



4055 Valley View Lane, Suite 300
Dallas, TX 75244
214-932-1400 Main
214-237-6049 Fax

Reimbursement Policy

Request for reimbursement must be submitted within 15 days of the assignment ending, or at a minimum once a month for long term assignments

Receipts are required and must be submitted with form.

Reimbursable Expenses

Transportation: Coach Air Fare, Baggage Fees, Taxi, Tolls, Rental Car, or Mileage for use of Personal Car (at IRS tax rate)

Parking: Airport/Hotel

Car rentals will be arranged by Medestar and will be directly billed to Medestar.

***Car rentals not arranged through Medestar will not be directly billed and do not include Medestar's insurance.**

Please remember to always refuel rental car prior to returning.

Non-Reimbursable Expenses

- **License:** Medical License and DEA
- **Airline:** Change Fees, Upgrades, Lost Ticket, Spouse or Family Travel
- **Rental Car:** GPS, Refueling Charges, Car Upgrades, Satellite Radio, Mileage
- **Hotel:** Meals, Phone, Videos/Movies, Upgrades, **No Show Fees**
- **Personal:** Cleaning, Cell Phone, Fax, Pets, Damages, Cable, Spouse or Family Travel.

****Exceptions:** If the client has agreed to any exceptions beyond this policy, your Medestar recruiter will facilitate and document the arranged approval.

Any expenses not pre-approved by Medestar may not be reimbursed and are subject to payroll deductions.



Provider Reimbursement Form

SUBMIT WITHIN 15 DAYS OF COMPLETION OF ASSIGNMENT

Date: _____
Provider Name: _____
Address: _____
Specialty: _____
Worksite: _____

OFFICE USE ONLY

Job#: _____
Provider#: _____
Assignment Dates: _____

Do not put expenses relating to multiple assignments on the same form

I. Airfare/Rental Car (Receipts Required)

Date (s)	Explanation	Amount (\$)	OFFICE USE ONLY Billable? Y/N
Comments:			

II. Lodging (Receipts Required)

Date (s)	City, State	Amount (\$)	OFFICE USE ONLY Billable? Y/N
Comments:			

II. Other Expenses (i.e. Per Diem – Please refer to our Reimbursement Policy – Receipts Required)

Date (s)	Explanation	Amount (\$)	OFFICE USE ONLY Billable? Y/N
Comments:			

** Please fax to 214.237.6049. You may also email to lisa.burrow@medestar.com. **