



**Human Resources
Benefits and You**

**Workers' Compensation
Mileage Reimbursement Requests**

In some cases, Broadspire, OSU's third-party workers' compensation administrator, may reimburse for expenses such as mileage that are incurred in the course of seeking treatment for workers' compensation claims. The following document may be submitted by an injured worker 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 e-mail to broadspire.claims-western@xerox.com or mail the form to Broadspire Claims, P.O. Box 14342, Lexington, Kentucky 40512-4342.

WORKERS' COMPENSATION MILEAGE CLAIM

Name: _____ Claim Number: _____
 Date of Injury: _____ Telephone Number: _____
 Home Address: _____

TRAVEL DATE	NAME/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 claim pay for the mileage as indicated.

_____ Signature

_____ Date