



Complete if known: DWC Claim # Insurance Carrier Claim #
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Request to get reimbursed for travel costs

Este formulario está disponible en español en el sitio web de la División en www.tdi.texas.gov/forms/dwc/dwc048trvlreims.pdf

Para obtener asistencia en español, llame a la División al 800-252-7031.

Filing instructions: Complete boxes 1-11 and sign the form. **Send it to the insurance carrier** within one year of when you incurred (charged) these costs. Keep a copy of the completed form and receipts. Do not send this form to the Division of Workers' Compensation (DWC).

Part 1: Information about injured employee, employer, and insurance carrier

1. Employee name (First, Middle, Last)	2. Date of injury (mm/dd/yyyy)
3. Employee mailing address (Street or PO Box, City, State, ZIP Code)	
4. Employer (at time of injury)	5. Employee phone number
6. Insurance carrier name	7. Insurance carrier fax #

Part 2: Information about travel

8. Trips for medical treatment and exams more than 30 miles one way.			
Date	Travel from (street address)	Travel to (health care provider's name and street address)	Miles driven (round trip)



9. Overnight stays and meals. Send receipts for these costs.			
Date	Location	Meals	Hotel/lodging
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Part 3: Injured employee’s statement

I certify the above information is correct and is for travel for treatment or an exam for my work-related injury.	
10. Sign here:	11. Date:

Part 4: Insurance carrier’s response to injured employee’s request to get reimbursed for travel costs

You must provide a plain language explanation of any partial payment or denial under 28 Texas Administrative Code (TAC) Section 134.110(f). Complete this section or use your own form and send a copy to the injured employee and the injured employee’s representative, if any.

12. Response Requested amount is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Partially Denied	13. Reason for denial:		
	14. Adjuster name:	15. License number:	16. Date:



FAQ

Request to get reimbursed for travel costs (DWC Form-048)

What costs can I get reimbursed for?

If you have a work-related injury, you can get reimbursed for travel costs for some medical treatments or exams more than 30 miles one way if:

- Medical treatment is not reasonably available within 30 miles of where you live; or
- Required medical exams, designated doctor exams, and post-designated doctor, treating doctor, or referral doctor exams are more than 30 miles one way.

If you have more costs to submit, you may attach more pages. Include the information in boxes 8 and 9.

Mileage: If you travel from your home or workplace to the health care provider's office, you can get reimbursed for mileage using the shortest reasonable route. Some things to know:

- Talk to your adjuster if you have questions about getting reimbursed for mileage because of medical treatment or exams that are not reasonably available within 30 miles of where you live.
- If you left from a place other than your home or workplace, mileage will be based on the distance from the health care provider's office to your home, workplace, or actual point of departure, whichever is closest.
- The amount reimbursed will be based on the travel rate for state employees. To get those rates, go to fmx.cpa.texas.gov/fmx/travel/texttravel/rates/current.php or call us at 800-252-7031.

Hotel and meals: If your travel reasonably includes an overnight stay, you can get reimbursed for the cost of a hotel or other lodging and meals related to your trip. Some things to know:

- Talk to your adjuster if you have questions about whether it's reasonable for your travel to include an overnight stay.
- You must send a copy of receipts for an overnight stay and your meals with this form.
- The amount reimbursed cannot be more than the rates for state employees. To get those rates, go to fmx.cpa.texas.gov/fmx/travel/texttravel/rates/current.php or call us at 800-252-7031.

What happens next?

Within 45 days of getting your form, the insurance carrier must reimburse your request for travel costs or deny your request by completing this form or using its own form explaining why it won't pay for the travel.

You can ask for a benefit review conference if the insurance carrier won't reimburse all or part of your travel costs. At the conference, someone from DWC will listen to you and the insurance carrier and try to help you reach an agreement. An injured employee who is not represented by an attorney may also get help by contacting the Office of Injured Employee Counsel at 866-393-6432.

More information: See 28 TAC Section 134.110 about reimbursement of travel expenses, Labor Code Section 408.004(c)(2) and 28 TAC Section 126.6(l) about required medical exams, and Labor Code Section 408.0041(h)(2) and 28 TAC Section 126.17(c) about post-designated doctor treating or referral doctor exams.

Note: With few exceptions, on your request, you are entitled to:

- be informed about the information DWC collects about you;
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or go to the Corrections Procedure section at www.tdi.texas.gov.