

Reimbursement Form: Travel Benefit for Transplant Services

This form is only applicable to benefit plans that offer a travel benefit. Not all plans offer this benefit. Consult your member benefit booklet for more information.

Benefit maximum is \$10K unless otherwise specified by your employer group.

Please note the below filing requirements and tips for filling out the attached Travel Benefit for Transplant Services form. This form is only for covered and authorized (if required) travel expenses. Do not file medical services, prescription drugs or dental claims with this form.

Complete a Travel Benefit for Transplant Services form if ALL the below criteria are met:

- Transplant services should be approved by Blue Cross and Blue Shield of North Carolina (Blue Cross NC)
- Must use Blue Distinction[®] Center for Transplant (BDCT) facility
- Home address must be at least 100 miles or 2 hours from the BDCT facility for solid organs transplant, or home address must be at least 30 miles or 30 minutes from the BDCT facility for bone marrow or stem cell services
- Blue Cross NC coverage should be primary except when secondary to Medicare

Description	Benefit
Transportation, lodging and associated accommodations	Applies to the patient and one companion who are traveling to and from the patient's residence and the transplant facility for the purpose of an evaluation, the service or necessary post-service follow-up. <ul style="list-style-type: none">• Includes travel by air, bus, rail or ground transportation (Uber, Taxi, etc.)• Includes parking fees and tolls• Includes personal car mileage Note: Itemized receipts are required for lodging, transportation, parking fees and tolls.
Exclusions	Non-covered expenses include, but are not limited to: international travel, meals, gas, utilities, childcare, security deposits, cable hook-up, dry cleaning, laundry, pet care, car rental fees and personal items.

Important notes when completing the form:

- Type or use blue or black ink to complete
- Complete a separate claim form for each travel event
- Use a new form or sheet of paper if you run out of space
- Claims must be filed within 18 months from the date services were received or they will be denied
- Remember to sign and date at the bottom of Section 4
- Keep a copy of this form

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SECTION 1: Patient Information Please enter the subscriber number from your member ID card

Subscriber Number: Begin with letter prefix - **2 digits following member's name** (see member ID card)

Patient's Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Date of Birth: -- **Relationship to Subscriber:** Self Child Spouse Other: _____

SECTION 2: Permanent Mailing Information

Subscriber Name: _____

Permanent Address: _____

City: _____ **State:** **ZIP Code:**

SECTION 3: Itemized Travel Costs (see various sections for Lodging, Transportation, Parking, etc)

Lodging (receipts are required)

Date(s)	Lodging	Amount (\$)

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SECTION 3: Itemized Travel Costs (cont'd)		
Transportation		
Miles driven by car (receipts are not required)		
Date(s)	To/From	Miles Driven

Airfare/Bus/Rail/Ground Transportation (receipts are required)				Parking Fees and Tolls (receipts are required)	
Date(s)	To/From	Transportation Type	Amount (\$)	Date(s)	Amount (\$)

SECTION 4: Travel Benefit Attestation

I certify the charges I am submitting for reimbursement are eligible and were incurred for transplant care. I am aware that claims must be submitted within 18 months from the date services were received.

Member Signature Date

SECTION 5: Submit Form Information

MAIL THIS FORM TO:
 Blue Cross and Blue Shield of North Carolina
 P.O. Box 35
 Durham, NC 27702
OR FAX TO: 1-866-990-1385
OR EMAIL TO: memberclaimssubmission@bcbsnc.com

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact the number on the back of your ID card for assistance.
Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Comuníquese con el número que aparece en el reverso de su tarjeta del seguro para obtener ayuda.

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