

SmartHealth Travel Expense Reimbursement Form

Please use this form to submit all your health plan travel expenses. **All travel expenses must be pre-certified prior to travel expense being incurred to be considered eligible for reimbursement.**

Your reimbursements may be taxable. Please keep copies of all of your receipts for your records. Your signature below acknowledges that you have read and understand this information.

Name of Participant:	Participant ID # <i>(on ID card)</i> :	Health Ministry:	Length of Stay/Dates Approved
Ascension Network traveled to:	Pre-certification approval #:	Dependent Name if applicable:	Relationship to Participant:
Your e-mail address:	Telephone:	Total number of receipts included:	

DATE(S) OF TRAVEL	TRANSPORTATION (Air, Train, Bus, Taxi, Rental Car, Parking, Tolls, Fuel, Baggage Fees)	LODGING (Hotel, Apartment Rental)	PERSONAL CAR MILEAGE <i>(if pre-approved)</i>	MISCELLANEOUS
Totals:				

MISCELLANEOUS NOTES:

Signature: _____ Date: _____

Send completed form with paid receipts (please tape receipts to separate pieces of paper). You will receive your reimbursement faster if you send by fax.
Fax: (586) 693-4346
Mail: SmartHealth P.O. Box 37705 Oak Park, MI 48237-7705

QUESTIONS? Please call SmartHealth Customer Service at (888) 492-6811