



Transplant Travel Reimbursement Form

Please use this form to submit all your transplant travel expenses. Recipient/Companion and Donor expenses must be submitted separately.

Check one: <input type="checkbox"/> Transplant Recipient/Companion <input type="checkbox"/> Transplant Donor			Transplant Center Facility Name:		
			Transplant Center Facility City and State:		
Name of Subscriber:		Subscriber ID #:	Transplant Recipient Name:		Relationship to Subscriber:
Companion/Caregiver Name:		Relationship to Recipient:	Donor Name:		Relationship to Recipient:
Recipient Email Address:		Number of Receipts Included:	Subscriber/Donor Address, City, State, Zip:		
Travel date(s):	Transportation: <small>(air, rental car, bus, parking)</small>	Lodging: <small>Please attach receipts.</small>	Personal Car Mileage: <small>Paid at per-mile rate.</small>	Meals: <small>Paid at per-diem rate.</small>	Comments:
Totals:					

Notes: _____

Member Signature: _____ Date: _____

SEND COMPLETED FORM TO TRUE HEALTH NEW MEXICO VIA FAX OR MAIL WITH RECEIPTS ATTACHED.

- **By fax:** 1-800-725-1582
- **By mail:**
 True Health New Mexico
 Attn: Case Management
 2440 Louisiana Blvd. NE, Suite 601
 Albuquerque, NM 87110

Questions? Call the True Health New Mexico Case Management Department toll-free at 1-844-691-9984.