



## **Mileage Money Process**

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Virginia Law allows for Injured Workers to be compensated for their travel expenses for trips to the doctor's office, therapy and meetings with vocational rehab counselors. The insurance company will reimburse expenses for uncontested claims; they will not however reimburse expenses for contested claims until the claim is approved.

### **Follow the steps listed below to fill out the attached MILEAGE REIMBURSEMENT FORM and submit it for payment:**

- 1) Completely fill in the attached MILEAGE REIMBURSEMENT FORM including your name, address, employer (at the time of the injury), social security number, date of birth and date of accident.
- 2) Fill in the chart including the dates you traveled, TRAVELED FROM information (including address), TRAVELED TO information (including address), the total ROUND TRIP MILEAGE and any BRIDGE TOLLS/PARKING/PUBLIC TRANSIT expenses in the appropriate column.
  - a. If you have to take a taxi or other form of public transportation you do not have to fill in the mileage amount; you can simply list the TRAVELED FROM and TRAVELED TO addresses and the cost of the taxi ride or bus ride but you **MUST** keep your receipt.
- 3) For ROUND TRIP MILEAGE, Log on to MapQuest or GoogleMaps and print out the directions page showing the distance to the desired locations; you need to do this for each different location you have traveled too. The print out will show you the trip distance for one way; double this number and this will be your ROUND TRIP MILEAGE. These directions/distance print outs need to be attached to the form when the form is submitted for reimbursement.
- 4) Once you have completed the chart, total up all the miles in the ROUND TRIP MILEAGE column and list this figure in **BOX A**.
- 5) Once you have the amount of **BOX A**, multiply it by \$0.555 (or multiply by \$.505 for mileage expenses incurred prior to October 1, 2011). This will give you the dollar amount of your reimbursement for the miles traveled; list this figure in **BOX B**.

- 6) Total up the cost of any public transit, bridge tolls, turnpike fees or cab fare and insert this total into **BOX C**.
- 7) Add **BOX B** and **BOX C** together and insert this figure into **BOX D**, this is the amount of your total reimbursement.
- 8) For any trips made or costs you are requesting reimbursement for, you **MUST**:
  - a. Show that you were at the appointment – this can be done by getting a print out from your doctor's offices or counselors showing which days you were seen. The easiest document that shows you were actually seen at the doctor's office is called a "Bill Payment History". *An appointment card is not sufficient proof to show that you were present for an appointment.*
  - b. Show the total distance of travel that you are requesting – this is done by the MapQuest or GoogleMaps print out.
  - c. Show the cost of any of your out of pocket expenses – this is done by attaching any receipts for any public transit, bridge tolls, turnpike fees or cab fare.

**REMEMBER – IN ORDER TO GET YOUR REIMBURSEMENT,  
YOU HAVE TO ACCOUNT FOR THE MONEY YOU ARE  
REQUESTING – THE INSURANCE COMPANY WILL NOT JUST  
TAKE YOUR WORD FOR IT!**

- 9) Sign the MILEAGE REIMBURSEMENT FORM at the bottom and attach all necessary documentation.
- 10) Keep a copy of the documents for yourself and send one copy to the insurance adjuster and, if applicable, send one copy to your attorney's office for your file. If the attorney's office needs to follow up on the progress of your mileage reimbursement, they will need a copy of the form and all of the documentation in order to do so.
- 11) If you have not received your mileage reimbursement check within 3 weeks, call your attorney's office and let them know. If you do not have an attorney working on your claim and have not received your mileage check, you can call the insurance adjuster directly.

## MILEAGE REIMBURSEMENT FORM

CLAIMANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF ACCIDENT: \_\_\_\_\_

DATE	TRAVELED FROM (include address)	TRAVELED TO (Include name and address of doctor, hospital, therapist, etc.)	ROUND TRIP MILEAGE	BRIDGE TOLLS PARKING PUBLICTRANS/ OTHER (Include receipts)
<b>Total Miles →</b>			_____	X \$.555= _____
<p>This is a true and accurate account of my expenses. Such expenses were incurred for medical visits as a result of my work-related injury only. I am aware that it is against the law for any person to knowingly misrepresent any fact in order to obtain workers' compensation benefits. I hereby swear and affirm under the penalties of perjury that the facts listed above are true and correct to the best of my knowledge.</p>			<b>BOX A</b>	<b>BOX B</b>
			<b>Total Parking/Tolls Public Transit/ Other →</b>	_____
			<b>REIMBURSEMENT →</b>	_____
			<b>BOX D</b>	

Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_