

You can include medical expenses for travel to and from your medical care provider with your health care claim.

If you are submitting only a mileage claim, you must provide the provider's name and address, the date(s) of service, type of service, and number of miles traveled for reimbursement.

If you are submitting a mileage claim along with a corresponding medical claim, you only need to provide the number of miles traveled.

For your convenience you may use the following worksheet as your documentation indicating the number of miles traveled, date(s) of service, type of service and the provider's name and address. You may also use an online map tool as your statement as long as it also includes the number of miles traveled, date(s) of service, type of service, and the provider's name and address.

If you are requesting reimbursement for parking as well as mileage, you must include a parking receipt which indicates date(s) of service and cost.

From January 1, 2014 through December 31, 2014 the mileage rate is 23.5 cents per mile. You will need to round your amount to the nearest value. For a 7 mile trip at 23.5 cents per mile, the amount will calculate to \$1.645. Using standard rounding logic, this would be reimbursed at \$1.65. If the amount was \$1.644, it would be \$1.64. Effective January 1, 2015 the mileage rate is 23 cents per mile.

Use the worksheet on page 2 to calculate the amount of mileage to include in your medical expenses. For help, refer to the Example below.

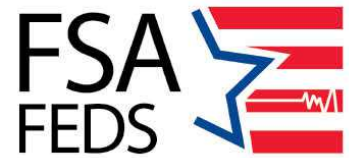
Example

You have diabetes and drive 18 miles each way to see an internist. A round trip visit from your home is 36 miles. On November 1, 2014 you had a follow-up appointment, so you enter your mileage as shown below.

On November 2, 2014 your prescription was ready for pick-up at your local pharmacy and you drove 15 miles round trip. Your mileage should be entered as below.

Date	Provider Name & Address	Type of Service (medical, dental, vision, prescription)	Number of miles traveled	Mileage Rate	Reimbursement
11/01/14	Dr. Goody 123 Main Street, Anytown 00000	Medical	36	0.235	\$8.46
11/02/14	CVS 99887 Front Street, Anytown 00123	Prescription	15	0.235	\$3.53
Total Requested Reimbursement					\$11.99

Mileage Worksheet



Mileage Worksheet

Enter your information in the appropriate columns below. If you need assistance, please refer to the example on page 1.

Date	Provider Name & Address	Type of Service (medical, dental, vision, prescription)	Number of miles traveled	Mileage Rate	Reimbursement
				Total Requested Reimbursement	