



**State of Nevada
Public Employees' Benefit Program
Travel Pre-Authorization for Organ or Tissue Transplant or
Bariatric Weight Loss Surgery**

This form must be completed legibly in its entirety and submitted to the PEBP Quality Control Dept.

Name of Insured:	PEBP ID#:
Name of Patient (if different than Insured):	Name of Travel Companion (if different than Insured):

Travel Information

Purpose of Trip (check one): Organ/Tissue Transplant Bariatric Weight Loss Surgery

Proposed Center of Excellence Name and Address:

Date and Time (approx.) of Departure: _____ Date and Time (approx.) of Return: _____

Estimated Travel Expenses (amounts provided below can be estimates, but should be close to final amount submitted for reimbursement)

Date	Patient(P), Companion(C) or Both(B)	Method of Travel <small>(If PC, list mileage. All others, \$)</small>	Lodging*	Breakfast*	Lunch*	Dinner*	Misc.
04/01/13	P	P - Southwest - \$546	✓	N/A	✓	✓	Hotel Parking - \$5
↶ ABOVE INFORMATION PROVIDED FOR SAMPLE PURPOSES ONLY							

Method of Travel Abbrev: P=Plane B=Bus T=Taxi PC=Private Car X=Passenger in Car O=Other (Please Specify) * Check daily lodging and meals when applicable, DO NOT LIST PRICE. Reimbursements are based on per diem amounts allowed for Center of Excellence location.

Additional Comments:	Once Completed, Remit Form & Documents to: Quality Control Department Public Employees' Benefits Program 901 S. Stewart St. Suite 1001 Carson City, NV 89701
----------------------	--

If you need additional space for any of the information requested above, please fill out additional form.
 I understand that PEBP has full authority to approve or deny all or part of my travel expenses and should PEBP deny any or all of my travel expenses I have no right to appeal its decision. I also understand that submitting this form does not institute a promise of payment or guarantee of approval.

Signature of Insured: _____	Date: _____
PEBP Staff Only: <input type="checkbox"/> Proposed Center of Excellence -Approved <input type="checkbox"/> GSA Rate Sheets Attached Transportation Total: _____ Misc. Total: _____ Lodging Total: _____ Meal Total: _____ Overall Expenses Total: _____	
<input type="checkbox"/> Expenses Approved as listed above <input type="checkbox"/> Expenses Denied for: _____	
Signature of PEBP Executive Staff: _____	Date: _____