

1802 TERMINAL DRIVE * RICHLAND, WA 99354 * PHONE 509-420-7290 * FAX 509-420-7289

COLVILLE CONFEDERATED TRIBES WORKERS' COMPENSATION TRAVEL REIMBURSEMENT FORM

You are entitled to reimbursement for medical treatment and traveling expenses incurred as a result of your industrial injury, such as mileage and parking fees. Mileage fees are reimbursed at the current state's reimbursement rate.

Note: Your starting point and destination point must have an address.

Date of appointment:	Reason of appointment/Providers name:	Address traveling from:	Address traveling to:	Mileage - Round trip
Associated				
expenses				
Parking				

PAYMENT WILL NOT BE ISSUED IF THE REQUEST IS RECEIVED OVER (1) YEAR FROM THE DATE OF APPOINTMENT/TRAVEL.

Please provide a completed copy to: Laura Hernandez, Sr. Claims Examiner

1802 Terminal Drive Richland, WA. 99354 <u>Laurah@penserna.com</u> Or by Fax at 509-420-7289