

# MEDICAL TRAVEL EXPENSE FORM

MAIL TO:

Belsky, Weinberg & Horowitz, LLC  
 220 Liberty Street  
 Baltimore, MD 21201

Claimant: \_\_\_\_\_

Claimant's Phone No.: \_\_\_\_\_ SS#: \_\_\_\_\_ D/Injury: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

You are entitled to reimbursement of medical travel expenses incurred because of your industrial injury at the applicable rate. Complete appropriate boxes below, sign and date form and send to the address above. Copies of supporting documents should be attached, i.e. cab receipts.

Please copy this form as needed for additional forms. For your records, be sure to copy all completed expense forms submitted.

DATE	TRAVELED FROM (include address)	TRAVELED TO (include name and address of doctor, hospital, therapist, etc.)	ROUND TRIP MILEAGE	PARKING (include receipts)	BRIDGE (include receipts)	PUBLIC TRANS (include receipts)
Example: 1/5/98	Home - 151 May St. Anywhere, MD	Dr. J. Smith 318 Main Street	8	1.50		
<b>Total Miles</b>				x .34	=	<b>\$</b>
<b>Total Parking</b>				<b>\$</b>		
<b>Total Bridge Tolls</b>				<b>\$</b>		
<b>Total Public Transportation/Other</b>				<b>\$</b>		
<b>Total Reimbursement</b>				<b>\$</b>		

Signature \_\_\_\_\_

Date \_\_\_\_\_