



Service - Strength - Stability

7265 Halcyon Summit Drive  
 Montgomery, AL 36117-3502  
 P.O. Box 240549, 36124-0549  
**Toll-free** 800.239.5423  
**Claims Fax** 334.263.1976  
**Email** claims@alabamaretail.org

**Mileage Reimbursement Form**

Claimant's Name: \_\_\_\_\_ Claim #: \_\_\_\_\_

All reimbursement requests must be filed within one year of the date of incurred expense to be eligible for reimbursement.

Please Check One

Appointment Date	Doctor's Name:	Traveled From: Home          Work	Roundtrip Mileage
	Doctor's Address:	Returned To: Home          Work	
Appointment Date	Doctor's Name:	Traveled From: Home          Work	Roundtrip Mileage
	Doctor's Address:	Returned To: Home          Work	
Appointment Date	Doctor's Name:	Traveled From: Home          Work	Roundtrip Mileage
	Doctor's Address:	Returned To: Home          Work	
Appointment Date	Doctor's Name:	Traveled From: Home          Work	Roundtrip Mileage
	Doctor's Address:	Returned To: Home          Work	
Appointment Date	Doctor's Name:	Traveled From: Home          Work	Roundtrip Mileage
	Doctor's Address:	Returned To: Home          Work	
Appointment Date	Doctor's Name:	Traveled From: Home          Work <input type="checkbox"/>	Roundtrip Mileage
	Doctor's Address:	Returned To: Home          Work	
Appointment Date	Doctor's Name:	Traveled From: Home          Work	Roundtrip Mileage
	Doctor's Address:	Returned To: Home          Work	
Appointment Date	Doctor's Name:	Traveled From: Home          Work	Roundtrip Mileage
	Doctor's Address:	Returned To: Home          Work	

I certify the above request for mileage is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed form to the address in the letterhead at the top of this page.