



**REQUEST FOR
PERSONAL
REIMBURSEMENT**
CLAIMS DIVISION
SFN 18435 (10/2017)

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

Reimbursement may be delayed if this form is not filled out completely or if the form is not signed and dated. See the reverse side of this form for reimbursement guidelines and allowable rates.

SECTION 1 – Injured worker's information							
Claim number		Injured worker's (First name)			(Last name)		
SECTION 2 – Reimbursement information							
		Trip 1			Trip 2		
Date and time you left to attend this appointment							
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							
Name of doctor or medical provider seen and name of facility							
Phone number of doctor, medical provider, or facility, if known							
Date and time of your appointment							
Date and time your appointment ended							
Date and time you arrived back from the trip							
SECTION 3 – Meal expenses (Receipts are not needed. 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	Date	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper	Date	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper	Date	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper
Date	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper	Date	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper	Date	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper	Date	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper
SECTION 4 – Lodging expenses (Receipts are required. Include date, hotel name, and amount of tax)							
Date	Amount	Name of hotel		Date	Amount	Name of hotel	
Date	Amount	Name of hotel		Date	Amount	Name of hotel	
SECTION 5 – Other expenses (Itemized receipts are required. Reimbursement of luggage fees requires a receipt from the airline.)							
Date	Amount	Service		Date	Amount	Service	
SECTION 6 – Signature							
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.							
Injured worker's signature					Date		

Reimbursement Guidelines

Requests for reimbursement must be received within 1 year from the date of the expense. If you choose 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.
- Workforce Safety & Insurance (WSI) calculates mileage from street address to street address using MapQuest, www.mapquest.com.
- WSI pays mileage at the current state rate. Contact WSI for the current rate at 800-777-5033 or 701-328-3800.
- Receipts are not needed.
- Mileage reimbursement is for personal vehicles, not public transportation or rental cars.

Meal Reimbursement

Reimbursement is allowed for travel while away from the normal place of living residence for 4 hours or more. Injured workers will not be reimbursed for the first quarter if travel began after 7:00 a.m. To claim expenses for the second and third quarters, the injured worker must have begun travel at least 1 hour before the start of the quarter being claimed, and travel must extend at least 1 hour into the quarter being claimed. The expense allowance for each quarter of any 24-hour period effective August 1, 2015, is outlined in North Dakota Century Code § 44-08-04.

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

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.