



State of Nebraska  
#009006 Mileage Reimbursement

**NAME:** \_\_\_\_\_

**DATE OF INJURY:** \_\_\_\_\_

**CLAIM NUMBER (if known):** \_\_\_\_\_

<b>DATE</b>	<b>PROVIDER</b> (name of doctor or clinic)	<b>PURPOSE</b> (exam, PT, x-rays)	<b>#MILES</b>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return completed form to your claim handler via email, or send to:**

Gallagher Bassett Services  
10050 Regency Circle, Suite 300  
Omaha, NE 68114  
Phone: 402-972-4786  
Fax: 402-972-4777

