



Member Travel Reimbursement Form



Mail form to: PO Box 4128, Omaha, NE 68104 Email form to: us.ths.hicclaims@transdev.com
Use this form to be reimbursed for eligible out-of-pocket travel expenses. Please submit one form per member.

Member Name _____ Member ID # _____

Mailing Address _____ Telephone: _____

City _____ State _____ ZIP Code: _____

Please provide a brief description of your request:

Date of Service	Vendor	Description of Service	Amount Paid

Total Amount of Reimbursement Request _____

I attest that the above information is true and accurate and that the services were received and paid for in the amount indicated above. I acknowledge that if any information on this form is misleading or fraudulent, I may be subject to criminal and/or civil penalties for submitting false healthcare claims.

Printed Name: _____ Signature: _____ Date: _____

To file a request:

1. Complete the information above. Use a separate form for each date of service.

Example:

- If you went to the doctor and picked up a prescription on the same day. Fill out one form and attach both receipts.
- If you went to the doctor and picked up a prescription on another day. Fill out a separate form and attach that receipt.

2. Attach clear copies of any itemized bills and receipts. Keep the originals for your records. We will not return original documents to you.

3. Attach notes from your doctor. If you saw a doctor, ask your doctor to give you notes about your visit and include them here.

You must submit your receipts to IntelliRide within 30 days of your return to home island.

If any information is missing, we will deny your request. We will contact you and you may resend your request with the missing information filled in. If your request is approved, you will be reimbursed within 30 days.

AlohaCare Advantage Plus (HMO SNP) is an HMO SNP plan with a Medicare contract and a contract with the Hawaii Medicaid Program. Enrollment in AlohaCare Advantage Plus depends on contract renewal.

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