

Workers' Compensation Administrators, LLC

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Phone (805) 922-9157 Fax (805) 349-2816

Request for Medical Mileage Reimbursement

You are entitled to reimbursement for your mileage while seeking medical treatment for your work injury. You may submit this form to WCA when you would like your mileage reimbursed.

Ensure your mileage is accurate. WCA will verify your mileage reimbursement request using googlemaps.com.

Date of Treatment	Traveled From	Traveled To	Round Trip Mileage
<i>Example:</i> 1/1/2020	Home 123 Main Street, Anytown, CA	Dr. Smith 123 Broadway, Anytown, CA	2.50
Total Miles:			
*Rate per Mile:			
Reimbursement Request:			

*Mileage rate per mile is 58¢ as of 1/1/19 and 57.5¢ as of 1/1/20.

"I declare under the penalty of perjury that the information contained above is true and correct."

Employer: _____

Date of Injury: _____

Employee's Name: _____

Claim Number: _____

Employee's Signature: _____

Date: _____