Instructions for Completing the

Mileage Reimbursement Form

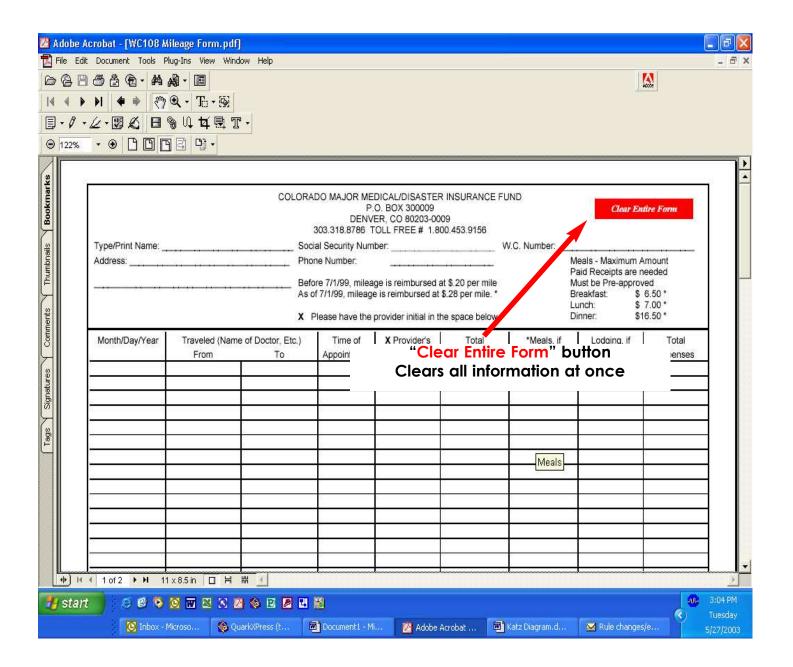
Please read all pages

This form is "fillable." That means you can type the information onto the form from your computer and print the form. You will <u>not</u> be able to save the form onto your computer's hard drive.

When you open the form, click in the "Type/Print Name" box (field), complete the information, and use the tab key to navigate to the next field. Do not use the <u>Enter</u> key; pressing the <u>Enter</u> key will only page down. Each field has been *limited*. This means that you <u>cannot</u> continue to type information into a field if it doesn't fit into the space provided.

Use numbers <u>only</u> to fill in the fields for Social Security Number, Phone Number and dollar amounts. Do not use dashes, parentheses or dollar signs; when you tab out of the field, it will fill in automatically.

To clear or delete all the information you have typed onto the form, click on the red "Clear Entire Form" button. To change the information in one field, use the backspace or delete key.



COLORADO MAJOR MEDICAL/DISASTER INSURANCE FUND P.O. BOX 300009

			DENVE	O. BOX 300009 ER, CO 80203-000 OLL FREE # 1.80				
Type/Print Name:						W.C. Number:		
			Phone Number:				Meals - Maximum Amount	
		As	Before 7/1/99, mileage is reimbursed at \$.20 per mile As of 7/1/99, mileage is reimbursed at \$.28 per mile. * X Please have the provider initial in the space below				Paid Receipts are needed Must be Pre-approved Breakfast: \$ 6.50 * Lunch: \$ 7.00 * Dinner: \$16.50 *	
Month/Day/Year	Traveled (Name of Doctor, Etc.		Time of	X Provider's	Total	*Meals, if	Lodging, if	Total
_	From	То	Appointment	Initials	Miles	Authorized	Authorized	Expenses
	-							
				TOTALS:				
						TOTAL F	REIMBURSEMENT	:
Al certify that the state to me from any other expenses of a persexpense of the motor is falsely document Signature:	er sources; that trave sonal or political nator or vehicle for which sed.	el performed for whi ture or for any othe reimbursement is cl	ch reimbursement r expenses not au aimed on a mileac	t is claimed was pe uthorized by Worke ge basis. I am awa	rformed by me ters' Compensate that I may be	for medical treatme tion; and that I act	ent and that no claim ually incurred or pa aud if the information	s are included for id the operating
WC108 Rev 01/01 See important instructions on the back of this worksheet								

INSTRUCTIONS ON USE OF MILEAGE FORM

This is the form to be filled out to request reimbursement for actual mileage and/or travel expense.

Please note that this form has a section entitled "Provider's Initials." Because we pay only for mileage that is medically necessary, we need to have verification that this mileage request fits that description. If we wait for verification from your doctor in the form of bills, your reimbursement may be delayed. To make sure your reimbursement is handled quickly, we ask that you have an employee/receptionist of each facility initial or legibly sign in the column entitled Provider's Initials. It is not necessary that the physician or head of the clinic sign the form. When you are requesting reimbursement for travel to a health spa or swimming pool where you may not be seeing a specific treatment provider, it is recommended that you get the initials of the receptionist or check-in person. No mileage will be reimbursed unless an employee of the treating facility has initialed this form for that trip.

Also, as you may be aware, the Major Medical Insurance Fund reimburses travel expenses according to the guidelines used for state employees. For your information, the guideline is outlined below for your convenience. Please note the requirements that must be met before we can reimburse for meals. Also, please note that no overnight travel expenses will be paid unless the overnight stay has been previously authorized. There must be documented medical necessity for a spouse's travel expenses to be covered.

Please feel free to call our office if you have any questions. Our main office phone number is 303.318.8786. Our toll free phone number is 1.800.453.9156.

STATE OF COLORADO FISCAL RULES

Allowances for Travel Wholly Within a Single Day

If travel is wholly within a single day, reimbursement for lunch shall not be allowed. If, however, an employee leaves home on official business prior to 5:00 a.m. and/or remains away from home after 8:00 p.m. and the official business requires the employee to extend the workday, the Approving Authority may allow a meal allowance for breakfast and/or dinner for the traveler.

Did you know....?

C.R.S. Section 10-2-127 states: "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."

Although fraud in Workers' Compensation is minimal, it does increase the costs for everyone. The Subsequent Injury Fund and the Major Medical Insurance Fund are considered insurance companies under this law. If you suspect that workers' compensation fraud is occurring, please call the Workers' Compensation Customer Service line at 303.318.8700 to report it.