Kaiser Permanente Northern California

Travel and lodging reimbursement

Select specialty services inside your region

If you're a Kaiser Permanente Northern California member and you're referred for certain health care services 50 miles or more from your home anywhere within Northern California, we'll pay you back for certain travel and lodging expenses.

Eligibility checklist

Please begin by answering the questions below to find out if you're eligible to apply for travel and lodging reimbursement under the select specialty services program.

Is the member's home region Northern California?	☐ Yes	☐ No
Was the service provided within Northern California?	☐ Yes	☐ No
Is your service one of the eligible specialty services listed below? • Bariatric surgery • Complex gastric surgery • Complex thoracic surgery • General inpatient acute pediatrics or specialty inpatient pediatrics, excluding direct admissions into the neonatal intensive care unit (NICU) and pediatric intensive care unit (PICU) • Outpatient pediatric hematology and oncology • Inpatient chemotherapy for leukemia/lymphoma • Left ventricle, right ventricle, or biventricular assist device (LVAD, RVAD, BiVAD) • Transplant nephrectomy • Pancreatectomy • Cystectomy • Esophagectomy • Hepatectomy • Heller myotomy	☐ Yes	☐ No
Was the member referred for the service by a Kaiser Permanente doctor?	☐ Yes	☐ No
Was the service the member received provided 50 miles or more from their home?	☐ Yes	☐ No
Can you submit proper documentation of travel and lodging expenses, such as itemized receipts?	☐ Yes	☐ No

If you answered NO to ANY of the above questions, you're not eligible for this program and shouldn't apply for reimbursement using the attached application form.

Please visit **kp.org/specialty-care/travel-reimbursements** for information on other travel and lodging programs that may be available.

If you answered YES to ALL the above questions, you're eligible for travel and lodging reimbursement under the select specialty services program and may submit the attached application form. Please be sure to read the attached frequently asked questions before completing the application. You can find more information at **kp.org/specialty-care/travel-reimbursements**.

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Frequently asked questions about travel and lodging reimbursement

How do I submit a claim?

- Fill out the reimbursement request form included in your packet.
- To avoid delays, we need the correct spelling of your full name and your current email address and phone number(s) on file.
- Please make sure Member Services has your current home mailing address. You may call Member Services to verify or change your mailing address at **1-800-464-4000** (TTY **711**), 24 hours a day, 7 days a week (closed holidays). Checks can only be mailed to the address you have on file.
- Submit a copy of your original itemized receipts with your request form, and keep a copy for your records. Please provide copies of your original itemized receipts for services (for example, submit the original itemized bill from the hotel rather than a credit card receipt or credit card statement).

What expenses can be reimbursed?

- Eligible travel and lodging expenses identified in this form, with itemized receipts for select specialty services provided 50 miles or more (one way) from the member's home
- Round trip taxi or equivalent rideshare, bus, train, or personal vehicle mileage for you and a caregiver/companion from your home to and from a referred facility, up to $200 per round trip for all medically necessary pre-service, service, and post-service visits*
- Rental car and bridge tolls (with receipts)
- Lodging for you and a caregiver/companion, for 1 room plus tax, up to $150 per day, for the length of time specified in your referral

What expenses cannot be reimbursed?

- Travel and personal expenses for more than 1 caregiver/companion
- Food or beverages
- Over-the-counter medications, member prescriptions or copays, and personal care items, even if they are recommended by your physician.
- Daily transportation to and from the referred facility*
- Gas for a personal/companion vehicle and/or for a rental car
- Parking fees
- Electric vehicle charging fees
- Telephone calls and internet service
- Lodging expenses, other than room and tax, such as room service, minibar, and movies
- If the select specialty service is not on the list of eligible services (see form on next page), reimbursement of travel and lodging expenses is not available.
- Please do not add handwritten notes or other medical procedures on the form.
- Please see “Exclusions” on main website under Select Specialty Services for all items that cannot be reimbursed.

When will I get my reimbursement check?

- We’ll send your reimbursement check about 8 weeks after we receive all necessary paperwork.
- We’ll send a single check to the address you have on file with Member Services.
- If a caregiver/companion is due any money, it will be included in the check.
- You’re responsible for reimbursing the caregiver/companion.

*If you’re a Medi-Cal member (including CA Children’s Services and Whole Child Model), you have more transportation options available to you. Please call Member Services at **1-800-464-4000** (TTY **711**) for more details.

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Kaiser Permanente Northern California
Travel and lodging reimbursement request form for select specialty services

Use this form to request reimbursement of eligible travel and lodging expenses for select specialty services identified in this form. Please provide information below for the member who received the eligible services.

Patient Name	Patient's Date of birth
Patient's Mailing Address	
Patient's City / State / Zip Code	Patient's medical record #:
Phone Number (any)	Email Address (any)
Name of Parent/Companion/Caregiver (if applicable)	
Name of doctor who performed service (if known)	
Name/location of the facility where service was performed	
Name/phone number of KP case/care manager (if known)	

REQUIRED: Choose the category of service received (service must be listed below to be eligible for reimbursement)

- ☐ Bariatric Surgery
- ☐ Complex gastric surgery
- ☐ Complex thoracic surgery
- ☐ Cystectomy
- ☐ Esophagectomy
- ☐ General inpatient acute pediatrics or inpatient specialty pediatrics (excluding direct admission to the NICU and PICU)
- ☐ Heller myotomy
- ☐ Hepatectomy
- ☐ Inpatient chemotherapy for leukemia/lymphoma
- ☐ Left, right, or biventricular assist device (LVAD, RVAD, or BIVAD)
- ☐ Outpatient pediatric hematology and oncology
- ☐ Pancreatectomy
- ☐ Transplant nephrectomy

REQUIRED: Purpose of visit (choose all that apply)

- ☐ Consultation
- ☐ Follow-up
- ☐ Post-op
- ☐ Pre-op
- ☐ Outpatient Surgery (no overnight hospital stay)
- ☐ Inpatient Surgery (stayed overnight in the hospital)
- ☐ Treatment

Did the patient stay in the hospital overnight? ☐ Yes. If yes, please provide all admission and discharge dates on the next page.

ADMISSION DATE #1 _____	ADMISSION DATE #2 (if applicable)_____
DISCHARGE DATE #1 _____	DISCHARGE DATE #2 (if applicable)_____

Did the patient have same day Outpatient Surgery? ☐ Yes. If yes, please provide the date of their 1-day admission and discharge on the next page.

Outpatient appointment dates. Please only list dates when traveling from the patient's home directly to/from the medical center. Enter ALL outpatient dates on the next page.

TRANSPORTATION: All sources are between the patient's home address and the medical center only.
Receipts required. ☐ Bus ☐ Amtrak ☐ Rental Car ☐ Taxi, Uber, Lyft, Shuttle Service
No gas receipts required. ☐ Patient's Personal Car ☐ Parent/Companion/Caregiver Personal Car

How many round-trip visits did the patient make between home and the site of service for treatment?
_____ (non-reimbursable: to/from lodging, the medical center or other establishments)

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LODGING: Receipts required. Provide all lodging dates on the next page. Did the patient require lodging? ☐ Yes Dates:_____ Dates:_____ Did the parent/companion/caregiver require lodging? ☐ Yes Dates:_____ Dates:_____
Date of last appointment before the patient was released to return home:_____
Date the patient returned home:_____

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SPECIALTY SERVICES CHECKLIST

- ☐ **Lodging Receipt:** Please make sure your lodging invoice/folio shows hotel name, address, daily room rate, taxes, and resort fees.
- ☐ **Bridge Toll Receipt:** Please check that your receipt shows the toll date, its amount, and that it has been paid. FasTrak bridge toll statement is acceptable.
- ☐ **Rental Car Receipt:** Please check that your receipt shows the pickup/drop-off dates, and the amount paid for a standard size rental.
- ☐ **Google Map:** Showing the longest distance from patients' home to the medical center.

- **All receipts must be in PDF format**
- **Please do not embed forms, receipts, or maps into the body of your email**

Please include additional comments below, or information in your email or on a separate page.

Submit this form and a copy of the original itemized receipts to our travel and lodging coordinator by:

Email as a PDF file	NCAL-TravelandLodging@kp.org
Fax	1-866-241-4785

Additional Comments:

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For more help

For general questions regarding travel and lodging or the reimbursement form:

Call the travel and lodging coordinator at **(925) 598-2720**; follow the prompts.

To check the status of your reimbursement:

If you haven't received your reimbursement 8 weeks after the date you received your reimbursement approval letter, call the travel and lodging coordinator at **(925) 598-2720**; follow the prompts.

For more information, go to **https://healthy.kaiserpermanente.org/northern-california/get-care/travel-lodging-guidelines#specialty-services**

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OUTPATIENT DATES: Please list all dates when traveling from the patient's home directly to/from the medical center.	OVERNIGHT HOSPITAL STAYS: Please list all of the patient's hospital admission and discharge date ranges.	OUTPATIENT SURGERY DATES: Please list all dates where the patient had same day admission and discharge for their surgery.
If the patient had medical care at different facilities, please indicate the name of each medical facility with its corresponding date.		
LODGING INFORMATION (receipt required) If a field does not apply, type N/A under the "Patient only" or "Parent/companion/caregiver" box		
PATIENT ONLY	Check in	Check out
PARENT/COMPANION/CAREGIVER	Check In	Check out
Additional Comments		

Signature: ☐ Member ☐ Parent/Companion/Caregiver Date