

Full Name: _____

Contact phone #: _____

Eligible condition: _____ Congenital Heart Disease; _____ Obesity Surgery Services
_____ Transplantation Services; _____ Cancer-related Treatments

Name of eligible Blue Distinction Provider providing treatment: _____

Date of Expense	Travel			Lodging
	Auto Mileage write in mileage*	Taxi, Tolls, Parking requires receipt	Plane, Train Bus requires receipt	Lodging requires receipt which shows check in and check out date

*attach MapQuest or Google Maps directions which state mileage for each date. Enter the actual number of miles driven each day. Mileage is reimbursed at the Medical rate which is set each year by the IRS.

HOW TO SUBMIT YOUR CLAIM:

- * Complete a medical claim form as the cover page.
- * Do not put a staple through receipts. Instead, tape receipts to a piece of paper then staple the pages together with the medical claim form on top. **No tape can cover dates or amounts** listed on a receipt as this will cause the ink to blur and become illegible.
- * Do not highlight or circle covered items or cross off non-covered items on receipts.
- * Credit card receipts are not acceptable in absence of original receipts.
- * Food, Beverages, Cleaning supplies, or personal or miscellaneous items ARE NOT covered.
- * Automobile rental charges and gasoline are not eligible for reimbursement.
- * Keep a copy of all documentation submitted for your records
- * Please submit claims within 1 year of the expense date.