



Member Travel Reimbursement Form

Mail form to: PO Box 4128, Omaha, NE 68104 Email form to: us.ths.hiclaims@transdev.com
Use this form to be reimbursed for eligible out-of-pocket travel expenses. Please submit one form per member.
If you have any questions regarding this form, call 303-316-3848 option #3.

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. Contact Transdev Health Solution's call center** to request reimbursement for your upcoming travel. The call center agent will verify eligibility and give you a confirmation number. Keep this number and add to the form.
- 2. Complete the information above.** Use a separate form for each date of service.

Example:
 - If you went to a medical appointment and had meal or lodging expenses, fill out one form.
- 3. Attach clear copies of any itemized receipts.** Keep the originals for your records. We will not return original documents to you.
- 4. Attach note from your doctor.** if you saw a doctor, ask your doctor office to give you a note stating you were seen. Please do not submit any paperwork from your doctor that has detailed medical information.

You must submit a copy of the reimbursement form, your receipts and doctor's note to Transdev Health Solutions within 45 days of your return to home island.

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PO Box 4128, Omaha, NE 68104

Email form to: us.ths.hiclaims@transdev.com

Fax to: 808-441-5987

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.