



MUST OUT-OF-STATE TRAVEL REQUEST FORM

Dear MUST Plan Participant:

Under certain circumstances, your MUST medical plan will reimburse you for the cost of transportation by regularly scheduled passenger aircraft, railroad, bus, or round trip fuel reimbursement for a personal automobile (at the IRS approved personal mileage rate as determined by the APS Case Manager). This benefit is for you or your dependent(s) **for travel expenses for the sole purpose of receiving medically necessary services that cannot be provided in Montana** up to \$600 per trip under the Travel Benefit.

Please see the detailed explanation of the travel benefit.

This benefit is not subject to Plan deductible or copayment and will be reimbursed at 100% of approved expenses. Transportation for treatment within the state of Montana is not covered. To be considered for this benefit, we must have the information requested below. Please complete the member information section of this form and have your referring physician complete the medical information section and return this completed form to:

APS Healthcare
 4545 N Lincoln BLVD SUITE 103
 OKLAHOMA CITY, OK 73015
 FAX #: (406) 327-7385

To be completed by MUST member		
Participant's Name:	Phone Number:	
Participant's ID Number:		
Mailing Address:		
City:	State:	Zip:
Patient's Name:		
Patient's Relationship to Participant:		Patient's Date of Birth:
To be completed by referring physician		
Referring Physician's Name:		Phone Number:
Mailing Address:		
City:	State:	Zip:
Patient's diagnosis:		Surgical Procedure:
Will surgery be performed? Yes: No:		
Type of treatment recommended:		
Can this treatment be provided in Montana? Yes:		No:
Estimated date of travel:		
Provider and facility patient is being referred to:		
Address:		
City:	State:	Zip:
Physician's Signature:		Date:

TRAVEL BENEFIT EXPLANATION

The Travel Benefit has been amended effective July 1, 2009 and is replaced as follows.

Coverage under this benefit includes reimbursement for travel expenses for the sole purpose of receiving Medically Necessary treatment for travel expenses that cannot be obtained within the state of Montana as determined by APS HealthCare. Reimbursement under this benefit requires authorization from APS Healthcare.

Coverage is based upon information from the patient or Covered Person's treating Physician provided on the Out-of-State Travel Preauthorization Request Form. To receive Medically Necessary specialized health services, the following incurred charges are payable:

The cost of the ticket by round trip coach airfare, train fare, bus fare or the IRS reimbursement rate for mileage for medical travel by automobile will be covered for the patient who is the Covered Person (APS Healthcare will determine mileage based on the most direct route from the Covered Person's address to the address of the treating facility).

Transportation charges for a companion to accompany a Covered Person who is 18 years of age and younger may be covered if certified by the physician as Medically Necessary and approved by APS HealthCare. The Plan will not pay for a companion to accompany a Covered Person who is 19 years of age and older.

Submission of the travel ticket receipt for airfare, train fare or bus fare is required for reimbursement. Total reimbursement for travel costs under this subsection will be allowed up to \$600 per trip, not to exceed that amount for the Covered Person and up to \$600.00 for a Medically Necessary companion to accompany a Covered Person who is 18 years of age or younger.

Excluded from coverage under this benefit are room and meal costs, cost of a rental car, parking fees, taxi or shuttle fare, re-ticketing charges or any other charges that APS Healthcare determines are not covered under the Travel Benefit.