



KUSPUK SCHOOL DISTRICT
AIR TRAVEL PRE-AUTHORIZATION SUPPLEMENT FORM
This form may be photocopied as needed

The Kuspuk School District Employee Healthcare Plan provides, under special circumstances and with certain restrictions, benefits for air transportation for you and your covered dependents. Please read the description of this benefit in the Description of Medical Benefits in the Summary Plan Description. In order to consider such expenses, the Plan must have the information requested below.

Please have the referring physician complete the Medical Information section and mail or fax the completed form to:

Integrity Administrators, Inc.
P. O. Box 13128
Sacramento, CA 95813-3128
FAX: (916) 921-3383

It is the covered person's responsibility to submit a copy of the airfare ticket which needs to include the dates of travel and charge (s) for the travel. This may be submitted to the address or fax number shown above.

Employee's Name: _____
Phone Number: _____ **Travel to and from dates:** _____
Social Security Number: _____ **Patient Name:** _____

MEDICAL INFORMATION (to be completed by referring physician)

Physician's Name: _____

Physician's Address: _____

Diagnosis of Patient: _____

Recommended Treatment: _____

Will surgery be required?: _____ Surgical Procedure: _____

If service is not available locally, where is the nearest facility equipped to perform medically necessary procedure? _____

When will the procedure be performed: _____

Is travel requested for diagnostic testing? _____

Is travel requested for second opinion evaluation? _____

Physicians Signature: _____

Physicians Phone Number: _____ Date: _____