



Wellmark Blue Cross Blue Shield of Iowa  
Wellmark Health Plan of Iowa, Inc.

Independent Licensees of the Blue Cross and  
Blue Shield Association

## University of Iowa Lodging Reimbursement Form for Transplant-Related Expenses

We understand that this is a difficult time for you and your family. Our team stands ready to help guide you so you receive appropriate reimbursement for your transplant-related expenses.

In order to receive reimbursement according to your benefits, we need you to complete this form which documents your lodging expenses.

For this Lodging Reimbursement Form, **legible receipts** must be sent to Wellmark within 6 months from the date of lodging. The receipts must match information documented in the following sections.

Mail this form along with original receipts to:

Wellmark Blue Cross Blue Shield of Iowa  
Mail Station 5W105  
PO Box 9232  
Des Moines, IA 50306-9232

If you have questions regarding your benefits, please call the customer service telephone number listed on your insurance ID card.

### Section 1

**PLEASE NOTE:** A companion or caregiver is one that accompanies the patient or a person who provides direct care to the patient.

<b>Insured Name (print)</b>	<b>Wellmark ID Number</b>
<b>Insured Signature</b>	<b>Insured Telephone Number</b>
<b>Insured Street Address</b>	<b>City, State and ZIP Code</b>
<b>Patient Name</b>	<b>Patient Date of Birth</b> / /
<b>Companion or Caregiver Name</b>	<b>Dates Accompanied</b> / /
<b>Companion or Caregiver Name</b>	<b>Dates Accompanied</b> / /



## Section 2

In Section 2, please list your lodging expenses by date for the patient and **applicable companion or caregiver**.

Please note that the receipt for each lodging item documented below **must** be included with this form. **Items not eligible for reimbursement are listed below.**

**Lodging Receipts (Maximum per night** reimbursement for lodging expenses is one room, up to \$100.00 per night including tax (regardless of number of people in room). **Maximum per episode of care** reimbursement is up to \$10,000 for all lodging expenses.)

Date(s)	Name of Hotel or Motel	Total Dollar Amount for Reimbursable Lodging
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**Generally, these items are not eligible for reimbursement. Please refer to your benefit certificate.**

- Alcohol
- Car rental
- Clothing
- Entertainment (i.e. movies or rentals, visits to museums, additional mileage for sightseeing, compact discs, games, etc.)
- Expense for persons other than the patient and his/her covered companion or caregiver
- Expenses for lodging when member or companion is staying with a relative or friend
- Gasoline
- Gift Cards
- Groceries (i.e. grocery stores, Wal-Mart, K-Mart, etc.)
- Laundry service/supplies
- Meals
- Mileage
- Non-legible lodging receipts
- Paper products (i.e. paper plates, paper towels, napkins, etc.)
- Parking fees incurred
- Personal hygiene items (i.e. toothbrush, deodorant, etc.)
- Personal services (i.e. child care, house sitting, kennel care, etc.)
- Shoes/slippers
- Souvenirs (i.e. t-shirts, sweatshirts, toys, etc.)
- Telephone bills/calls/phone cards
- Travel
- Tobacco
- Valet Parking