

Travel and Lodging Claims Form

If your plan covers a Travel and Lodging benefit and you have incurred travel expenses, please complete all of the fields below and include a copy of your travel and lodging receipts and submit to:

**Horizon Blue Cross and Blue Shield
PO Box 1219
Newark NJ 07101**

If you need assistance or have questions, please reach out to Horizon Member Services on the back of your card or review your Summary Plan Document (SPD).

Date Travel Reimbursement Submitted		
Member Name		ID Number <small>PREFIX (if any)</small>
Patient Name		Patient Date of Birth
Guardian(s) (Required when patient is a minor child)		
Dates of Travel	Rendering Provider	Date of Service
Purpose/Explanation of Travel		

Lodging			
Date (from - to)	Name(s) of Traveler	Hotel Name	Amount
Transportation			
Date (from - to)	Type of Transportation	If travel by automobile, please list mileage or provide gas receipts	Amount
Miscellaneous Expenses			
Date (from - to)	Type of Expense	Amount	

Please check services received:

- Transplant Services
 Other _____

I _____ attest that the information below is true, accurate, and complete and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability. Furthermore, I am authorized to sign such agreement.

- Purpose of travel meets criteria set forth in member's Summary Plan Description
- Receipts are truthful
- No in-network health care professional or facilities, with the ability to perform covered services, are available within 75 miles
- Most economical mode of travel was employed (i.e., not first or business class for airfare/train)
- To the best of my knowledge, my receipt of these benefits would be permitted by controlling law

Authorized Signature