



Medical Expense Log

To be used as supporting documentation to a claim form.

Date of Travel	Patient's Name	Relationship	Location of Physician or Treatment Facility	Type of Treatment/Diagnosis	Number of Miles	Total Reimbursement Amount
Totals						

I certify the medical travel expense(s) listed above was incurred for transportation primarily for and essential to medical care for myself or an eligible dependent. The medical care was provided by a physician in a licensed hospital or medical facility and no element of personal pleasure, recreation or vacation was involved in the travel.

Name of Participant (please print)

Participant Signature

Date