McLaren Health Advantage FSA Unit
P.O. Box 1511
Flint, MI 48501-1511
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Mileage Worksheet

As a McLaren Health Advantage Flexible Spending Account (FSA) participant, you 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 this form.

Please PRINT Clearly

Participant Name		ID or Social Security Number			Group/Employer
Address	Street	City	State	Zip	Contact Number

Enter your information in the appropriate columns below. For current mileage rates, please contact your FSA specialist.

Date	Provider Name & Address	Type of Service (medical, dental, vision, prescription)	Number of Miles Traveled (x) Mileage Rate	Total Cost

McLaren HEALTH ADVANTAGE

Date	Provider Name & Address	Type of Service (medical, dental, vision, prescription)	Parking Cost	Total Cost
			Total Reimbursement Requested:	

CERTIFICATION AND AUTHORIZATION: I certify the information on this form is accurate and complete. I am requesting reimbursement for eligible deductible expenses incurred by myself or an eligible dependent while I was a participant in the plan. (Patient & Relationship is assumed to be Self unless otherwise indicated.) I have already received these products and services and confirm that by requesting reimbursement here that I have not and will not seek reimbursement of this expense from any other plan or party. If I am covered under more than one health care account, reimbursement will be made according to the payment order determined by those plans and as stated on the website.

Please note: *You must sign and date the Certification and Authorization statement before you submit the Mileage Worksheet. A Mileage Worksheet submitted without a signed and dated Certification and Authorization statement will not be considered for reimbursement.*

Signature: _____ Date: _____