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## Workers' Compensation Mileage Reimbursement Form

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In a California workers' compensation claim, the injured worker can be paid mileage for medical-related travel. This travel includes trips for any type of medical appointments involved in the claim, including doctor's office visits, physical therapy, diagnostic testing (such as x-rays), and chiropractic treatment.

In order to receive this mileage reimbursement, the injured worker is required to complete a mileage reimbursement form. There is no officially-required form. The attached form provides the necessary information. The form needs to include the full address of the starting and ending location of the trip. Be sure to complete one entry for each roundtrip, in the following form:

### Sample:

Date	From	To	Miles(Roundtrip)
12/15/05	125 N. Main St., Claremont, Cal., 91711	Jones Medical Clinic, 475 16 <sup>th</sup> St., Upland, Cal., 91786	8
12/16/05	125 N. Main St., Claremont, Cal., 91711	Upland Medical Group, 854 W. Foothill Blvd., Upland, Cal., 91786	12

At the bottom of each page, total the miles. Mail the completed form to this office, and we will forward it to the insurance company for payment.

We recommend sending in mileage reimbursement forms on a monthly or quarterly basis. There is no need to send in the mileage forms more frequently.

# Workers' Compensation Mileage Reimbursement Form

Print Your Name: \_\_\_\_\_

Print Your Address: \_\_\_\_\_  
\_\_\_\_\_

Print Your Claim Number: \_\_\_\_\_

Date	From	To	Miles(Roundtrip)

Total Mileage for this Page: \_\_\_\_\_

Date                      From                                      To    Miles(Roundtrip)


Total Mileage for this Page: \_\_\_\_\_