Completing the Injured Worker Statement for Reimbursement of Travel Expense

BWC pays reimbursements in 4 and 6 based on the rate effective at the time of travel. Rates are subject to change every year. If you have any questions regarding the rates, please contact the customer service office listed on the front of the form.

Help prevent delays in reimbursement

- List travel dates in chronological order.

Example

Correct	Incorrect
1. DATE month/day/year	2. DATE month/day/year
1/4/2008	1/31/2008
1/17/2008	1/4/2008
1/31/2008	3/17/2008

- Submit this form immediately after your trip or as soon as you have filled the travel lines.

1. **Injured worker information** - Complete.
2. **Date of travel** - Enter month, day and the year that you traveled to receive service.
3. **Travel** - Indicate the cities you traveled from and to. Use only one from and to box per round trip.
4. **Total car mileage per trip** - Enter the amount of miles traveled to your destination each day. The distance must be greater than 45 miles round trip per day. BWC must authorize mileage in excess of 400 miles round trip in advance.

NOTE: When requested to appear for a medical examination by a physician of the employer's choice, there is no minimum mileage restriction for car mileage reimbursement. Submit the travel expense statement form to the employer.

5. **Other types of travel/Out-of-state travel** - This includes travel by bus, taxi, train, air or other special transportation that is greater than 45 miles round trip. BWC must authorize such travel in advance. Reimbursement applies to injured worker only. BWC will reimburse companion expenses only if it authorized companion travel in advance. BWC requires receipts and reimburses for actual fare.
   - a. **Type:** Enter the type of transportation used.
   - b. **Cost:** Enter the cost of transportation used.
6. **Other expenses** - Includes miscellaneous, meals, and lodging.
   - a. **Miscellaneous:** Enter expenses for parking and tolls only. BWC requires receipts and will pay reimbursement for the actual amount.
   - b. **In-state meals:** Enter the actual amount. You must travel a minimum of 100 miles one way to receive reimbursement for meals. Reimbursement applies to injured worker only. BWC will reimburse companion expenses only if it authorized companion travel in advance.

     Out-of-state meals: BWC will reimburse for meals per day, not to exceed the current maximum rate. Reimbursement applies to the injured worker only. BWC will reimburse companion expenses only if it authorized companion travel in advance.
   - c. **In-state lodging:** Enter the actual amount. BWC must authorize lodging in advance. BWC will pay reimbursement not to exceed the current maximum rate on the date of travel. Receipts will be required.

     Out-of-state lodging: BWC will reimburse for a commercial establishment at reasonable actual cost.
7. **Reason for travel** – Please indicate the reason you are requesting travel reimbursement by checking one of the options. If you check Employer scheduled exam, please submit this request form to your employer for reimbursement.
8. **Signature and date** - Sign your full name and the date you completed this form.

NOTE: If you are an injured worker employed by a self-insuring employer, complete this form and return it to your employer.

Bureau of Workers' Compensation

Injured Worker Statement for Reimbursement of Travel Expense

Prevent delays in reimbursement
- List travel dates in the order you took trips.
- Submit this form immediately after your trip or as soon as you complete the travel lines.
- Type or print lines 1-7, sign line 8.

Return completed form to:

1. Last name	First	M.I.	Claim number
Street address or P.O. box			Social Security number
City	State	Nine-digit ZIP code	Telephone number ( )

2. Date month/day/year	3. Travel	4. Total car mileage per trip	5. Other types of travel a. Type	b. Costs	6. Other expenses a. Misc.	b. Meals	c. Lodging
	From To						
	From To						
	From To						
	From To						
	From To						

7. Check reason for travel:
- ☐ BWC scheduled exam
- ☐ IC scheduled exam
- ☐ MCO scheduled exam
- ☐ Employer scheduled exam
- ☐ Pre-authorized specialized treatment
- ☐ Vocational Rehabilitation

8. I, the injured worker, certify the statements made on this travel expense statement are true, and that all expenditures were used for the travel expenses indicated.

Signature: Date:

I understand that any person who knowingly makes a false statement, misrepresentation, concealment of fact or any other act of fraud to obtain payment as provided by BWC, or who knowingly accepts payment to which that person is not entitled is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Official use only

☐ Check only if charged to Surplus Fund

Procedure codes

BWC	Industrial Commission of Ohio	Rehabilitation
W0501 - Travel & Misc.	W0515 - Travel and Misc.	W0600 - Travel and Misc.
W0502 - Meals	W0516 - Meals	W0601 - Meals
W0503 - Lodging	W0517 - Lodging	W0602 - Lodging

Mileage, meals and lodging calculations	Amount	Code	TCN
Total car mileage 4. X (rate per mile)	$		
Total other types of travel 5b.	$		
Total miscellaneous 6a.	$		
Sub total ▶	$		
Total meals 6b.	$		
Total lodging 6c.	$		
Total amount to be reimbursed ▶	$		

Official approval signature	Date	Telephone number ( )	User name (A#)

BWC-1178 (Rev. 9/22/2010) *Distribution: BWC claim file, injured worker*

C-60