



Routine Transportation Reimbursement Form Plan Approved Locations

Trips must be to or from plan-approved locations, such as network providers, medical facilities, pharmacies, or hearing and vision appointments. If a member is privately transported to dialysis service appointments (not using our transportation benefit), the private driver may be reimbursed by our plan at \$0.60 per mile. Claims payments for transportation reimbursement can take up to 30 days.

MEMBER INFORMATION

Member Name:					
Member ID:		Date of Birth:			
Member Address:					
City:		State:		Zip Code:	
Member Telephone Number:					

DRIVER INFORMATION

Name:					
Telephone Number:					
Relationship to Member:					

REIMBURSEMENT DETAILS

Please indicate person for reimbursement:				Member: <input type="checkbox"/>	Driver: <input type="checkbox"/>
Address for reimbursement to be sent to:					
City:		State:		Zip Code:	

MAIL FORM TO:

Champion Health Plan Transportation Reimbursement
PO Box 15337
Long Beach, CA 90815-9995



Date	Time	One-Way	Round Trip	Starting Address (Full Address)	Site Location Address (Full Address)	Purpose (i.e. Doctor, Drug Store, etc.)	Amount Paid (Proof of Payment Required)	Driver Info: S = Self C = Caregiver/Private G = County Operated O = Other (Describe)
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					

Member (Representative) Signature

Date