

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the service provided within Northern California?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your service one of the eligible specialty services listed below? <ul style="list-style-type: none"> • 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 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the member referred for the service by a Kaiser Permanente doctor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the service the member received provided 50 miles or more from their home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you submit proper documentation of travel and lodging expenses, such as itemized receipts?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

(continues on next page)

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 lodging expenses for services provided fewer than 50 miles from the member's home
- Travel and personal expenses for more than 1 caregiver/companion
- Food or beverages
- Over-the-counter medications and personal care items
- 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

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.

(continues on next page)






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		Date of birth
Mailing Address		
City / State / Zip Code		Patient's medical record #:
Phone Number	Email Address (any)	
Name of 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) <ul style="list-style-type: none"> <input type="checkbox"/> Bariatric Surgery <input type="checkbox"/> Complex gastric surgery <input type="checkbox"/> Complex thoracic surgery <input type="checkbox"/> Cystectomy <input type="checkbox"/> Esophagectomy <input type="checkbox"/> General inpatient acute pediatrics or inpatient specialty pediatrics (excluding direct admission to the NICU and PICU) <input type="checkbox"/> Hepatectomy <input type="checkbox"/> Inpatient chemotherapy for leukemia/lymphoma <input type="checkbox"/> Left, right, or biventricular assist device (LVAD, RVAD, or BIVAD) <input type="checkbox"/> Outpatient pediatric hematology and oncology <input type="checkbox"/> Pancreatectomy <input type="checkbox"/> Transplant nephrectomy 		REQUIRED: Purpose of visit (choose all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Consultation <input type="checkbox"/> Follow-up <input type="checkbox"/> Post-op <input type="checkbox"/> Pre-op <input type="checkbox"/> Outpatient Surgery (no overnight hospital stay) <input type="checkbox"/> Inpatient Surgery (stayed overnight in the hospital) <input type="checkbox"/> Treatment
Did the patient stay in the hospital overnight? <input type="checkbox"/> Yes. If yes, please provide the admission and discharge dates below (if there are more overnight stays, enter the 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? <input type="checkbox"/> Yes. If yes, please provide the date of their 1-day admission and discharge. _____ (if more space is needed, enter more dates 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. <ul style="list-style-type: none"> <input type="checkbox"/> Bus <input type="checkbox"/> Amtrak <input type="checkbox"/> Rental Car <input type="checkbox"/> Taxi, Uber, Lyft <input type="checkbox"/> Personal Car <input type="checkbox"/> Companion/Caregiver Personal Car 		
How many round-trip visits did the patient make between home and the site of service for treatment? _____		

For more help

 <p>For general questions regarding travel and lodging or the reimbursement form: Call the travel and lodging coordinator at (925) 598-2720; follow the prompts.</p>	 <p>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.</p>
 <p>For more information, go to kp.org/specialty-care/travel-reimbursements.</p>	

OUTPATIENT DATES:

Please list all dates when traveling from the patient's home directly to/from the medical center

OVERNIGHT HOSPITAL STAYS:

Please list any additional hospital admission and discharge dates.

Additional Comments: