



MUST OUT-OF-STATE TRAVEL REIMBURSEMENT REQUEST

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.

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
P.O. Box 16090
Missoula, MT. 59808-6090

Participant Information To be completed by MUST Member		
Participant's Name:	Phone #:	
Participant's ID Number:		
Mailing Address:		
City:	State:	Zip:
Patient's Name:		
Patient's Relationship to Participant:	Patient's Date of Birth:	
Required Medical Information Must be completed by referring physician		
Referring Physician's Name:	Phone #:	
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? ___ No ___ Yes		
Estimated date of travel:		
Provider & Facility patient being referred to:		
Address:		
City:	State:	Zip:
Physician's Signature:	Date:	

The cost of transportation by round trip coach airfare, trainfare, busfare or the IRS reimbursement rate for medical travel by automobile (as determined by APS Healthcare) for the Covered Person will be provided to and from the site where treatment will be rendered. Transportation charges for a companion to accompany a Covered Member who is over 18 years of age may be covered if certified by the physician and approved by APS Healthcare. Submission of the travel receipts for airfare, trainfare or busfare is required for reimbursement. Total reimbursement for travel costs under this subsection shall not exceed \$600.00 for the Covered Person and \$600.00 for a medically necessary companion per authorized trip.