



Medical Mileage Claims Form

Step 1 Employer Name:

Employee Name: SSN:

Phone: Email:

Map Details: Include a screenshot or printout of a map that clearly shows the starting address (i.e., your residence) and the ending address (i.e., the doctor’s office or hospital). This document should also display the total distance in miles traveled between these two points. You can use various platforms such as Google Maps, Apple Maps, Waze, etc., to capture this information. Please note, if you plan to claim mileage for both the journey to and from your appointment, you will need to submit two separate map screenshots - one showing the route and distance to the office/hospital, and the other indicating the route and distance back to your home.

Evidence of Appointment: You will need a printed document from the medical provider’s office confirming that you or an eligible dependent had an appointment/visit on the specific day in question. This document can take the form of an itemized receipt (although it's not a requirement for a mileage claim), an after-visit summary, a visit note, an appointment list, etc. The critical point here is that the document should clearly display the name of the provider, the provider’s address, the name of the patient, and evidence of the patient's visit to that particular doctor’s office or hospital on the date of service for which the claim is being made.

Step 2 Medical Expense Claims (FSA, or Employer funded HRA)

Account Type	Date Expense Incurred	Name of Person Receiving Medical Service	Provider Address	Service Provided (Co-Pay, Deductible, Dental, Vision, RX, over-the-counter, etc.)	Miles Traveled	Amount Requested

STEP 3 Form cannot be processed without valid signature

Employee Signature Date

Please email, fax, or mail to:

Email	Fax	Mail
claims@myameriflex.com	888.631.1038 Attention: Claims Department	Ameriflex Claims Department P.O. Box 269009 Plano, TX 75026

Please do not send original documents. If damaged or lost during processing, they cannot be replaced.