

# Tongass Timber Trust Medical Travel Request Form

**Medical Travel Request Claim Form** - The following must be completed for all members requesting travel under the Tongass Timber Trust medical travel benefit. The form along with corresponding travel receipts must be provided for claim payment consideration. The travel benefit will be administered in compliance with the medical travel benefit provisions.

## Part 1 – Pre-Approval - to be completed before traveling

### Patient/Member Info

Subscriber First Name	Subscriber Last Name	Member ID #
Patient First Name	Patient Last Name	Patient Date of Birth
Address	City	State / Zip

### Procedure Information

<input type="checkbox"/>	Hip Replacement
<input type="checkbox"/>	Knee Replacement
<input type="checkbox"/>	Back Surgery
<input type="checkbox"/>	Colonoscopy
<input type="checkbox"/>	Other _____

### Facility Information

<input type="checkbox"/>	Harborview Hospital
<input type="checkbox"/>	Swedish Hospital
<input type="checkbox"/>	Virginia Mason Hospital
<input type="checkbox"/>	Overlake Hospital
<input type="checkbox"/>	University of Washington Hospital

## Part 2 – to be completed after having medical procedure

### Travel Information

Date of Procedure	Departure Day	Return Day
Travel Companion Name	Companion Relation	Companion Date of Birth

### Travel Costs

Person	Air	Lodging	Car/Taxi	Parking	Mileage	Other
Member						
Companion						

### Signature

Subscriber	Date
Patient	Date

**Required Disclaimer –** This is not a guarantee of benefits. Any benefits payable will be based on the actual services provided, the eligibility of the patient, the appropriate premiums being paid by the employer, the benefits and plan provisions in effect at the time of service and a review of all information necessary to complete the processing of the claim.