MILEAGE REIMBURSEMENT FORM

Every time you see a doctor in connection with your industrial injury, please enter the date, starting address, doctor's name, ending address and the round trip mileage. You will be reimbursed the mileage rate by the insurance company, as well as for all parking and prescription expenses as long as receipts are provided.

Please enter dates ***chronologically***

APPLICANT: SS#: CLAIM NO.:

Date	Starting Address	Doctor Name / Ending Address	RT-Miles