

## CONTRACT HEALTH SERVICES TRAVEL ASSISTANCE FORM

MUST BE FILLING OUT OR RISK A "PENDING" REQUEST

If you the patient are paratransit eligible (Medicaid) please call paratransit to request ferry and fuel.

- Medical Per Diem is maxed at \$25.00/day for the patient. Please allow at least 10 working days for per diem.
- Ferry and fuel are provided via vouchers. Please allow at least 10 working days for ferry and fuel.
- Parking is provided in advance at \$20.00/day. Reconciliation with receipt is required upon returning home.
- Provide all receipts for reconciliation when you return. Any receipts turned in with no names will be discarded.
- Hotels can be reserved if needed with advanced notice.

Requestor's Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Who is the appointment for (Include DOB): \_\_\_\_\_

Appointment Date and Time (if the appointment requires longer than a day please list the specific dates of the stay): \_\_\_\_\_

Appointment location and contact information (for verification): \_\_\_\_\_

List emergency contact and next of kin (name, relationship, contact information):

Emergency Contact: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Check what is being requested:

- Medical per diem. Number of people: \_\_\_\_\_
- Ferry and fuel. Number of people: \_\_\_\_\_
- Parking. Number of days: \_\_\_\_\_
- Hotel. Date of check in: \_\_\_\_\_ Date of check out: \_\_\_\_\_ Number of People: \_\_\_\_\_

**APPOINTMENT CONFIRMATION MUST BE ATTACHED BEFORE PROCESSING CAN START**

Receipts will be turned in after travel for reconciliation and to determine if money needs to be reimbursed to CHS. If receipts are not brought in, the patient runs the risk of being denied receiving future assistance from CHS.

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CHS Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Final Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CONTRACT HEALTH SERVICES (CHS)

### TRAVEL POLICY

#### THESE POLICY APPLY TO ALL CHS ELIGIBLE TRIBAL MEMBERS OUT OF AREA SUPPORTIVE SERVICES (outside of Clallam County):

- A. Fuel, Parking, and Ferry or Toll Bridge will only be paid after all other resources have been accessed (such as paratransit services)
- B. At minimal level, including:
1. Actual ferry cost
  2. Current GSA gas rate per gallon up to \$50.00 USD
  3. Public transportation (including plane or bus), will be accessed if that is the most cost effective method of transportation.
  4. Transportation is only available for the patients. Transportation will be available to the driver if the appointment requires the patient be unable to drive.
- C. Lodging will be paid:
1. If the patient needs to leave the night before due to time or other circumstances related to the visit. The **Contract Health Manager will make the determination of need and location.**
  2. For a single room for a relative(s) at a location to be determined by Contract Health Manager while family member (Parent, Child, Sibling or Grandparent) is hospitalized outside of Clallam County.
- D. Per Diem will be paid:
1. \$25.00 USD per person, Per day (Must be 3 or older)
  2. \$20.00 USD maximum for parking per day.
  3. \$6.00 USD for toll bridge.
  4. \$10.00 USD maximum for cab fare.
  5. Per Diem request must be submitted **no later than 10 business days prior to appointment.**
  6. **Patient is responsible** for submitting all appointment information for verification to Contract Health.
  7. **Patient must bring in receipts to verify travel was made.** If patient does not go on travel, patient is required to return all issued funds back to the CHS office.

The Lower Elwha Klallam Tribe's Contract Health Services has resulted in the ability of the Tribe to provide services that typically wouldn't be funded. Assuming continued capability, the following services will be funded. The decisions for these services will be based on the individual policy and procedure and/or a determination of the managed care committee.