CORVEL

Employee: _____ **Claim #:** _____

Employer: _____ **Date of Injury:** _____

Based on the Workers' Compensation laws of the state of Nebraska, it is the duty of the employer to provide reimbursement for travel to obtain medical services to and from the home of the injured employee for treatment for a compensable work related injury. The current mileage reimbursement rate for Nebraska is **56** cents per mile. Please submit the forms as often as necessary.

Date	Address: To & From	Round-trip Miles	Prescriptions/Parking

TOTAL MILES: _____ **$**_____

TOTAL $_____

Please return completed forms to:

CorVel Corporation
PO Box 13285
Overland Park, KS 66282-3285
FAX: 866-427-2691