



Post-Travel Reimbursement Request Form for Organ/Tissue Transplant and Bariatric Weight Loss Surgery

We understand this is a difficult time for you and your family. We at PEBP want to make this process as quick and easy as possible so you can receive the appropriate reimbursement for travel expenses you incurred in relation to your organ and/or tissue transplant or bariatric weight loss surgery.

The PEBP Consumer Driven Health Plan (CDHP) and Premier Plan (EPO) allow for reimbursement of certain travel and hotel accommodation expenses for the patient and one additional individual person (spouse/domestic partner, family member or friend) when associated with covered, pre-certified medical treatment for organ and/or tissue transplants or bariatric weight loss surgery performed at a PPO Center of Excellence.

Please refer to PEBP's current plan year CDHP or EPO Master Plan Document, depending on which Plan you are on, located in the PLAN DOCUMENTS section on our website www.pebp.state.nv.us for specific and detailed information regarding allowable expenses eligible for reimbursement.

REMINDER'S:

1. Travel expenses are covered only when the distance to the Center of Excellence is 50 miles or more from the participant's residence.
2. Travel expenses are covered only when incurred in conjunction with the patient's transplant or bariatric surgery (does not include pre-surgery evaluations) and for one year after surgery for follow-up visits as required by the patient's surgeon.
3. Unless there are extenuating circumstances, an estimate of your travel expenses must be pre-authorized by PEBP. The Pre-Estimate Travel Reimbursement Form is available by logging in to your E-PEBP Portal at www.pebp.state.nv.us or by calling PEBP and requesting a copy be mailed to you.
4. Expenses incurred for travel and hotel accommodations for organ and/or tissue transplants or bariatric weight loss surgeries that are not performed at a PPO Center of Excellence are not covered.
5. All organ and tissue transplant procedures and bariatric weight loss surgeries **must** be pre-certified for medical necessity by PEBP's Utilization Management Company. Travel expenses associated with a procedure that has not been pre-certified by PEBP's Utilization Management Company will not be covered.
6. PEBP reserves the right to verify your completion of the pre-certification process with American Health Holdings prior to completing your request for travel expense reimbursement.
7. PEBP does not provide advance payment for travel expenses related to organ or tissue transplants or bariatric weight loss surgeries.

NOTE: PEBP has full authority to approve or deny all or part of your travel expenses. The denial of travel expenses cannot be appealed.

If you have questions regarding your benefits, please call HealthSCOPE Benefits at 1-888-763-8232.

It is important to include all required receipts when filing this Post-Travel Reimbursement Request. Proof that you attended an appointment is required in conjunction with all requested reimbursements. If an Explanation of Benefits (EOB) is not issued by HealthSCOPE Benefits, a note from the care provider's office verifying the full name of the patient and date of service for the appointment may be submitted. Post Travel Reimbursement Request Forms and receipts must be submitted within 12 months of the date of the surgery/procedure.

Once complete, mail this entire form and all original receipts to:

Public Employees' Benefits Program
901 S. Stewart St. Suite 1001
Carson City, NV 89701

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Public Employees' Benefits Program • 901 S. Stewart St. Suite 1001 Carson City, NV 89701 • (775) 684-7000 Fax (775) 684-7028

Section 1

General Information

Name of Insured:	PEBP ID#:
Insured Residential Street Address:	City, State and ZIP Code:
Name of Patient (if different than Insured):	Patient Date of Birth:
Patient Residential Street Address:	City, State and ZIP Code:
Name of Travel Companion (if different than Insured):	Dates Accompanied: to
Travel Companion Residential Street Address:	City, State and ZIP Code:
Approved Center of Excellence Street Address:	City, State and ZIP Code:
Purpose of Trip (check one): <input type="checkbox"/> Organ/Tissue Transplant <input type="checkbox"/> Bariatric Weight Loss Surgery	

Section 2

Lodging

Lodging reimbursement is based on receipts for sleeping accommodations for individuals specified in Section 1 of this form only, including taxes and fees. Lodging taxes are limited to the taxes on reimbursable lodging costs.

PLEASE NOTE: Corresponding receipts for each lodging item documented below must accompany this form.

Date(s)	Name of Establishment	Total Dollar Amount	Receipt Included (Yes / No)

Section 3

Travel

Please include the physical address of the starting location (if different than the Patient Address listed in Section 1) and the Center of Excellence’s physical address. Participants who use their personal vehicle to travel to a Center of Excellence will be compensated for miles to and from the Center of Excellence (based on an objective source such as Google Maps) at the standard mileage reimbursement rate for which a deduction is allowed for travel for federal income tax purposes or the personal convenience mileage reimbursement rate depending on the circumstances and the cost of other methods of travel. Participants are required to use the least expensive method of transportation.

Starting Location Physical Address

Center of Excellence Physical Address

Date(s) & Time(s) Traveled from Residence to Center	Date(s) & Time(s) Traveled from Center to Residence	Method of Travel*

*Method of Travel Abbrev: **P**=Plane **B**=Bus **T**=Taxi **PC**=Personal Vehicle **X**=Passenger in Car **O**=Other (specify)

Section 4

Meals

Meals will be reimbursed in accordance with the meals and incidental expense (M&IE) allowance for the location of the Center of Excellence according to the United States General Services Administration (GSA). Receipts are not required for the M&IE allowance. Participants should refer to the GSA’s website <http://gsa.gov> and the link “Per Diem Rates” for the most current rates. Reimbursement is not allowed if the meal is provided at no cost or included in another bill.

Date(s)	Applicable Meals for Reimbursement		
	Specify if meal was purchased for Patient(P), Companion(C) or Both(B)		
	Breakfast	Lunch	Dinner

Section 5

Miscellaneous

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

PLEASE NOTE: Reimbursement is based on receipts for individuals listed in Section 1 of this form only.

Date(s)	Name of Service or Expense e.g. Airline tickets (coach only), Parking, etc.	Patient(P), Companion(C) or Both(B)?	Total Dollar Amount	Receipt Included (Yes / No)

Exclusions and Specifications

The following are specifically excluded from reimbursement under any circumstances (other expenses not included below may be denied if they are not preapproved.)

- Alcoholic Beverages
- Vehicle Insurance
- Cards, stationery, stamps, etc.
- Dry cleaning
- Flowers
- Household utilities
- Laundry Services
- Toiletries
- Car Maintenance
- Flight Insurance
- Clothing
- Entertainment
- Household products
- Kennel Services
- Security Deposits

Meal Specifications

The PEBP CDHP and EPO Master Plan Documents outline when meals are eligible for reimbursement:

Reimbursement for meals while traveling must meet the following guidelines:

- Breakfast - must depart at or before 7:00 a.m.
- Lunch - must depart at or before 11:00 a.m.; Return at or after 1:30 p.m.
- Dinner - must depart at or before 5:30 p.m.; Return at or after 7:00 p.m.

Travel Specifications

Travel expenses incurred are reimbursed at the rates established by the [US General Services Administration](#) (GSA) according to The Center of Excellence physical location.

Travel expenses are subject to the annual deductible and coinsurance amount.

Reimbursement of eligible travel expenses, including any eligible travel expenses relating to a travel companion, will be payable to the primary participant (employee or retiree) and not to the service vendor (credit card company, hotel, restaurant, etc.).

I hereby certify that the information given by me on and in connection with this form is true and correct to the best of my knowledge and belief. I am aware that any person who knowingly makes any false statement or misrepresentation to obtain reimbursement from PEBP is subject to civil and/or criminal prosecution. I understand that PEBP has full authority to deny all or part of my travel expenses and should PEBP deny any or all of my expenses I have no right to appeal its decision.

Insured's Signature

Date