

Travel Reimbursement Request

- You must have prior authorization from your claim manager. See WAC 296-20-1103.
- Read the instructions on the back before you start.
- Traveling for an Independent Medical Examination? Find the IME travel form (F245-224-000) online at www.Lni.wa.gov and click on Get a Form or Publication.

| | | | |
|--|-------|----------|-----------------------------------|
| Worker Information (please print) | | | Claim No. |
| Name (Last, First, Middle Initial) | | | Date of Injury |
| Home Address (not PO Box) | | | Social Security No. (For ID only) |
| City | State | Zip Code | Phone No. |

Reason for Travel (check only one type of travel per form)

- Medical visit or treatment
 Vocational services
 Attending retraining class (attach copy of Transportation Encumbrance form [F245-375-000] signed by your Vocational Counselor)

Travel Information – instruction and example on back

Did you attach your expense receipts? Yes No

| | A. Date (each trip) mm/dd/yyyy | B. Travel code (one per line – see back of form) | C. From (City) | D. To (City) | E. Provider name & reason for visit | F. No. of miles (round trip by shortest direct route only) | G. Expense cost (attach receipts) |
|----|--------------------------------|--|----------------|--------------|-------------------------------------|--|-----------------------------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |

Required: Signature of the provider or office staff to verify your appointment.

| | |
|----------|----------|
| | Date |
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | |

Required: Worker's Signature

These expenses are related to my workers' compensation claim and I have not been reimbursed for them. I understand it is a crime to submit information I know is false. I have read and understand the instructions on the back of this form.

| | | |
|---------------------|--------------------|------|
| Print Worker's Name | Worker's Signature | Date |
|---------------------|--------------------|------|

After the first visit for your claim, travel is only payable if you:

- Have authorization from your claim manager and
- See a provider who's in the L&I Provider Network

Instructions: Complete each column.

- **Column A:** Date you traveled (one date per line).
- **Column B:** Use only one code per line. Codes are listed below.
- **Column C:** City you traveled from.
- **Column D:** City you traveled to.
- **Column E:** Provider you saw and the reason for traveling.
- **Column F:** Total number of miles you traveled round trip.
- **Column G:** Dollar amount of each expense (food, lodging, fares, parking). Only one expense per line. You must attach copies of all receipts except for parking under \$10. All receipts must be itemized and legible. Credit card receipts aren't acceptable.

Travel Codes

| Expense | Medical Services | Vocational Services | Retraining |
|---------------------------|------------------|---------------------|----------------------------|
| Private vehicle mileage | 0401A | V0028 | 0301R |
| Parking | 0402A | 0402A | 0302R |
| Bridge & Ferry Toll | 0403A | 0403A | 0303R |
| Commercial Transportation | 0405A | 0405A | 0304R |
| Taxi | 0414A | 0414A | Contact your Voc Counselor |
| Lodging | 0406A | 0406A | Contact your Voc Counselor |
| Breakfast | 0407A | 0407A | Contact your Voc Counselor |
| Lunch | 0408A | 0408A | Contact your Voc Counselor |
| Dinner | 0409A | 0409A | Contact your Voc Counselor |

Signatures

- **Medical Visits:** The provider or office staff you saw must sign to verify each visit date.
- **Vocational and Retraining Services:** Your vocational counselor must sign to verify each date you traveled.
- **Worker's Signature:** You need to sign the form for reimbursement.

Example

| | A. Date (each trip) mm/dd/yyyy | B. Travel code (one per line – see back of form) | C. From (City) | D. To (City) | E. Provider name & reason for visit | F. No. of miles (round trip by shortest direct route only) | G. Expense cost (attach receipts) |
|----|---|---|----------------------|--------------------|---|--|---|
| 1. | 08/08/2016 | 0401A | Olympia | Seattle | Dr. Smith; post-op visit | 120 | |
| 2. | 08/08/2016 | 0402A | | | | | \$25.00 |