



Post-Travel Reimbursement Request Form

1. General Information

Name of Insured	PEBP ID	Name of Companion
Name of Patient (if different)	Patient Address	
Name of Facility	Address of Facility	
Purpose of Trip (select one)	Organ/Tissue Transplant	Bariatric Surgery
		Abortion

2. Travel

Are you including information for more than one trip to the Center of Excellence Facility and back? Yes/No _____

If Yes, how many? _____

Date	Start Location Code	Time Travel Began	End Location Code	Time Travel Ended	Transportation Code	Mileage	Cost

Transportation codes: P = Plane B = Bus T = Taxi PC = Personal Vehicle X = Passenger in Car O = Other (specify)

Location Codes: R = Residence A = Airport (include airport code) L = Lodging CE = Center of Excellence or Abortion Care Facility

If more rows are needed, please use a separate page.

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.

3. Meals

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

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.

4. Lodging

Check-In Date	Check-Out Date	Name of Establishment	Total Dollar Amount	Receipt Included? (yes/no)

Lodging Address _____

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 must accompany this form.

5. Miscellaneous

Date	Name of Service or Expense (Parking, Toll, Etc.)	Patient (P), Companion (C), or Both (B)	Total Dollar Amount	Receipt Included? (yes/no)

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.

Signature _____ Date _____



Post-Travel Reimbursement Request Form Information

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, bariatric weight loss surgery, or abortion.

The PEBP Consumer Driven Health Plan (CDHP), Low Deductible (LD) PPO Plan, and Exclusive Provider Organization (EPO) Plan allows for reimbursement of certain travel and lodging accommodation expenses permitted under IRS Regulation 213(d) and IRS Publication 502 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. Additionally, PEBP will reimburse travel for a participant located in a State with more restrictive access to abortion than Nevada, see NRS 422.250, to the nearest care center for abortion services covered under this Plan.

Please refer to PEBP's current plan year CDHP, LD, or EPO Master Plan Document, depending on which Plan you are on, located in the PLAN DOCUMENTS section on our website <https://pebp.nv.gov/> 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 or care center for abortion services 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, abortion, hip or knee total joint replacement, or bariatric surgery. This includes pre-surgery appointments such as evaluations, testing, counseling, etc., 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.
 - a. The Pre-Estimate Travel Reimbursement Form is available online at <https://pebp.nv.gov/> or by calling PEBP and requesting a copy be mailed.
4. Expenses incurred for travel, lodging accommodations, and/or meals 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. Services and procedures for reimbursement 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 the Utilization Management vendor prior to completing your request for travel expense reimbursement.
7. PEBP does not provide advance payment for travel expenses.
8. If the travel companion has their own separate PEBP plan, travel expense reimbursement will not apply to the companion.
9. The Plan will reimburse up to the GSA rate for lodging, travel, or actual expenses, whichever is less.
10. The Plan will reimburse the GSA rate for Meals (M&EI). Receipts are not required for meals reimbursement.
 - a. Reimbursement is not allowed if the meal is provided at no cost or included in another bill.

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 medical benefits, please call PEBP's Third-Party Claims Administrator 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 Third-Party Claims Administrator, 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. The plan reimburses for travel up to one year after services for follow-up visits as required by the patient's provider/surgeon. Travel expenses incurred on or after one year are not eligible for reimbursement.

Once complete, mail this entire form to PEBP. You are also welcome to submit documents securely online through a form that can be found under the subheading Submit Supporting Documents here:
<https://pebp.nv.gov/Contact/contact-us/>.

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 Fees
- Security Deposits

Travel Expenses Travel expenses related to a facility or provider that is not a certified Center of Excellence, exclusive hospital/ambulatory surgical facility, or outpatient infusion facility

Travel expenses incurred on or after one year following services are not eligible for reimbursement.

Travel expenses incurred are reimbursed at the rates established by the Internal Revenue Service according to The Center of Excellence physical location or the care center for abortion services physical location.

Travel expenses are not subject to the annual deductible and coinsurance amount. PEBP will issue appropriate reporting forms (form 1099, W2, etc.) for federal tax reporting purposes. You may be liable for taxes and must consult your tax professional for further assistance.

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