

## **Mileage Expense Certification Log**

You may use this form to itemize mileage expenses necessary to obtain eligible medical care.

Please note: the total from this page must be transferred to a completed and signed claim form and this Mileage Log must be submitted with your claim form as supporting documentation.

| Name of provider of eligible medical service/<br>Where service was provided | Reason for/type of service | Date(s) of service | # of round<br>trip miles<br>traveled | Mileage expense* |
|---|----------------------------|--------------------|--------------------------------------|------------------|
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|   |                            |                    |                                      |                  |
| <b>Total</b> (transfer this total to  |                            |                    |                                      |                  |

## \* The mileage rate for services provided:

- on or after 1/1/2015: 23 cents x # of miles.
- from 1/1/2014 12/31/2014: 23.5 cents x # of miles.

I hereby certify that an amount equal to the amount set forth above was expended by me on the dates set forth above for mileage expenses incurred while traveling to/from a provider of eligible medical services.

| Employee Name:        |                        | Member ID: |  |
|-----------------------|------------------------|------------|--|
|                       | (Please print clearly) |            |  |
| Name of Employer:     |                        |            |  |
| <i>v</i> 1 <i>v</i> = | (Please print clearly) |            |  |
| Employee Signature:   |                        | Date:      |  |