Cigna LifeSOURCE Travel Expense Form

Please use this form to submit all your transplant travel expenses. Recipient and Donor expenses MUST be submitted separately. If more than one Recipient, please submit a separate expense form for each Recipient.

Please check one: ☐ Transplant Recipient ☐ Transplant Donor (Companion not covered)

Name of Policyholder:	Policyholder ID # *(not group #)*:	Transplant Recipient Name:	Relationship to Policyholder:
Recipient Companion/Caregiver Name: (Must be 21 years old or older)	Caregiver accompanying Recipient? ☐ Yes ☐ No	Donor Name:	Donor Social Security #
Your e-mail address:	Total number of receipts included:	Donor Address:	

TRAVEL DATES: Start End

DATE OF SERVICE OR PURCHASE	MERCHANT NAME	TRANSPORTATION (Air, Train, Bus, Taxi, Rental Car, Parking, Tolls, Fuel, Baggage Fees)	LODGING EXPENSE Maximum $50 per person per night (Recipient-up to two people / Donor-one person)	MISCELLANEOUS EXPENSE
Totals:				

MISCELLANEOUS NOTES:

Your signature below acknowledges that you have read and understand the following:

- Personal items will not be reimbursed.
- Prepayments for **FUTURE** lodging/rental dates are not covered.
- Expenses submitted greater than one year past the date of travel will be denied.
- Expenses submitted greater than 30 days after benefits terminate will be denied.
- Please keep copies of all of your receipts for your records.

Signature: _____ Date: _____

Send completed form with original itemized receipts. Please note, bank statements and credit card statements will not be accepted for reimbursement. Please tape receipts to separate pieces of paper. Please see Instructions for additional important information. Use one of the following methods to submit for reimbursement (for faster reimbursement, send via fax or email):

Fax: 1.855.281.0911

Email: Lifesourcetravel@cigna.com

Mail: Cigna LifeSOURCE Travel Claims, P.O. Box 3238, Scranton, PA 18505-0238.

QUESTIONS? Please call the Cigna LifeSOURCE Customer Service number: **1.800.287.0539**

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