



1603 LBJ Freeway, Ste. 700
Dallas, TX 75234
214.932.1400 - Main Number
214.276.1954 - Fax Number

Reimbursement Policy

Request for reimbursement must be submitted within 15 days of the assignment ending, or at a minimum once a month for long term assignments

Receipts are required and must be submitted with form

Reimbursable Expenses

Transportation: Coach Air Fare, Baggage Fees, Taxi, Tolls, Rental Car, or Mileage for use of Personal Car *(at IRS tax rate)*

Parking: Airport/Hotel

Car rentals will be arranged by Medestar and will be directly billed to Medestar.

***Car rentals not arranged through Medestar will not be directly billed and do not include Medestar's insurance.**

Please remember to always refuel rental car prior to returning.

Non Reimbursable Expenses

- **License:** Medical License and DEA
- **Airline:** Change Fees, Upgrades, Lost Ticket, Spouse or Family Travel
- **Rental Car:** GPS, Refueling Charges, Car Upgrades, Satellite Radio, Mileage
- **Hotel:** Meals, Phone, Videos/Movies, Upgrades, **No Show Fees**
- **Personal:** Cleaning, Cell Phone, Fax, Pets, Damages, Cable, Spouse or Family Travel.

****Exceptions:** If the client has agreed to any exceptions beyond this policy, your Medestar recruiter will facilitate and document the arranged approval.

Any expenses not pre-approved by Medestar may not be reimbursed and are subject to payroll deductions.



Provider Reimbursement

SUBMIT WITHIN 15 DAYS OF COMPLETION OF ASSIGNMENT

Date: _____

Provider Name: _____

Address: _____

Specialty: _____

Worksite: _____

	OFFICE USE ONLY
Job#: _____	_____
Provider#: _____	_____
Assignment Dates: _____	_____

Do not put expenses relating to multiple assignments on the same form

I. Airfare/Rental Car (Receipts Required)

Date(s)	Explanation	Amount	Office Use Only Billable? Y/N
a) _____	_____	\$ _____	_____
b) _____	_____	\$ _____	_____
c) _____	_____	\$ _____	_____
Comments: _____		\$ _____	_____

II. Lodging (Receipts Required)

Date(s)	City, St	Amount	Office Use Only Billable? Y/N
a) _____	_____	\$ _____	_____
b) _____	_____	\$ _____	_____
c) _____	_____	\$ _____	_____
Comments: _____		\$ _____	_____

III. Other Expenses (i.e. Per Diem – Please refer to our Reimbursement Policy (Receipts Req)

Date(s)	Explanation	Amount	Office Use Only Billable? Y/N
a) _____	_____	\$ _____	_____
b) _____	_____	\$ _____	_____
c) _____	_____	\$ _____	_____
Comments: _____		\$ _____	_____

Please FAX to 214.276.1954