Workers' Compensation Administrators, LLC 265 E. Donovan; Santa Maria, CA 93454 Phone (805) 922-9157 Fax (805) 349-2816

Request for Medical Mileage Reimbursement

You are entitled to reimbursement for your mileage while seeking medical treatment for your work injury. You may submit this form to WCA when you would like your mileage reimbursed.

Ensure your mileage is accurate. WCA will verify your mileage reimbursement request using mapquest.com.

Data of			Round
Date of			Trip
Treatment	Traveled From	Traveled To	Mileage
Example:	Ноте	Dr. Smith	
1/1/2014	123 Main Street, Anytown, CA	123 Broadway, Anytown, CA	2.50
	•	Total Miles:	
		*Rate per Mile:	
		Reimbursement Request:	

*Mileage rate per mile is $56 \notin$ as of 1/1/14 and $57.5 \notin$ as of 1/1/15.

"I declare under the penalty of perjury that the information contained above is true and correct."

Employer:_____

Date of Injury:_____

Employee's Name:_____

Employee's Signature:

Claim Number:

Date:

Revised: 12/17/2014