

Medical mileage reimbursement worksheet



When submitting a request for reimbursement for medical mileage, please document the following:

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

Please provide copies of:

- A signed request for reimbursement form (required)
- This medical mileage reimbursement worksheet (required)
- Proof of service (one is required for each mileage reimbursement request; documents can include an Explanation of Benefits statement, an account history, or itemized statement from the provider).
- Map of your route showing the distance traveled (required only for out-of-town trips; use a mapping app, such as Google Maps™, to print your route).

Submit copies of your completed documents using the PSA Consumer Portal or the PSA mobile app, or fax to **866-446-6090**. 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: 4/16/2024	100	.21 (for 2024)	21.00

Total to be reimbursed: _____

Questions? Contact us

- Our Customer Service team will be happy to help.
- PSACustomerService@PacificSource.com
 - 800-422-7038, TTY: 711. We accept all relay calls.
 - PacificSource.com/PSA