



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 Number (JCN) |
| Claimant's Resident Street Address | Claimant's Email Address | |
| <div style="display: flex; justify-content: space-between;"> _____ _____ </div> <p>Street Address Apt./Floor</p> | | |
| <div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <p>City State Zip Code</p> | | |

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

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 (Google Maps, etc.).
 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) |
|------|-------------------|
| 2025 | \$0.70 |
| 2024 | \$0.67 |
| 2023 | \$0.655 |
| 2022 | \$0.585 |
| 2021 | \$0.56 |
| 2020 | \$0.575 |

Travel Expense

| Date | Purpose of Travel (e.g., Doctor, Therapy) | Starting Address | Destination Address | Total Miles | Mileage Rate | Total Reimbursement |
|------|---|------------------|---------------------|-------------|--------------|---------------------|
| | | | | | | (Miles x Rate) |
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NYSIF Claimant Expense Record Reimbursement Request

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

Medical Expenses Name: _____ **NYSIF Claim Number:** _____

| Date | Expense Type | Description of Expense | Total (\$) Amount Requested |
|------|--------------|------------------------|-----------------------------|
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Please print and mail the completed form with receipts to:

**NYSIF
PO Box 66699
Albany, NY 12206**