

**BOISE SCHOOL DISTRICT  
TRAVEL BENEFIT PRE-AUTHORIZATION REQUEST**

**This request will be approved provided:**

- Travel is related to a covered surgery
- There is no participating Regence BlueShield of Idaho provider within 50 road miles of your home.
- You use a participating surgeon where treatment is performed.
- Patient is not covered by Medicare
- Travel expense is for individuals covered by the travel policy; i.e., limited to immediate family; which means the covered employee, his or her spouse and children. If the covered employee is not married, immediate family means his or her parents or siblings. An unmarried covered employee may alternatively choose an unrelated attendant.

**(To better assist you with your request, all fields must be completed)**

Name of Employee \_\_\_\_\_ Insurance ID# \_\_\_\_\_

Name of Patient \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**NAME AND ADDRESS OF PROVIDER PERFORMING THE SURGERY:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Scheduled Date of Procedure \_\_\_\_\_

Procedure being Performed (include any procedure and/or diagnosis codes or description) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Contact Information of Referring Physician \_\_\_\_\_

\_\_\_\_\_

Names & Relationships of those traveling \_\_\_\_\_

\_\_\_\_\_

Reason Travel is necessary for this procedure \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR INTERNAL USE ONLY**

- Is this a covered procedure?    YES \_\_\_\_\_    NO \_\_\_\_\_
- Is there a participating provider within 50 road miles of the patient's home?    YES \_\_\_\_\_    NO \_\_\_\_\_
- Is the surgeon performing the procedure participating with Regence BlueShield of Idaho or the local Blue Cross/Blue Shield Plan?    YES \_\_\_\_\_    NO \_\_\_\_\_
- Is the patient covered by Medicare?    YES \_\_\_\_\_    NO \_\_\_\_\_

Pre-authorized by \_\_\_\_\_ Date \_\_\_\_\_

Employee Notified \_\_\_\_\_ Date \_\_\_\_\_