



Mileage Worksheet

NueSynergy participants can be reimbursed for mileage and parking expenses for travel to and from your doctor, dentist, pharmacy or other medical care provider. To be reimbursed for eligible mileage or parking expenses, document the required information on the form on the following page.

Note: You must submit a [Health Care FSA Claim form](#), the signed Mileage Worksheet and an itemized receipt or an EOB (explanation of Benefits) to be considered for reimbursement.

Mileage Rate

Beginning January 1, 2024, the mileage rate will be \$0.21 cents per mile.

Example

Let's say you are sick and drive 18 miles each way to see a doctor on February 1. Later in the year, you purchase new eyeglasses, which you pick up on August 2. The chart below shows how to log the mileage.

Date	Expense Description (medical, dental, vision, prescription)	Name of Service Provider & Address	Number of Miles Traveled	Parking Cost or Mileage Rate	Total Cost
02/01/24	Medical	Dr. Goody 123 Main Street Anytown 00000	36	\$0.21	\$7.56
08/02/24	Vision	Vision Center 456 Second St., Anytown 004566	5	\$0.21	\$1.05
Total Reimbursement Requested					\$8.61



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Enter your information in the appropriate columns below.

Date	Expense Description (medical, dental, vision, prescription)	Name of Service Provider & Address	Number of Miles Traveled (x) Mileage Rate	Total Cost
Date	Expense Description (medical, dental, vision, prescription)	Name of Service Provider & Address	Parking Cost	Total Cost
Total Reimbursement Requested				

CERTIFICATION AND AUTHORIZATION: The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed by submission of this form were incurred during a period while the undersigned was covered under the Employee’s Flexible Spending Arrangement with respect to such expenses and that the medical expenses have not been reimbursed or are not reimbursable under any other health plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes on amounts paid from the Plan which relate to such expense.

Signature: _____ Date: _____