

Member Request Form

Travel for Medical Steerage

Instructions

- Complete this form for consideration of reimbursement under your Medical Travel/Transportation Benefit – Travel for Medical Steerage. If you prefer, you can call a member of our Care Team to assist in completing this form at: 833-541-2296
- Once received, a team member will make outreach to you by phone and/or email to discuss and confirm the details of your request.
- You will receive an initial determination within 7 days of your request by mail or email. If your request is approved, you will receive details related to the reimbursement policy and process.

Intake Form

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| Member Name: | | Today's Date: | |
| Member ID: | | Service Date: (if known) | |
| Email Address: | | Phone Number: | |
| Member Address: | | | |
| Current Provider/Facility Name: | | | |
| Phone Number: | | | |
| Address: | | | |
| Requested Provider/Facility Name: | | | |
| Phone Number: | | | |
| Address: | | | |
| Type of Medical Service/Procedure: (include CPT codes if known) | | | |

Submit by email, mail, or fax.

Email: MedicalTravelBenefits@accesstpa.com

Fax: 888-318-9166 ATTN: Medical Travel for Steerage

Mail: Regence Group Administrators,
ATTN: Care Management
PO Box 85016
Bellevue, WA 98015