



# Transplant Travel Reimbursement Form

Please use this form to submit all your transplant travel expenses. Recipient/Companion and Donor expenses must be submitted separately.

<b>Check one:</b> <input type="checkbox"/> Transplant Recipient/Companion <input type="checkbox"/> Transplant Donor			<b>Transplant Center Facility Name:</b>		
			<b>Transplant Center Facility City and State:</b>		
<b>Name of Subscriber:</b>		<b>Subscriber ID #:</b>	<b>Transplant Recipient Name:</b>		<b>Relationship to Subscriber:</b>
<b>Companion/Caregiver Name:</b>		<b>Relationship to Recipient:</b>	<b>Donor Name:</b>		<b>Relationship to Recipient:</b>
<b>Recipient Email Address:</b>		<b>Number of Receipts Included:</b>	<b>Subscriber/Donor Address, City, State, Zip:</b>		
<b>Travel date(s):</b>	<b>Transportation:</b> <small>(air, rental car, bus, parking)</small>	<b>Lodging:</b> <small>Please attach receipts.</small>	<b>Personal Car Mileage:</b> <small>Paid at per-mile rate.</small>	<b>Meals:</b> <small>Paid at per-diem rate.</small>	<b>Comments:</b>
<b>Totals:</b>					

Notes: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SEND COMPLETED FORM TO NMHC VIA FAX OR MAIL WITH RECEIPTS ATTACHED.**

- **By fax:** 1-800-725-1582
- **By mail:**  
 New Mexico Health Connections  
 Attn: Case Management  
 2440 Louisiana Blvd. NE, Suite 601  
 Albuquerque, NM 87110

**Questions?** Call the NMHC Case Management Department toll-free at 1-844-691-9984.