

Medicaid Overnight Reimbursement Form

This form must be submitted within six (6) months from the date services were received in order to be considered for reimbursement. A decision on the reimbursement request will be made within (ninety) 90 days of receiving the completed form and receipt(s).

Any additional services that are received that go over the approved benefit(s) will be the responsibility of the member.

Step 1: Member Information

1. Your Humana ID (HUMID) Number is on your Member ID Card
2. All boxes must be filled out
3. Please submit (1) form per member

Member Name	HUMID (Humana ID)	Medicaid ID
Address		
City	State	ZIP Code
Signature	Print name of Guardian or responsible party (minors only)	

Step 2: Receipt Information

1. Include all copies of the original receipt(s) AND proof of payment for the benefit. Tape receipt(s) to a separate page and submit with this reimbursement form.
2. Lodging receipt(s) must show be a break-down of all cost. If the receipt(s) is missing any of this information, please ask the Lodging Company for a printout that includes the break down of information.
3. Restaurant receipt(s) must show the restaurant name, date, time (if available), and dollar amount.
4. Remember to keep a copy of the completed claim form and receipt(s) for your records.

Lodging/Restaurant Overnight Benefit	Date
Lodging/Restaurant Name	
City, State	
Reimbursement Amount Requested	Receipt Included Yes No
Comments	

Lodging/Restaurant Overnight Benefit	Date
Lodging/Restaurant Name	
City, State	
Reimbursement Amount Requested	Receipt Included Yes No
Comments	

Lodging/Restaurant Overnight Benefit	Date
Lodging/Restaurant Name	
City, State	
Reimbursement Amount Requested	Receipt Included Yes No
Comments	

Lodging/Restaurant Overnight Benefit	Date
Lodging/Restaurant Name	
City, State	
Reimbursement Amount Requested	Receipt Included Yes No
Comments	

Lodging/Restaurant Overnight Benefit	Date
Lodging/Restaurant Name	
City, State	
Reimbursement Amount Requested	Receipt Included Yes No
Comments	

Lodging/Restaurant Overnight Benefit	Date
Lodging/Restaurant Name	
City, State	
Reimbursement Amount Requested	Receipt Included Yes No
Comments	

Step 3: Submit With Signature

- Please submit within six (6) months from the date of service(s)
- Once all sections of this form are completed, please sign and date. The members, or legal guardians, signature states that all information on this form and the attached receipt(s) submitted is correct.

Return this completed form via mail, email, or fax with all copies of the original receipt(s) to:

Email: **ExpandedBenefitsreimbursement@humana.com**

Fax: **855-510-0041**

Mail Address:

Humana Travel Benefit c/o Expanded Benefits Administrator

P.O. Box 3114

Louisville, KY 40201

For the purposes of reimbursement see rates please see below

Benefit	Reimbursement Rate	Limitations/Exclusion
Lodging	\$80 or less per night for one room	Anything paid over the benefit amount will be the responsibility of the member. Human Healthy Horizons™ in Florida reimburses for lodging accommodations and a per diem for meals for all overnight trips at the Florida government rate in accordance with Section 112.061.F.Sw →
Breakfast	\$6 per member and 1 other person	
Lunch	\$11 per member and 1 other person	
Dinner	\$19 per member and 1 other person	

Humana

Healthy Horizons®
in Florida

ENGLISH: This information is available for free in other languages and formats. Please contact our Customer Service number at **800-477-6931**. If you use **TTY**, call **711**, Monday – Friday, 8 a.m. to 8 p.m.

SPANISH: Esta información está disponible gratuitamente en otros idiomas y formatos. Comuníquese con nuestro Servicio al Cliente llamando al **800-477-6931**. Si usa un **TTY**, marque **711**. El horario de atención es de lunes a viernes de 8 a.m. a 8 p.m.

CREOLE: Enfòmasyon sa a disponib gratis nan lòt lang ak fòma. Tanpri kontakte nimewo Sèvis Kliyan nou an nan **800-477-6931**. Si ou itilize **TTY**, rele **711**, Lendi - Vandredi, 8 a.m. a 8 p.m.

FRENCH: Ces informations sont disponibles gratuitement dans d'autre langues et formats. N'hésitez pas à contacter notre service client au **800-477-6931**. Si vous utilisez un appareil de télétype (**TTY**), appelez le **711** du lundi au vendredi, de 8h00 à 20h00.

ITALIAN: Queste informazioni sono disponibili gratuitamente in altre lingue e formati. La preghiamo di contattare il servizio clienti al numero **800-477-6931**. Se utilizza una telescrivente (**TTY**), chiami il numero **711** dal lunedì al venerdì tra le 8 e le 20:00.

RUSSIAN: Данную информацию можно получить бесплатно на других языках и в форматах. Для этого обратитесь в отдел обслуживания клиентов по номеру **800-477-6931**. Если Вы пользователь **TTY**, звоните по номеру **711** с понедельника по пятницу, с 8.00 до 20.00.

Call If You Need Us

If you have questions or need help reading or understanding this document, call us at **800-477-6931 (TTY: 711)**. We are available Monday through Friday, from 8 a.m. to 8 p.m. Eastern time. We can help you at no cost to you. We can explain the document in English or in your first language. We can also help you if you need help seeing or hearing. Please refer to your Member Handbook regarding your rights.

Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.
If you need help filing a grievance, call **800-477-6931** or if you use a TTY, call **711**.
- You can also file a civil rights complaint with the
U.S. Department of Health and Human Services, Office for Civil Rights
electronically through their Complaint Portal, available at
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

Auxiliary aids and services, free of charge, are available to you. **800-477-6931 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Humana Healthy Horizons in Florida is a Medicaid product of Humana Medical Plan, Inc.

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **800-477-6931 (TTY: 711)**.

Español: (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **800-477-6931 (TTY: 711)**.

Kreyòl Ayisyen: (French Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **800-477-6931 (TTY: 711)**.

Tiếng Việt: (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **800-477-6931 (TTY: 711)**.