

UNITE HERE HEALTH - Alaska HERE Plan

Physical Address 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address PO Box 34203, Seattle, WA 98124
Phone (206) 441-7574 or (800) 331-6158 • Fax (206) 441-9110 • Website www.akheretrusts.com

Administered by
Labor Trust Services, Inc.

TRAVEL PREAUTHORIZATION FORM

Under certain circumstances the Trust may provide benefits for reimbursement of travel expenses for you or your dependent(s) to travel outside your locale for surgery or cancer care. You will be eligible for the payment of Travel benefits when:

1. You or a covered dependent are undergoing a specific surgical procedure or cancer treatment;
2. When it is determined that it is more reasonable and/or cost effective for you to receive treatment for your specific condition outside the local service area;
3. You use a network provider for services in the state where you are obtaining treatment; and
4. You are not covered by Medicare (unless covered by the Alaska HERE Plan under Medicare secondary payer rules).

Please refer to your Plan Booklet for additional eligibility rules and details regarding the Travel Benefit Program. In order to consider your benefit request, we must have the information below.

Employee Name (<i>First, Middle Initial, Last</i>)		Social Security No. or WPAS ID No.	
Mailing Address			
City		State	Zip Code
Home Phone No.	Mobile Phone No.	Email Address	
Patient's Name (<i>First, Middle Initial, Last</i>)		Patient's Date of Birth	
Travel Companion's Name (<i>First, Middle Initial, Last</i>)		Relationship to Patient	

MEDICAL INFORMATION

Referring Physician's Name (<i>First, Middle Initial, Last</i>)		Phone No.	
Mailing Address			
City		State	Zip Code
Diagnosis of Patient			

Recommended Treatment of Surgery		
Mailing Address of Physician Performing the Treatment or Surgery		
Phone No. of Physician Performing the Treatment or Surgery		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
What facility will be used for the treatment or surgery?		Is the treatment available locally?
If no, please indicate the reason treatment is not available locally? (Please include supporting documentation)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If the treatment is available locally, is the facility and physical a preferred provider with Multiplan?		Date treatment or surgery is scheduled. (MM/DD/YYYY)
Physician's Signature	Physician's Degree	Date

* Duplicate diagnostic testing is not a covered expense unless it is determined to be medically necessary.

Please contact the Administration Office at (800) 325-6532 if you have any questions or need assistance completing this form. **In order to avoid a possible delay in any preauthorization determination, be sure to complete this form in its entirety and return it to:**

Mail:

UNITE HERE HEALTH
PO Box 34564
Seattle WA 98124-1564

Fax:

(206-441-9110)

Email:

Claimstatus@wpas-inc.com

Please note that the following services require preauthorization:

- All Inpatient Hospitalization and the following Outpatient Procedures:
 - Adenoidectomy
 - Carpal Tunnel Release
 - Colonoscopy
 - Cosmetic Surgery
 - Hemorrhoidectomy
 - Knee Arthroscopy
 - Morbid Obesity Surgical Treatment
 - Pelvic Laparoscopy
 - Reconstructive Breast Surgery
 - Tonsillectomy
 - Tonsillectomy / Adenoidectomy
 - Tympanostomy Tube Insertion
 - Upper Gastrointestinal Endoscopy
- If preauthorization is not obtained the following penalties apply:
 - Inpatient Hospitalizations - 50% benefit reduction
 - Outpatient Procedures - \$500 benefit reduction