



Workers' Compensation Expense Reimbursement Log

Complete this form when submitting expenses related to an approved Workers' Compensation Claim. To complete and submit the form:

1. Save the form to your desktop/file location of your choice by selecting the "Save" button if form opens in web browser.
2. Open saved form in Adobe Acrobat, complete the form, and click the "Save" button at the bottom of the form.
3. Access the [Employee Incident Reporting and Medical Leave Requests](#) tile in the timekeeping system or available at <https://ohs-prod-portalui.mayo.edu/RcsHome>, select from the tile, and locate the appropriate Case ID line item.
4. Select the "Send Message" button for that specific claim.
5. Click the "Choose Files" button on the screen and attach the Expense Reimbursement Log and any required receipts.
6. Click the "Send" button to submit the request to the assigned RCS staff.

- Note:**
- No portion of these expenses can be covered by any other source.
 - Only services previously authorized by RCS for payment should be submitted.

Name (First Middle Last)		Address (Street, City, State ZIP Code)		Claim Number
Preferred Phone	Preferred Email		Birth Date (mm-dd-yyyy)	Employee ID

Reimbursement Request

Reimbursement is made by RCS for any reasonable travel/medical expenses incurred when receiving medical treatment for an injury or illness covered under an approved Workers' Compensation claim. Reimbursement includes mileage, co-pays, parking, etc. Receipts are required to be submitted with this form to be reimbursed.

Service Date (mm-dd-yyyy)	Purpose of Trip	Provider/Facility Name	From (Name and address of clinic or write "home" if your residence)	To (Name and address of clinic or write "home" if your residence)	Round Trip Mileage	Receipt Amount	Receipts Attached
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Contact Information: Mayo Clinic Recovery and Claims Services
Fax 507-255-7198 Phone 507-422-0505

Mailing Address: Mayo Clinic, Recovery and Claims Services
200 First Street SW, Rochester, MN 55905