



Transportation Claim Form

Please read the instructions below, then fill out the Transportation Claim Form on page 2.

Mailing Instructions

Keep copies of all documentation before sending in your Transportation Claim Form.

Please enclose copies of the following:

1. Copy of your transportation receipt(s)
2. Completed Transportation Claim Form

Mail to: **Vibra Health Plan**
ATTN: Member Claims
PO Box 60250
Harrisburg, PA 17106-0250

Commonly Asked Questions and Answers

How do I qualify for a reimbursement?

- You must be actively enrolled in the Vibra Health Plan Enhanced Coverage PPO for the date of service you are requesting reimbursement.
- The round trip should be for non-emergency appointments only.

How does my transportation qualify?

- Transportation must be via taxi, bus, subway, van, medical transport or other public transportation. Validation is subject to approval by Vibra Health Plan.
- Transportation provided to the member by a member of their family will not be covered.

How much can I claim for reimbursement?

- Reimbursement is up to \$30 per round trip, for up to 12 trips per year, for a total reimbursement of \$360 per year.
- One Claim Form should be submitted for each round trip.

What happens once I submit the Transportation Claim Form?

- Reimbursement checks will be made payable to the member and mailed to the member's address of record.
- If you believe your current mailing address is different than the address of record with Vibra Health Plan, please contact us prior to submitting your Transportation Claim Form.
- Please allow up to 4 weeks for processing.

If you have questions, please call Member Services at 1-844-388-8268 (TTY users call 711), 8 AM to 8 PM, 7 days a week.

Vibra Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-388-8268 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-388-8268 (TTY : 711)。



Transportation Claim Form

To be filled out by Vibra Health Plan member. Please use blue or black ink and print all information clearly.

When to submit this form

- After you are actively enrolled in Vibra Health Plan Enhanced Coverage PPO.
- After each round trip, but no later than 12 months after the date of the trip, with all necessary receipts and with proof of payment.
- Once all sections have been completely filled out and signed by the member or personal representative.

Section A – Member Information

Member ID Number	Member’s Last Name	First Name	Middle Initial
Address		City	State ZIP Code

Section B – Trip Information - Required

<p><u>Trip Information</u></p> <p>From: _____ (Member’s Hometown/City) _____ (Zip Code)</p> <p>To: _____ (Medical Provider’s Town/City) _____ (State)</p>	<p>Trip Date (MM/DD/YY) ____/____/____</p> <p>Round Trip Yes <input type="radio"/> No <input type="radio"/></p> <p>Name of Medical Provider: _____</p>
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Total number of documents attached _____ Total dollar amount being claimed \$ _____

Section C – Certification

I certify that the information on the form and all supporting documents are complete, accurate, and unaltered.

Member or Personal Representative Signature:

Date: