Workers' Compensation Administrators, LLC
265 E. Donovan; Santa Maria, CA 93454
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
Example:	*Home*	*Dr. Smith*	
1/1/2018	*123 Main Street, Anytown, CA*	*123 Broadway, Anytown, CA*	*2.50*
		Total Miles:	
		*Rate per Mile:	
		Reimbursement Request:	

*Mileage rate per mile is 54.5¢ as of 1/1/18 and 58¢ as of 1/1/19.

"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:_____

Revised: 12/19/2018