



MUST OUT-OF-STATE TRAVEL REQUEST FORM

Dear MUST Plan Participant:

Under certain circumstances, your MUST medical plan will reimburse you for the cost of transportation by regularly scheduled passenger aircraft, railroad, bus, or for round trip fuel reimbursement for a personal automobile (at the IRS approved personal mileage rate as determined by First Choice Health). This benefit is for you or your dependent(s) **for travel expenses for the sole purpose of receiving medically necessary services that cannot be provided in Montana** up to \$600 per trip under the Travel Benefit. Please see the detailed explanation of the travel benefit on the following page.

This benefit is not subject to Plan deductible or co-insurance and will be reimbursed at 100% of approved expenses. Transportation for treatment within the state of Montana is not covered. To be considered for this benefit, we must have the information requested below **along with a receipt for your travel expense, except when requesting mileage.** Please complete the member information section of this form and have your referring physician complete the medical information section and return this completed form to:

First Choice Health—Medical Management
 600 University St, Suite 1400
 Seattle, WA 98101

To be completed by MUST member			
Participant's Name:		Phone Number:	
Participant's ID Number:			
Mailing Address:			
City:	State:	Zip:	
Patient's Name:			
Patient's Relationship to Participant:			Patient's Date of Birth:
Mode of travel:	Travel date(s):	Cost of airfare (if applicable):	
		Cost of companion airfare (if applicable):	
To be completed by referring physician			
Referring Physician's Name:		Phone Number:	
Mailing Address:			
City:	State:	Zip:	
Patient's diagnosis:		Surgical Procedure:	
Will surgery be performed? Yes: No:			
Type of treatment recommended:			
Can this treatment be provided in Montana? Yes:		No:	
Provider and facility patient is being referred to:			
Address:			
City:	State:	Zip:	
Physician's Signature:		Date:	
For First Choice Health Use Only			
Determination:	Codes for payment:		Service reason: TTRVL
Mileage calculation:		Total amount to be reimbursed:	
FCHN manager signature:			Date:

TRAVEL BENEFIT EXPLANATION

The Travel Benefit has been amended effective July 1, 2009 and is replaced as follows.

Coverage under this benefit includes reimbursement for travel expenses for the sole purpose of receiving Medically Necessary treatment for travel expenses that cannot be obtained within the state of Montana as determined by First Choice Health Medical Management. Reimbursement under this benefit requires authorization from First Choice Health.

Coverage is based upon information from the patient or Covered Person's treating Physician provided on the Out-of-State Travel Preauthorization Request Form. To receive Medically Necessary specialized health services, the following incurred charges are payable:

The cost of the ticket by round trip coach airfare, train fare, bus fare or the IRS reimbursement rate for mileage for medical travel by automobile will be covered for the patient who is the Covered Person (First Choice Health will determine mileage based on the most direct route from the Covered Person's address to the address of the treating facility).

Transportation charges for a companion to accompany a Covered Person who is 18 years of age and younger may be covered if certified by the physician as Medically Necessary and approved by First Choice Health. The Plan will not pay for a companion to accompany a Covered Person who is 19 years of age and older.

Submission of the travel ticket receipt for airfare, train fare or bus fare is required for reimbursement. Total reimbursement for travel costs under this subsection will be allowed up to \$600 per trip, not to exceed that amount for the Covered Person and up to \$600.00 for a Medically Necessary companion to accompany a Covered Person who is 18 years of age or younger.

Excluded from coverage under this benefit are room and meal costs, cost of a rental car, parking fees, taxi or shuttle fare, re-ticketing charges or any other charges that First Choice Health determines are not covered under the Travel Benefit.