

# Transplant Travel and Lodging Reimbursement Form

## Instructions

- Complete the information below, and submit this form with readable receipts for travel and lodging reimbursement
- On each receipt, include the member's name and ID
- Keep original receipts for your records; only submit copies of receipt for reimbursement
- Please include a separate sheet of paper with additional mileage or lodging reimbursement requests
- Reimbursement can be submitted by mail or by fax



Mail receipts to:  
Humana Transplant Claims,  
101 E. Main St., 9th Floor,  
Louisville, KY 40202



Fax receipts to:  
Humana Transplant Claims  
**502-508-9997**

## Member information

Member name	
Member ID	
Member phone number	
Member mailing address (if different from home address)	
Transplant provider name and address	

## Transplant mileage reimbursement

Date of related appointment	Travel from (Example: home address, hotel address, etc. )	Travel to (Example: doctor's office name/ address, hospital name/address)	Mileage	One way or round trip

## Transplant lodging reimbursement log

Date of related appointment	Name and address of lodging place (motel, hotel, etc.)	Tax ID (if available)	Billed amount	Check-in and check-out dates		Justification of overnight stay