GUINN LAW

REQUEST FOR REIMBURSEMENT OF MILEAGE EXPENSES

Name _____ Claim Number _____

Home Address _____

Signature _____ Date _____

- Incomplete request may be returned for information.
- Reimbursement must be requested within two years from date of service.
- Reimbursement can take up to 30 days plus 3 days mailing to be processed once submitted.
- Please sort dates of service chronologically, due to yearly rate changes.
- This form is ONLY to request reimbursement for any mileage related to treatment, such as your doctor, physical therapist, or pharmacy.
- Trips to/from your attorney's office are not eligible for reimbursement
- If your starting address is your home address (as provided above), you may simply write "home" in the starting address box.

AUTHORIZING STATUTE AND RULES: ORS 656.245; 245: OAR 436-009-0025(2)(C)

DATE OF SERVICE	PROVIDER	STARTING ADDRESS	END ADDRESS	TOTAL MILEAGE

As attested by my signature and under penalty of law, I certify that all information I have provided in this request for reimbursement is true and contains no false statements and/or misrepresentation.