for each date of service and receipt. The number of occupants for lodging should be documented in the description section of the claim form. For consecutive nights of lodging on one receipt, it is acceptable to list on one line as a date range.

Briefly indicate the type of service, i.e., mileage, lodging, etc. For travel by car list the total number of miles traveled for treatment. Utilize type of service "Other" for each covered expense that is not specifically called out on the claim form. Expenses that are not covered should not be included.

Your signature attests to the accuracy and completeness of all information on the claim form (**including** the receipts). This claim may be returned to you if all required information is not present.

We encourage you to file claims within 90 days of the service date. Please refer to your Description of Benefits for specific timely filing limitations and any applicable limitations and exclusions.

Please remit photocopies of your itemized receipts, completed claim form and any supporting documentation to:

#### TravelandLodgingOHINKYWIMO@anthem.com

Please note: Submission of this form outside the above email address (via Member Portal, USPS mailbox address, etc.) may delay processing.

If you have questions or need assistance, please contact the number indicated on the back of your ID card.

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### One patient per claim form.

General information								
dentification no. Group no.		Patient		ast name		First name		M.I.
Patient date of birth (MMDDYYYY) Patient relationship to Self Spouse Child Other		subscriber Subscribe		r last name		First name		M.I.
If we have questions, who ma	ay we contact?							
Contact name		Add	ress				Phone no.	
All Benefits (Non-Transplants I attest that this is the closest that performs the services for	participating provider fror	m my residend	ce or tempo	rary work location	Qualifyin date of s	g claim ervice (MMDDYYYY)	Qualifying claim numbe	er
Please complete the follow	wing as a summary o	f the itemi	zed bills y	ou have attached to	this cla	im form.		
Date of service Type of service code (MMDDYYYY) (T, A, L, or 0) see below*		Charge for service (or miles traveled)		Briefly describe the services you received or incurre			d	
Total charges \$ for which you are requesting consideration of payment				*Type of service code T - number of miles trav A - airfare		nr <b>L</b> - lodging <b>O</b> - other		
I certify to the accuracy an necessary to process this	d completeness of all i	nformation	reported b	y me on this form and	l authoriz	e the release of any	medical information	
Signature							Date (MMDDYYYY)	

Full signature and date required on each form.

Incomplete forms may delay processing. Please ensure all fields are completed.

Anthem Blue Cross and Blue Shield is the trade name of: In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCH0ICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC) and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HAU Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Obic. Community Insurance Company. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in PDS policies offered by Compace Health Services Insurance Company (WCIC). Compace Health Services Insurance Companies, Inc.

Anthem Insurance Companies, Inc.

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