



Transplant Travel Reimbursement Form

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

Please check one: Transplant Recipient/Companion Transplant Donor

Transplant Center (Facility Name/City/State): _____

Name of Subscriber:	Subscriber ID #:	Transplant Recipient Name:	Relationship to Subscriber:
Companion/Caregiver Name:	Relationship to Recipient:	Donor Name:	Relationship to Recipient:
Recipient Email Address:	Total Number of Receipts Included:	Subscriber/Donor Address, City, State, Zip:	

Travel date(s):	Transportation (air, bus, rental car, parking): Please attach receipts. Gas purchases reimbursable if renting a vehicle.	Lodging: Please attach receipts.	Personal Car Mileage: Gas/car repairs are included in the mileage reimbursement calculation. Do not submit separate receipts.	Meals: Paid at a per-diem rate. Do not submit receipts.	Comments:
Totals:					

Notes: _____

Member Signature: _____ Date: _____

SEND COMPLETED FORM TO TRUE HEALTH NEW MEXICO VIA FAX OR MAIL WITH RECEIPTS ATTACHED.

- **By fax:** 1-866-340-5775
- **By mail:**
True Health New Mexico
Attn: Case Management
2440 Louisiana Blvd. NE, Suite 601
Albuquerque, NM 87110

Questions? Please contact the True Health New Mexico Case Management Department toll-free at 1-844-691-9984.