Serviced by: **Employer's Claim Management, Inc.**
P.O. Box 5614, Montgomery, AL 36103-5614
(334) 277-9395 (800) 392-1551 FAX (334) 277-5134

Employee's Name_____
Company Name _____

Code of Alabama, 1975, Section 25-5-77 (f) requires the employer to pay mileage costs to and from medical and rehabilitation providers at the same rate as provided by law for official state travel. All mileage is subject to verification. Claims for mileage to a provider that is between the employee's work location and normal residence is not eligible for payment while the employee is working. The employee has one year from the date of incurred expense to file a claim for reimbursement. Please complete and submit this form in order to receive reimbursement.

MILEAGE REIMBURSEMENT REQUEST FORM

Employee's Name: _____ Date of Incident: _____

Claim #: _____ Today's Date: _____

Round Trip Mileage To and From Work: _____

All request should have the month, day, and year listed for each trip. Please submit forms in a timely manner.

Date of Visit	Starting Point	Physician/Therapist/Pharmacy (List starting point for each destination)	Ending Point	Total # of Miles Round Trip

I certify the above request for mileage reimbursement to be true and correct.
Signature: _____