

WORKERS COMPENSATION MEDICAL TRANSPORTATION REIMBURSEMENT FORM

The Kansas Workers Compensation Regulation 51-9-11 states when an injured employee has to make a round trip visit (that exceeds five (5) miles) to obtain authorized medical treatment, the employer shall reimburse the injured worker for mileage expenses at the prevailing rate.

If your medical service visit exceeds five miles, round trip from work or home to the medical facility and back, please use this form to submit your mileage reimbursement request to the USD 259 Workers Compensation Office.

Please send to: USD 259, Employee Benefits/Insurance Management, Workers Compensation Office, 903 S. Edgemoor, Wichita, KS 67218.

EMPLOYEE NAME:				DATE OF INJURY:	
EMPLOYEE SSN:				TOTAL OF ROUND TRIP MILES*	
DATE	TIME	DOCTOR AND LOCATION	FROM ADDRESS		
				Total Miles:	

*Please Note: For consistency purposes, all mileage will be verified using Mapquest.com.