



Employee Benefits Corporation

Medical Mileage Expense Form

Fax to: 608 831 4790
Mail to: Employee Benefits Corporation, PO Box 44347, Madison WI 53744-4347
Phone support: 800 346 2126 | 608 831 8445
E-mail support: participantservices@ebcflex.com

Account Holder Information

Last 4 Digits of Social Security or Identification Number
(Required)

Last Name First Name
E-mail Address (we do not share your e-mail address) Employer

Mileage Information

Date of Service (mm-dd-yyyy) Service Provider* Service Type*
Beginning Odometer Reading Ending Odometer Reading Total Medical Miles X Amount per Mile = \$ Requested Amount

Important: You can be reimbursed from your Health Care FSA for amounts you pay for transportation that is primarily for and essential to obtaining medical care. Transportation to receive care in a hospital is primarily for medical care and the amounts you pay for such transportation are eligible for reimbursement. Amounts that you incur for non-medical transportation are not eligible. For example, if you travel to Big Box Super Store and purchase groceries, a new shirt and a prescription, the mileage is not primarily for and essential to medical care. Therefore, the mileage is not eligible for reimbursement.

***Remember to claim this expense on your Employee Benefits Corporation claim form and attach this form along with supporting documentation (such as a receipt, Explanation of Benefits or other statement from the provider).**

© 2014 Employee Benefits Corporation 8024-4 04/14



Employee Benefits Corporation

Medical Mileage Expense Form

Fax to: 608 831 4790
Mail to: Employee Benefits Corporation, PO Box 44347, Madison WI 53744-4347
Phone support: 800 346 2126 | 608 831 8445
E-mail support: participantservices@ebcflex.com

Account Holder Information

Last 4 Digits of Social Security or Identification Number
(Required)

Last Name First Name
E-mail Address (we do not share your e-mail address) Employer

Mileage Information

Date of Service (mm-dd-yyyy) Service Provider* Service Type*
Beginning Odometer Reading Ending Odometer Reading Total Medical Miles X Amount per Mile = \$ Requested Amount

Important: You can be reimbursed from your Health Care FSA for amounts you pay for transportation that is primarily for and essential to obtaining medical care. Transportation to receive care in a hospital is primarily for medical care and the amounts you pay for such transportation are eligible for reimbursement. Amounts that you incur for non-medical transportation are not eligible. For example, if you travel to Big Box Super Store and purchase groceries, a new shirt and a prescription, the mileage is not primarily for and essential to medical care. Therefore, the mileage is not eligible for reimbursement.

***Remember to claim this expense on your Employee Benefits Corporation claim form and attach this form along with supporting documentation (such as a receipt, Explanation of Benefits or other statement from the provider).**

© 2014 Employee Benefits Corporation 8024-4 04/14