



Expense Reimbursement Form

All meals and lodging reimbursement requests must be pre-approved prior to the date of the trip. Claims **must** be sent within 180 days of your medical trip in order to be considered for payment.

Track your meal costs while on the trip. Your receipts **must** have each item listed. You will need to include **copies** of itemized receipts including date/time for each expense item claimed with the reimbursement form. **Do not** send original receipts - keep those for your files. Send copies of your detailed receipts from the business (restaurant, hotel, store, etc.). They must be neat and clearly show the date, time, payment method, amount, and each item that you purchased. Receipts missing these items will **not** be considered for payment.

Meals can be paid for the member and one attendant (if an attendant was approved before the trip). Meal reimbursement will follow these rules:

- If the member is an inpatient, we will cover up to the following daily amounts for an attendant:
 - \$5.00 — breakfast.
 - \$8.00 — lunch.
 - \$15.00 — dinner.
- If the member is an outpatient, we will cover up to the following daily amounts for both the member and for the attendant (including tax) only for the number of pre-approved days:
 - \$5.00 — breakfast.
 - \$8.00 — lunch.
 - \$15.00 — dinner.
- Nonfood items, such as alcohol, diapers, prescription medicines, clothing, tobacco, fuel and entertainment items **will not** be reimbursed and will be deducted from the total.
 - Items can only be paid for with cash or credit and debit cards.
- Items paid with gift cards and food stamps **will not** be reimbursed.

If there are other costs, such as taxi fare, they must be approved before the trip. The form must be completed in full in order to be paid. Please make copies and use multiple forms if needed.

Lodging reimbursement will follow these rules:

- We will cover up to the following daily amounts per room based on pre-approval:
 - \$93.00 - Omaha, NE
 - \$95.00 – Rochester, MN
 - \$77.00 – all other pre-approved locations.
- Items paid with gift cards and food stamps **will not** be reimbursed.

Mail completed form and **copies** of receipts to:

Access2Care
Attention: Iowa Claims
5800 Fleur Drive, Suite 231
Des Moines, IA 50321

If you have questions, please call **1-855-212-2213**.

Thank you,
Access2Care



Reimbursement form
 (Use for long distance medical travel)
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Member name	Medicaid ID number
Current home address	
	Phone number
Attendant name (must be pre-approved)	Relationship to member
Trip dates: From: _____ To: _____	Destination

Make check payable to (name):	
Mail reimbursement check to (address):	

Meals

Date	Breakfast, lunch or dinner	Amount	For A2C use only	

Copies of itemized receipts including date/time are required and must be attached for each expense item claimed. All reimbursement claims must be submitted within 180 days of trip completion.

Signature _____ **Date:** _____

Local transportation (local miles, parking or taxi fares)

Date	Start address	Destination address	Amount	Type