

Travel & Lodging Reimbursement



Mail to: Western Health Advantage, Attn: Claims Department
2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833

Questions? 888.WHA.PERS or 888.942.7377 toll-free; 711 TTY

Complete this form for reimbursement for certain travel and lodging expenses related to eligible covered services.

MEMBER INFORMATION

Member Name _____ Member ID# _____

Address _____

City, State, Zip _____

Daytime Phone _____ Evening Phone _____

Email Address _____

TRAVEL AND LODGING INFORMATION

Dates of travel (mm/dd/yyyy – mm/dd/yyyy) _____

Total miles driven (round trip) _____ Did travel include companion costs? Yes No

Lodging (number of nights) _____ Total lodging costs _____

Meals _____

Dates Member was hospitalized (mm/dd/yyyy – mm/dd/yyyy) _____

IMPORTANT INFORMATION

- Keep copies of all travel receipts. We may request them at any time.
- Western Health Advantage will make a reimbursement decision within 45 calendar days of receiving a completed request form.
- Reimbursement is sent to the member's address on file with Western Health Advantage. (Payable to the subscriber if member is under 18.)
- Reimbursement may be considered taxable income, so you should consult your tax advisor. We do not provide tax advice.
- This travel benefit is separate and apart from coverage for the underlying health plan services. Reimbursement for travel does not guarantee coverage for the underlying health plan service.

CERTIFICATION AND AUTHORIZATION (This form must be signed and dated below.)

- I certify that the information provided in support of this submission is complete and correct, and that I have not previously submitted for these purchases.
- I understand that Western Health Advantage may require proof of payment for a reimbursement decision and I authorize the release of any information about purchases to Western Health Advantage.
- I understand that Western Health Advantage limits reimbursement up to \$250 per day, not to exceed \$5,000 per the course of treatment for transportation, lodging, and meals for the member and a traveling companion.

Subscriber's/Member's Signature _____ Date _____