

We understand this is a difficult time for you and your family. To receive benefits, please complete this form with your travel and lodging expenses. Include legible receipts matching information noted in the form. Mail the form and original receipts to:

QualChoice covers these expense totals per solid organ transplant:

- Up to \$5,000 for an adult
- Up to \$10,000 for a child or disabled dependent

QualChoice
 ATTN: Care Management Transplant Coordinator
 P.O. Box 25610
 Little Rock, AR 72221

For questions about your benefits, please call Customer Service at 501.228.7111 or 800.235.7111.

SECTION I: Patient Information		
Note: One companion or caregiver is allowed for an adult patient. Two companions or caregivers are allowed for dependents. A companion or caregiver is the person accompanying or who provides direct care to the patient.		
Insured Legal Name (Print)	Member ID	Telephone
Insured Street Address		City, State & ZIP Code
Patient Name		Patient Date of Birth
Companion or Caregiver Name		Date(s) Accompanied

SECTION II: Travel Expenses	
List gasoline and parking at lodging and transplant facility. Receipts must be included with form. Mileage is checked according to Google Maps and must match gasoline use.	
Patient Home Address	Transplant Facility Address
Date(s) Traveled from Home To Facility	Date(s) Traveled from Facility to Home
Date(s)	Parking Fees (Lodging or Transplant Facility)

Section III: Lodging Expenses			
List lodging expenses by date, including tax and tip, for the patient and companion(s) or caregiver(s) noted in Section 1. Receipts must be included with this form. Valet parking will not be reimbursed. See all items that will not be reimbursed on Page 2.			
Date(s)	Name of Lodging	Number of People	Total Dollar Amount for Reimbursable Lodging

Section IV: Miscellaneous		
List other services or expenses not addressed in the above sections for those named in Section 1.		
Date(s)	Name of Service or Expense (e.g., Airline tickets – Coach)	Total Dollar Amount of Service or Expense

The following are not covered and will not be reimbursed:

- Alcohol
- Car rental
- Tobacco
- Valet Parking
- Limo service
- Wi-Fi
- Spa
- Unclear receipts (lodging)
- Laundry service/supplies
- Gym fees/exercise room
- Entertainment (movies or rentals, museum visits, added mileage for sightseeing, compact discs, games, etc.)
- Clothing, robes, shoes or slippers
- Groceries (grocery stores, Walmart, K-Mart, Target, etc.)
- Parking fees other than at hotel/motel or hospital
- Expenses for persons other than the patient and his/her covered companion(s) or caregiver(s)
- Expenses for lodging when patient or companion stays with a relative or friend
- Paper products (paper plates, paper towels)
- Personal hygiene items (toothbrush, deodorant, etc.)
- Personal service (childcare, house sitting, kennel care, etc.)
- Souvenirs (T-shirts, sweatshirts, toys, etc.)
- Telephone bills, calls, phone cards
- Incidental fees beyond room charges
- Any other service not related to travel or lodging