GALLAGHER BASSETT
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Mileage Reimbursement Request Form

NAME: **CLAIM NUMBER:**
ADJUSTER:

Under the Workers' Compensation Law, you are entitled to reimbursement of mileage to and from medical appointments for treatment of your industrial injury or illness. Please send mileage reimbursements to your adjuster at the address or fax number below. Below is a sample of the specific information needed to process your mileage claims for reimbursement. You can either use this form or provide the same information utilizing your own form.

Important: Please retain a copy for your records in the event your request is lost.

DATE	FROM (address)	TO (Dr.'s address)	MILEAGE (round trip)

(For Gallagher Bassett use only: Total miles (_____ x .53 = $_____)

I certify the mileage reimbursement information I have submitted above is true and accurate.

_____ _____
(Signature) (Date)

FRAUD WARNING: *"It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies."*

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