

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

Member Name:	<input type="text"/>	Today's Date:	<input type="text"/>
Member ID:	<input type="text"/>	Service Date: (if known)	<input type="text"/>
Email Address:	<input type="text"/>	Phone Number:	<input type="text"/>
Member Address:	<input type="text"/>		
Current Provider/Facility Name:	<input type="text"/>		
Phone Number:	<input type="text"/>		
Address:	<input type="text"/>		
Requested Provider/Facility Name:	<input type="text"/>		
Phone Number:	<input type="text"/>		
Address:	<input type="text"/>		
Type of Medical Service/Procedure: (include CPT codes if known)	<input type="text"/>		

Submit by email, mail, or fax.

Email: MedicalTravelBenefits@accesstpa.com

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

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