

Non-Emergency Medical Travel Request Form *

The Benefit of Balance

Your Health Plan may provide limited travel benefits for certain emergencies and illnesses requiring treatment outside the patient's immediate service area. Benefits are payable for transportation by commercial airline (coach class only) or ferry from the place where the Illness or Injury occurred to the nearest Hospital where professional treatment can be obtained, subject to limitations as outlined in the Plan Document. All non-emergency travel may need to be pre-approved by the plan administrator, or no benefits will be provided. Travel benefits are generally not provided for diagnostic services, second opinions, dental, audio or vision care.

General Information

Patient's Name	Under age child <input type="checkbox"/> Yes <input type="checkbox"/> No
Member's Name	Member's ID Number

Travel Details

Passengers	<input type="checkbox"/> Patient	If patient is a minor: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
Date of Departure		
Date of Service(s)		
Date of Return		
Has the Ticket been purchased?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Date Purchased	
Ticket Cost		
Travel Agent Service Fee		
Total Ticket Price		
If the ticket was purchased less than two weeks before travel, please explain.		
Purpose of Trip		

Referring Physician to Complete This Section

Condition:		
Was this treatment due to an accident or medical emergency	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Can this treatment/surgery be performed locally?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
If no, please provide details:		
Physician's Signature		Date
Physician's Phone Number		

.....

Member Signature		Date	
------------------	--	------	--

Mail the completed form to EBMS, P.O. Box 21367, Billings, MT 59104 at least three weeks prior to the proposed travel.

For Administrator Use Only

Plan Administrator Approval	<input type="checkbox"/> No <input type="checkbox"/> Yes	Processed by:
-----------------------------	--	---------------

* PEHT Alaska members should access the group's customized request form through their personal miBenefits account or in the Forms section of the PEHT-AK website at: www.pehtak.com.