



Using the Travel Benefit Claim Form

To submit a travel claim, your employer’s plan must provide travel benefit coverage. Not all plans provide travel benefits. Travel benefits may be available for the following covered services provided 75 miles or more from home:

- Services not available (per applicable law),
- Mental health/substance use disorder services, and/or
- Organ transplant services (prior authorization required).

Refer to your member certificate/benefit booklet for coverage availability, details, and limitations. If you have other insurance coverage for the health care services received by the patient, coordination of benefits may be required.

Locating Your Member ID Number

Please be sure to include the entire member ID number on your claim form – both letters and numbers. You can locate this number on your ID card or by visiting your member portal at BlueKC.com.

Submitting Your Form	
After you have returned from medically necessary travel, complete all sections of this form. Reimbursement may be delayed if all the required information is not included.	
To Submit Via Email	Save the completed form as a PDF and email it along with scans or images of all receipts to: ImageWCMAT@BlueKC.com . Include only one form per email.
To Submit Via Mail	Mail form, receipts, and related documentation to: Blue Cross and Blue Shield of Kansas City Attention: Claims PO BOX 419169 Kansas City, MO 64141

Travel Reimbursement

Transportation and lodging for the patient and one (1) companion may be eligible for reimbursement up to your plan’s maximum amount.

This form may be used when your plan provides traveled benefits for any of the following covered services provided 75 miles or more from home: services not available (per applicable law), mental health/substance use disorder services, and/or organ transplant services.

The reimbursement form is a general guideline of coverage. Final benefits, eligibility and payment will be based on the type of service and provider/facility used.

Questions?

If you have questions, or to confirm your eligibility, call the customer service phone number on your ID card.



SUBSCRIBER INFORMATION (Policy Holder)			
ID Number on Subscriber ID Card (Including first 3 characters)	First Name	Last Name	Middle Initial
Address			
City	State	Zip	
Employer Name	Group ID #		

CLAIM INFORMATION			
Member's First Name (Enter the name of the person claim is for)	Last Name	Date of Birth (MM/DD/YYYY)	
Address (only include if different than above)			
City	State	Zip	
Claim is for:	<input type="checkbox"/> Subscriber (Policy Holder) <input type="checkbox"/> Spouse (of Policy Holder) <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Dependent (up to Age 26)	Date of Service (MM/DD/YYYY)	
Provider Name (First and Last)	Practice/Facility Name (If Applicable)		
City	State	Zip	
Description of Clinical Service/Procedure Provided:			

TRAVEL INFORMATION			
Did you travel with a companion? <input type="checkbox"/> YES <input type="checkbox"/> NO	Your companion's travel costs may also be reimbursed if the companion's presence is necessary to support you while receiving care. Include their costs in the totals below.		
Dates of Travel (MM/DD/YYYY to MM/DD/YYYY)	to		Lodging
Total Miles Driven (Round Trip)	Cost of Air Fare	Cost of All Other Transportation (Include description: bus, taxi, parking, etc.)	Average Cost of Lodging Per Night \$
			Number of Nights #
			Total Lodging Costs \$

Important Information:

- Submit all applicable receipts along with this form. Blue KC will generally process your reimbursement within 30 days of receipt of this form, any applicable receipts, and the medical claim.
- Blue KC will verify receipt of the above medical claims before travel reimbursement will be processed.
- **This benefit does not cover meals, alcohol/tobacco, entertainment, taxes, tips/gratuities, lodging other than at a hotel or motel, personal care/hygiene items, telephone calls, childcare expenses, lost wages, or expenses for anyone other than you and your companion.**
- Actual travel reimbursement amounts will be determined in accordance with the IRS allowance for medical travel and may not cover the full amount of costs you have incurred.
- Travel reimbursement is subject to any limitations as outlined in your member certificate or benefit booklet – most plans limit the total dollar amount eligible for reimbursement.
- Cost-Sharing, such as Deductible, Copayments and Coinsurance, generally will not apply to covered transportation and lodging costs. If You are enrolled in an HSA-compliant high deductible health plan, covered transportation and lodging cost will accumulate toward Your deductible, but You must satisfy Your Deductible before transportation and lodging costs will be reimbursed by the plan.

AUTHORIZATION	
By signing this form, you are confirming that to the best of your knowledge, the information is truthful and accurate	
Signature of Member (or guardian)	Date