

# Medical mileage reimbursement worksheet



When submitting a request for reimbursement for medical mileage, the following must be documented:

- Date of travel
- Roundtrip mileage
- Total cost (current rate multiplied by the number of miles traveled)

## Supply copies of the following documents:

- A signed request for reimbursement form (required)
- This medical mileage reimbursement worksheet (required)
- Proof of service (required for EACH mileage reimbursement request; documents can include an explanation of benefits (EOB) or an account history or itemized statement from the provider.)
- Map of your route showing the distance traveled (only required for out-of-town trips; use apps such as MapQuest or Google Maps to print your route)

Submit copies of your completed documents to the PSA Cosumer Portal or email to [FlexClaims@PacificSource.com](mailto:FlexClaims@PacificSource.com). You can also mail them to PacificSource Administrators, Inc., PO Box 70168, Springfield, OR 97475.

Date of travel	Roundtrip mileage	Rate per mile	Total mileage cost
Example: 4/16/2021	100	.16	16.00

**Total to be reimbursed:** \_\_\_\_\_

## Questions? Contact us

Our Customer Service team will be happy to help.

- [PSACustomerService@PacificSource.com](mailto:PSACustomerService@PacificSource.com)
- 800-422-7038, TTY 711
- [PacificSource.com/PSA](http://PacificSource.com/PSA)