## Medical Mileage Expense Form 2018 Si necesita este formulario en español, comuníquese con su empleador.

Claim#:

You may be eligible for reimbursement of mileage when traveling to the treating doctor or the treating doctor's prescribed testing, physical therapy or specialist. Effective 8/26/2011, travel that exceeds 20 miles round trip from your home may qualify for mileage reimbursement for those miles that exceed 20. Submit this form **once a month** to your adjuster for consideration.

Employer:

Date	Home Address	<b>Traveled to</b> (name and address of doctor, hospital, therapist, etc.)	(CBR Office will Complete)	
			Round trip mileage	Amount (to be calculated by adjuster)
Sample: 7/1/11	Sample: 500 SW 36 <sup>th</sup> St, Oklahoma City, OK	Sample: Mercy Hospital 4300 W. Memorial Rd. Oklahoma City, OK	.545	
11	1			

Injured Worker Signature	Date
Any person who knowingly presents a false or fraudulent claim to be subject criminal prosecution.	for the payment of a loss is guilty of a crime and may

For CBR office use only- (calculated amount must be confirmed by the adjuster)					
Use Alternate Address? Yes No	Total reimbursement due\$				
If not selected, default to F2 screen.	Adjuster approval/ Date:				

**Adjuster Contact Information** 

Fax: Phone:

Consolidated Benefits Resources - PO Box 581630- Tulsa, OK 74158

Injured worker: