Medical mileage reimbursement worksheet

PacificSource ADMINISTRATORS

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 (EOB) or 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, 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: 4/16/2023	100	.22	22.00

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

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