

## 2010 Medical Travel Expense Request

### 1. Employee Information - Complete all sections

Name		Social Security Number
Address		Employer
City	State	Zip
Daytime Phone		Email Address
I certify that the medical transportation as set forth below was incurred by me and/or my eligible dependents.		
Signature of Participant _____		Date ____/____/____

### 2. Medical Travel Expense Request - Itemize each trip and use one line per trip

Starting Address	Ending Address	Date(s) of service 01/01/2010- 12/31/2010	Reasoning for Travel	Total Miles	Mileage Rate	Mileage Expense	Meal(s) Charge	Parking Fees and Tolls	Lodging Expenses	Total Charge
Total Expense										

**Transportation Expenses:** Will qualify if the expenses are primarily for and essential to medical care. These include car expenses, bus, taxi, train, plane, and ferry fares, and ambulance services. Instead of actual car expenses, a standard mileage rate (please contact the Flexible Benefits Department for the current mileage rate) for use of a car to obtain medical care is allowed. Parking fees and tolls can also qualify. Mileage is only reimbursable if the **ONLY** reason for the trip is a medical purpose.

**Meal Expenses:** Will qualify if the main reason for being there is to receive medical care.

**Lodging Expenses (at a hospital or similar institution):** Will qualify if the main reason for being there is to receive medical care.

**Lodging Expenses (not a hospital or similar institution):** Up to \$50 per night will qualify if these conditions are met: (1) the lodging is primarily for and essential to medical care; (2) the medical care is provided by a physician in a licensed hospital or medical care facility related to (or equivalent to) a licensed hospital; (3) the lodging isn't lavish or extravagant; and (4) there is no significant element of personal pleasure, recreation, or vacation in the travel. If a parent is traveling with a sick child, up to \$100 per night (\$50 for each person).

**Lodging for a companion:** Will qualify if accompanying a patient for medical reasons and all of the conditions described under lodging not at a hospital are also met. For example, if a parent is traveling with a sick child, up to \$100 per night (\$50 for each person) will qualify.

3. Mail, fax, or email your request form to:  
Wellmark Blue Cross and Blue Shield  
Flexible Benefits  
PO Box 14585  
Des Moines, IA 50306-3585

Phone: (800) 624-2755  
Fax: (515) 248-5350  
Email: wellfsa@wellmark.com

Additional forms can be obtained at [www.wellmark.com/flex](http://www.wellmark.com/flex)