



## MEDICAL REIMBURSEMENT PROGRAM MILEAGE WORKSHEET

**Claim filing instructions:**

1. Please print legibly and complete all sections on this form
2. Please **attach** a signed and dated **Medical Reimbursement Claim form along with the applicable explanation of benefits (EOB's) for the corresponding dates of service.**
3. For 2024, the standard mileage rate allowed for operating expenses for a car, when you use it for medical reasons is .21 cents per mile. **Proof of mileage must be attached** (ex. printed directions from start to end reflecting total miles traveled).

The IRS allowable travel expenses are for the following:

- a. Amount paid for transportation primarily for, and essential to, medical care which includes bus, taxi, train or plane fares or ambulance service;
- b. Transportation expenses of a parent who must go with a child who needs medical care;
- c. Transportation expenses of a nurse or other person who can give injections, medications, or other treatment required by a patient who is traveling to get medical care and is unable to travel alone; and
- d. Transportation expenses for regular visits to see a mentally ill dependent, if these visits are recommended as part of treatment.

Date of Service	Provider Name & Address	Type of Service (medical, dental, vision)	Number of Miles traveled	Cost of Tolls & Parking Fees

\*Explanation of benefits for medical expenses must coincide and accompany all transportation expenses submitted.

Certification and Authorization: I certify that the information on this form is accurate and complete. I am requesting reimbursement for expenses incurred by myself or an eligible dependent.

Participant Name \_\_\_\_\_ Patient Name \_\_\_\_\_ ID# \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_