



New York State Insurance Fund

PO Box 66699; Albany, NY 12206
nysif.com

NYSIF Claimant Expense Record Reimbursement Request

Medical and Travel Expenses

Claimant's Name	NYSIF Claim Number	WCB Case Number
Claimant's Resident Street Address		Claimant's Email Address
Street Address _____ Apt./Floor _____		
City _____	State _____	Zip Code _____

In connection with your workers' compensation case, you are entitled to be reimbursed for certain reasonable expenses. Eligible expenses are detailed below.

Medical Expenses

You should not be required to pay out of pocket for medical expenses related to your workers' compensation case. If you have made an out-of-pocket payment to a provider for medical treatment or equipment related to your claim, notify your provider that this is for a workers' compensation claim. Request that your provider bill NYSIF directly and reimburse you for the out-of-pocket payment.

Reimbursable medical expenses include:

- Durable medical equipment (etc. cane, crutches, brace)
- Parking for medical visits
- Prescriptions or other medical expenses (These expenses should be billed directly to NYSIF by the medical provider using your NYSIF claim numbers)

Non-reimbursable medical expenses include:

- Over-the-counter medications, sales tax, co-pays

Date	Expense Type	Description of Expense	Total (\$) Amount Requested

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Travel Expenses

Reimbursable travel expenses include:

- Round-trip mileage for treatments related to accepted injuries.
 - NYSIF will verify the miles you traveled using an internet mapping service (e.g., MapQuest or Google Maps). NYSIF's reimbursement calculation will be based upon the information we obtain from that source.
- Subways, tolls, and parking (receipts must be provided).

Non-reimbursable travel expenses include:

- Trips to pick up prescriptions, attorney appointments, Workers' Compensation Board Hearings

Mileage Rate

Year	Rate (cents/mile)
2021	\$0.56
2020	\$0.575
2019	\$0.58
2018	\$0.545

Travel Expense

Date	Purpose of Travel (e.g., Doctor, Therapy)	Starting Address	Destination Address	Total Miles	Mileage Rate	Total Reimbursement
						(Miles x Rate)

Travel Expenses Name: _____ NYSIF Claim Number: _____

Please print and mail the completed form with receipts to:

NYSIF
PO Box 66699
Albany, NY 12206

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Travel Expense

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						(Miles x Rate)

See instructions on page 2.

Travel Expenses Name: _____ NYSIF Claim Number: _____

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