



P.O. Box 4759
 Helena, MT 59604-4759
 Insurance Operations
 (800) 332-6102

**TRAVEL
 EXPENSE
 VOUCHER**

MAIL ROOM DATE

SEE THE BACK OF THIS FORM FOR INSTRUCTIONS & MAXIMUM RATES

NAME			CLAIM NUMBER	
MAILING ADDRESS			EMPLOYER	
CITY	STATE	ZIP	NAME OF ATTENDING PHYSICIAN	
HOME TOWN	DATE OF INJURY		NATURE OF INJURY	

PURPOSE	PURPOSE OF TRAVEL (Check Only One)				
	<input type="checkbox"/>	No same or similar services available locally		<input type="checkbox"/>	No local practicing physician
	<input type="checkbox"/>	Exam./evaluation requested by State Fund		<input type="checkbox"/>	Referral by attending physician

Line	1	2	3	4		5
	Date	Travel Details	Total Miles	Per Diem Allowed (Attach Lodging Receipt)		Total Amount
				Lodging	Meals	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

GRAND TOTALS →

<i>I hereby certify that: this is a valid travel claim to Montana State Fund in accordance with statutes and administrative procedures.</i>		
	<i>Injured Employee's Signature</i>	<i>Date</i>

FOR MONTANA STATE FUND USE ONLY

INSTRUCTIONS AND MAXIMUM RATES

PURPOSE OF TRAVEL: Mark an "X" in the appropriate box describing the reason for travel. Use a separate voucher for each kind of travel. For additional information go to the Department of Labor and Industry website <http://erd.dli.mt.gov> (workers' comp claims assistance tab and scroll down to work comp benefit summary).

Submit this form and receipts to the address shown on the reverse side. Keep the canary copy for your records.

GENERAL REIMBURSEMENT CONSIDERATIONS

1. Injured employees are reimbursed for personal automobile and private airplane mileage at the current rate reimbursed to state employees. Prior authorization from the insurer is required for use of a private airplane.
2. Total reimbursable automobile miles are determined according to the most direct highway route between the injured worker's residence and the provider.
3. Expenses for eligible meals shall be reimbursed at the meal rates established for state employees.
4. Lodging is paid at state rates, with an original receipt. Out of state lodging is reimbursed at federal rates. If the injured employee does not have a receipt, the state rate for non-receipted lodging is paid.
5. If supported by paid receipts, miscellaneous costs, such as taxi fares or parking fees, are reimbursable.

REIMBURSEMENT CONSIDERATIONS FOR SPECIFIC DATES

A. FOR INJURIES OCCURRING PRIOR TO JULY 1, 1993

Contact your claims examiner for instructions and rates for travel expense reimbursement.

B. FOR INJURIES OCCURRING ON OR BETWEEN JULY 1, 1993 AND JUNE 30, 2001

1. For each calendar month, the first 50 miles are not reimbursable, and
2. The insurer shall reimburse the injured worker for reasonable travel expenses incurred in travel to a medical provider for treatment of an injury only if the travel is incurred at the request of the insurer. "At the request of the insurer" includes the insurer directing the worker to change treating physicians, attend an Independent Medical Exam (IME), use a Preferred Provider Organization (PPO) or be treated by a Managed Care Organization (MCO), and
3. GENERAL reimbursement criteria stated below.

C. FOR INJURIES OCCURRING ON OR AFTER JULY 1, 2001

1. For each calendar month, the first 100 miles are not reimbursable unless the travel is requested by the insurer for an IME.
2. GENERAL reimbursement criteria stated below.

GENERAL REIMBURSEMENT CRITERIA

1. Claims for reimbursement must be submitted within 90 days of the travel in order to receive payment consideration.
2. Travel within a community in which the worker resides shall not be reimbursed. "Community" means the area within a 15 mile radius of the claimant's residence as determined as the most direct auto route between the claimant's residence and the provider.
3. Travel expenses and lodging rates are reimbursed at the rate payable to state employees. (Mont. Admin. R. 24.29.1409).
4. Preauthorized expenses incurred for direct commercial transportation by air or ground, shall be reimbursed if no other less costly form of travel is available, or when less costly forms of travel are not suitable to the injured worker's medical condition. Expenses, including rental cars, must be preauthorized. If an injured worker chooses to use commercial air transportation when a less costly form of transportation is available, the injured worker will be reimbursed the amount of the less costly travel.

TRAVEL TIME	IN-STATE	OUT-OF-STATE
MEALS:		
a. Three (3) hours or less	None	None
b. Greater than three (3) hours - and at least three (3) hours within each of the ranges below:		
Morning (12:01 a.m. to 10:00 a.m.)	\$ 5.00	\$ 8.00
Midday (10:01 a.m. to 3:00 p.m.)	\$ 6.00	\$12.00
Evening (3:01 p.m. to 12:00 midnight)	\$12.00	\$26.00
LODGING:		
Receipted, per night, up to	\$ 91 (+tax) *	**
Non receipted overnight stay	\$ 12.00	\$ 12.00

*Tax means only the Montana bed tax. Lodging costs may have exceptions, please contact your Claims Examiner

**Contact your Claims Examiner for current rates