



Travel and Lodging Assistance Program

TRAVEL & LODGING EXPENSE REIMBURSEMENT FORM

Member's ID #	Address (Please Print)	City	State	Zip
Patient's Name (Please Print)	Patient or Parent/Guardian Signature			
Group/Policy #	Home Phone Number	Estimated Total Expense Amount	Today's Date	
Hospital Name	Lodging Facility and Phone Number			

Travel Date	Travel			Lodging	Please enter companion names below
	Auto Mileage*	Plane, Train, Bus	Taxi, Tolls, Parking, etc		
					Companion 1:
					Companion 2 (if patient is a minor child):
Totals		\$	\$	\$	

Send to :

Travel and Lodge
P.O. Box 30758
Salt Lake City, UT 84130

**For ALL Travel and Lodge
QUESTIONS
phone toll free:
1-800-842-0843**

Care/Case Coordinator's Name (Please Print)

* Mileage reimbursement is based on current IRS medical mileage reimbursement rate.