

**FSA MEDICAL MILEAGE
REIMBURSEMENT
WORKSHEET**



PO Box 587
PITTSFORD, NY 14534
PHONE: 800.836.8100
FAX: 585.248.2488
EMAIL: INFO@FLEXBENE.COM

Medical Expenses for travel TO AND FROM your medical care provider can be reimbursed with your health care claim.

If you are submitting only a mileage claim, you must provide documentation indicating the provider's name and address, the dates of service, reason for travel, and number of miles traveled for reimbursement.

If you are unable to provide independent documentation, then please use the worksheet below as your documentation indicating the number of miles traveled, date(s) of service, reason for travel and the provider's name and address. You may also use an online map tool as your statement as long as it includes the number of miles traveled, date(s) of service, reason for travel, and provider's name and address.

If you are requesting reimbursement for parking as well as mileage, you must include a parking receipt which indicates date(s) of service and cost. The parking receipt date must match the date of service of your medical appointment.

Effective January 1, 2021 the mileage rate is 0.18 cents per mile.

You will need to round your amount to the nearest value using standard rounding logic.

EXAMPLE:

You have diabetes and drive 18 miles each way to see an internist. A round trip visit from your home is 36 miles. On February 1, 2021 you had a follow up appointment. You would enter your mileage as shown below.

Date	Destination	Travel Purpose	Total Miles	Mileage Rate	Reimbursement
2/1/21	123 Main Street, Anytown NY, 00000	Office Visit	36	0.18	\$6.48
Total Requested Reimbursement:					\$6.48

FSA Medical Mileage Reimbursement Worksheet:

Enter your information in the appropriate columns below. If you need assistance, please refer to the example on page 1.

Date of Service	Destination (Address)	Travel Purpose	Total Miles	Mileage Rate	Reimbursement
				0.18 cents	
Total Requested Reimbursement:					