

University Human

Resources

Workers' Compensation Mileage Reimbursement Requests

In some cases, Broadspire, OSU's third-party workers' compensation administrator, may reimburse expenses such as mileage incurred while seeking treatment for workers' compensation claims. An injured worker may submit the following document to Broadspire for review in coordination with the claim. Please note that employees who have hired an attorney to assist them with their workers' compensation claim must submit their requests for mileage reimbursement through their attorney.

If you believe you are owed mileage for your claim, please submit the attached document directly to Broadspire via fax at (859) 550-2175 or email to <u>broadspire.claims-western@conduent.com</u> or mail the form to Broadspire Claims, PO Box 14342, Lexington, KY 40512-4342.

WORKERS' COMPENSATION MILEAGE CLAIM

 Name:
 Claim Number:

Date of Injury:
 Phone Number:

Home Address:
 City, State, Zip:

TRAVEL DATE	NAME AND ADDRESS OF DOCTOR/HOSPITAL OR PHARMACY	ROUND TRIP MILEAGE
	TOTAL	

I certify that the above information furnished by me is true and correct, and based on such information, I hereby file this claim to pay for the mileage as indicated.