

# Cigna LifeSOURCE Travel Expense Form




The Travel Program covers only transplant-related care when travel occurs between the approved Transplant Facility and your home (or temporary lodging).

Please complete the following information and sign the form. Incomplete forms will result in delayed reimbursements.

|                       |                                     |
|-----------------------|-------------------------------------|
| Name of Policyholder: | Cigna ID # from card (not group #): |
|-----------------------|-------------------------------------|

**Recipient and Donor expenses MUST be submitted on separate forms**

|   |                                       |  |                          |  |
|---|---------------------------------------|--|--------------------------|--|
| <input type="checkbox"/> Transplant Recipient Complete this section |                                       | <input type="checkbox"/> Transplant Donor Complete this section (caregiver is not covered) |                          |  |
| Transplant Recipient Name:  | Relationship to Policyholder:         | Transplant Donor Name:   | Donor Social Security #  |  |
| Name of Recipient's Caregiver (Must be 21 years or older):          | Recipient's email address or Phone #: | Hospital Admit Date:   | Hospital Discharge Date: | Donor Release Date (by Transplant Team): |
| Purpose for visit to transplant facility                            |                                       | Transplant Type  | Donor Address:           |  |

**Submit Itemized Vendor Receipts with proof of payment and method of payment**

| DATE EXPENSE INCURRED | VENDOR NAME | TRANSPORTATION<br>(Fuel, Parking, Tolls, Taxi, Trains, Bus, Airline with Boarding Passes) | LODGING<br>Lodging must be Commercially rented. Rentals from Individuals is not a covered benefit. | MISC. EXPENSES |
|-----------------------|-------------|---|--|----------------|
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|                       |             |   |  |                |
| <b>Totals:</b>        |             |   |  |                |

**MISCELLANEOUS NOTES:**

**QUESTIONS?** Please call the Cigna LifeSOURCE Customer Service number: **1.800.287.0539**

**Your signature below acknowledges that you have read and understand the following:**

- All travel reimbursement checks are sent to the address on file.
- Donor travel reimbursement checks are issued and mailed to the Cigna insured, who will be responsible for reimbursing the donor.
- Bank Statements and Credit Card statements will not be accepted for reimbursement.
- Expenses submitted greater than 30 days after benefits terminate will be denied.
- Expenses submitted greater than one year past the date of travel will be denied.
- Prepayments for **FUTURE** lodging/rental dates are not covered.
- Please see Travel Program Reimbursement Instructions for additional important information.

Required Signature: \_\_\_\_\_ (Typed signatures accepted)      Date: \_\_\_\_\_

Send completed form with original itemized receipts. Please keep copies of your receipts for your records. Use the following methods to submit for reimbursement (for faster reimbursement, send via fax or email).

**Fax:** 1.855.281.0911    **Email:** \_\_\_\_\_    **Mail:** Cigna LifeSOURCE Travel Claims, PO Box 5602, Hartford, CT 06102-5602

To obtain additional forms visit our website: [Cignalifesource.com](http://Cignalifesource.com) - select Patients and Family, Support for Cigna Customers, and Learn More, scroll down to the Travel Expense Form.

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