



Traveler Encounter Form

Upon completion of this form, fax to 919-287-2973 to the attention of Hospital Traveler Benefits Coordinator. Hospital Traveler only secures lodging for approved applicants. Most counties/states and insurance companies request prior notification of lodging requests before travel begins. A minimum of 24 to 48 hour notification, excluding weekends are necessary to process claims. If your traveler needs lodging before obtaining approval, we do offer a lodging service with the lowest medical rates available. While the patient may need to prepay, we will seek reimbursement for these expenses as well. Please call 866-889-9370 and speak with a travel/ lodging coordinator.

Patient First Name:

Patient Middle Name:

Patient Last Name:

Apartment Number:

Street Address:

Town / City:

State:

Zip Code:

Country:

Primary Telephone Number:

Secondary Telephone Number:

Email Address:

Date of Birth:

Medicaid Number:

Insurance Company Name:

Insurance Company Contact
Number for Providers:

Primary Person Insured:

Attendant Name:

Relationship to Patient:

Attending Physician:

Physician Telephone Number:

Projected Arrival:

Anticipated Departure:

