

**Mail Handlers Benefit Plan  
Transplant  
Travel Reimbursement Request**



*Note:* MHBP participates in the Aetna Institutes of Excellence (IOE) Transplant Network program. For participants in the IOE network, the Plan may reimburse reasonable travel, lodging and meal expenses (if the recipient lives more than 50 miles from the facility) up to \$10,000 per transplant for the recipient and one companion (two companions if the recipient is a minor) and donor, if applicable.

Please contact your MHBP transplant case manager at 1-800-410-7778 for further details and information regarding this benefit.

**Date Travel Reimbursement Submitted:** \_\_\_\_\_

**Member Name:** \_\_\_\_\_ **ID Number:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Patient Date of Birth:** \_\_\_\_\_

**Parent(s):** \_\_\_\_\_  
*(Required when patient is a minor child)*

**Dates of Travel From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Purpose/Explanation of Travel:** \_\_\_\_\_

**Itemized Travel Receipts**

Please tape all legible receipts securely to a separate sheet of paper and include when submitting this form. Keep a copy of all your travel receipts.

**Lodging**

Dates (to –from)	Name(s) of Travelers	Hotel Name	Amount

**Food**

Dates (to –from)	Name(s) of Travelers	Vendor (name of restaurant)	Amount

**Transportation**

Dates (to –from)	Type of Transport	If travel by Automobile Please list Mileage	Amount

**Miscellaneous Expenses**

Dates (to –from)	Type of Expense	Amount

**Send Claims To:** Coventry Health Care, Inc.  
Harrisburg CSO Travel  
3721 TecPort Dr  
Harrisburg, PA 17111