



**REQUEST FOR
PERSONAL
REIMBURSEMENT**
CLAIMS DIVISION
SFN 18435 (02/2015)

1600 E Century Ave, Ste 1
PO Box 5585
Bismarck ND 58506-5585
Telephone 800-777-5033
Toll Free Fax 888-786-8695
TTY (hearing impaired) 800-366-6888
Fraud and Safety Hotline 800-243-3331
www.workforcesafety.com

Please print or type using black or blue ink. Reimbursement may be delayed if this form is not filled out completely. WSI reimburses at the allowed rate. See the reverse side of this form for reimbursement guidelines.

Injured worker's name	Claim number
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Reimbursement Information	Trip 1	Trip 2
Date of trip		
Street address and city you departed from <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		
Street address and city you drove to		
Round trip mileage from street address to street address		
Name of doctor or health care provider seen and name of facility		
Phone number of doctor, healthcare provider, or facility, if known		
Date and time you left home to attend this appointment		
Date and time of your appointment		
Date and time your appointment ended		
Date and time you arrived Back home after the trip		

Meal expenses incurred - Receipts are not needed. Please include the date of each meal and indicate if it was breakfast, lunch or supper.

Date	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper	City, State	Date	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper	City, State	Date	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper	City, State

Motel expenses incurred - Receipts are required. (Include date, motel name, and amount of tax)

Date	Amount	Name of Hotel	Date	Amount	Name of Hotel	Date	Amount	Name of Hotel

Other expenses incurred - Itemized receipts are required. Reimbursement of luggage fees requires a receipt from the airline.

Date	Amount	Service	Date	Amount	Service

I declare that the statements on this form are true and I understand that falsifying my claim constitutes a Class A Misdemeanor. Persons falsifying claims in this regard forfeit any additional benefits relative to this work injury.

Signature	Date	C40a

Reimbursement Guidelines

Requests for reimbursement must be received within one year of the date the expense was incurred. If you choose to seek medical treatment outside your local area where care is available, travel reimbursement may be denied.

Mileage Reimbursement

- Injured worker must travel over 50 miles one way or have a total of 200 miles in a calendar month to be eligible for reimbursement. Travel must be to obtain the closest medical or hospital care.
- Mileage is calculated from street address to street address.
- The number of miles actually traveled is reputedly presumed to be the least number of miles listed by MapQuest at www.mapquest.com between the start and end points of travel.
- Mileage will be paid at the current rate. You may contact a WSI Customer Service representative for the current rate at 1-800-777-5033 or 701-328-3800.
- Receipts are not needed.
- Mileage reimbursement is for personal vehicles, not public transportation.

Meal Reimbursement

Guideline: The trip must take more than 4 hours for a meal to be reimbursed. The 4 hours includes, to from and the length of the appointment. This is per ND Office of Management and Budget policy 505.

- Meal reimbursement is allowed only for overnight travel and other travel while away from the normal place of living residence for four hours or more. Injured workers will not be reimbursed for the first quarter if travel began after 7:00 a.m. In order to claim expenses for the second and third quarters, the injured worker must have been in travel status one hour before the start of the quarter being claimed, and travel status must extend at least one hour into the quarter being claimed. The expense allowance for each quarter of any 24-hour period effective August 1, 2013, is as follows:

<u>Meal Allowance</u>	<u>In-State</u>	<u>Out-of-State</u>
First quarter, 6 a.m. to 12 noon	\$7.00	20% of GSA M&IE rate
Second quarter, 12 noon to 6 p.m.	\$10.50	30% of GSA M&IE rate
Third quarter, 6 p.m. to 12 midnight	\$17.50	50% of GSA M&IE rate
Fourth quarter, 12 midnight to 6 a.m.		

Lodging Reimbursement

- Lodging expenses may be reimbursed if they are necessary and reasonable.
- Itemized receipts are required.
- WSI pays the actual cost of lodging, when the actual cost is less than the reimbursement amount.

Additional forms can be found at www.workforcesafety.com or by calling customer service.