When an injury pulls you out of your routine, small costs add up with unnerving speed. Gas to see the surgeon. Parking garages near the hospital. A cab home because you are not allowed to drive after a nerve block. These are not luxuries, they are the friction of getting well. Most states recognize that and require insurers to reimburse reasonable medical travel and related out-of-pocket expenses tied to a work injury. The trouble is that the rules are fussy, deadlines vary, and denials often rest on technicalities. A careful approach can mean hundreds or even thousands of dollars back in your pocket during a season when money already feels tight.

I have seen clients leave substantial money on the table simply because they did not start tracking early. One delivery driver with a torn labrum logged more than 1,200 miles for therapy and post-op visits over six months. At the applicable rate, his mileage reimbursement was worth close to 800 ***Georgia workers comp claims*** dollars, plus another 110 for parking and tolls. He almost missed it. The receipts sat in his glove box until we organized them and sent a clean claim with a map printout. Payment arrived within a few weeks.

This guide explains what counts, what does not, how to prove it, and how a workers compensation lawyer thinks about edge cases that lead to disputes.

What reimbursement is supposed to cover

The general idea is simple. If an expense is reasonably necessary for medical care or other authorized workers compensation services, you should not have to pay it yourself. States slice that concept in slightly different ways, but the core categories show up everywhere.

Mileage and transportation come first. If you drive your own car to a medical appointment, you are typically reimbursed per mile at a set rate. Many states peg this to the IRS standard mileage rate for business use, which has been 67 cents per mile for 2024 and 2025. Some states set their own rate or update on a different schedule. The rate is supposed to account for gas, wear and tear, and depreciation, so you do not also submit gas receipts for those same miles.

Parking and tolls are usually reimbursable when tied to a covered appointment. Keep every receipt. Insurers often require itemization. It matters that the ten dollars was for the hospital garage, not street parking two blocks away while you ran an unrelated errand.

Public transit, rideshare, and taxis are generally covered when reasonably necessary. If you do not have a car, cannot drive due to medication, or live in a city where transit is normal, the carrier should reimburse the actual fare. If a friend or family member drives you, some states pay mileage to the driver, others pay it to you, and a few require that the driver be a licensed home health aide to claim certain trips. When in doubt, submit the miles and a short note explaining why you needed the ride.

Pharmacy trips usually count if you are picking up prescriptions or medical supplies related to the claim. A short hop to the corner pharmacy may only be a few dollars, but over months of care it stacks up. Some states allow adding pharmacy stops to the mileage even when combined with a doctor visit on the same day. Others prefer you record them as separate segments.

Lodging and meals come into play if you must travel a significant distance for specialized care or for an independent medical examination scheduled by the insurer. The threshold varies. Think two to three hours each way or an overnight stay. Reimbursement is typically subject to “reasonable” limits, sometimes tied to state per diem rates. Save the hotel folio and any meal receipts, and document why closer care was unavailable.

Vocational rehabilitation travel, if you are in an approved program, is often reimbursable as well. That includes trips to skills assessments, training, and meetings with the counselor. The theory is the same. These are costs of getting you back to work.

What is not covered? Personal errands, detours, and trips that are not medically or legally required under the claim. Most states do not cover travel to see your attorney, attend general court hearings, or meet with friends from a support group. If you combine an appointment with grocery shopping, you can still claim the medical miles, but you should calculate them fairly. The insurer will only pay the shortest reasonable route between home and the clinic, or between work and the clinic if you left from there.

The rate, the clock, and who sets the rules

No one needs surprises about rates or deadlines. Several moving parts control how much and when you get paid.

Mileage rates. A large number of states default to the IRS business mileage rate, updated annually. That rate was 67 cents per mile through 2024 and remained at 67 cents in 2025. Some jurisdictions set their own figure or lag a year behind. The practical tip is to check the current posted rate for your state or ask the adjuster to confirm it in writing. When the rate changes mid-claim, you may need to apply the old rate to earlier trips and the new rate to later trips.

Submission deadlines. Many states require you to submit reimbursement requests within a “reasonable time,” commonly interpreted as 30 to 90 days from the date of service. Some plans or carriers use a standard form and a firm window. Missing these windows is one of the most common reasons for denials that could have been avoided. Build a routine. Send a packet once a month, or whenever you hit a full page on your mileage log.

Payment timing. After you submit a complete request, carriers typically have a set period to issue payment, often two to six weeks depending on the jurisdiction. If payment is late without a valid reason, some states impose penalties or interest. Late, partial, or inconsistent payments are signals to get a workers compensation lawyer involved, if only for a nudge letter that cites the rule.

Disputes over necessity. Reimbursement hinges on medical necessity and authorization. If the underlying care is not approved under the claim, the travel to get it is vulnerable. For example, travel to a chiropractor may be reimbursable in one state and not in another unless the treating physician explicitly prescribes it. Similarly, a second opinion might be reimbursable if preauthorized or mandated by the insurer, but not if you booked it on your own outside the network. The fix is to coordinate with your treating doctor and the adjuster ahead of time and keep a paper trail of authorizations.

A simple, durable system to prove your miles

Claims succeed when the story is clear and the math is easy to audit. You do not need fancy software. A pocket notebook or a spreadsheet on your phone works fine if it captures the essentials.

Start with a mileage log. Each line should show the date, start address, destination, purpose of the trip, starting and ending odometer readings or miles traveled, and any parking or toll costs. If you forget to write it down in the moment, reconstruct it the same day using your calendar or text reminders. If you miss a few entries, you can still save the claim with Google Maps printouts showing the route and standard mileage, but contemporaneous notes carry more weight.

Hold onto receipts. Parking slips fade fast. Take a photo of every receipt on the day you get it. Label the photo with the date and the appointment, so six weeks later you do not wonder which seven dollars was the X-ray clinic and which was the pharmacy lot.

If you used public transit or a rideshare, the app receipt is your friend. Some insurers want you to confirm why a rideshare was necessary instead of driving yourself. A short explanation will do. For example, “post-op visit, prescribed not to drive due to pain meds.”

If multiple stops in one day relate to the claim, break the day into segments in your log. Home to PT. PT to pharmacy. Pharmacy to home. The math should add up to a reasonable total. If you had one appointment in the morning and another across town in the afternoon, say so. Ambiguity is the enemy.

Keep copies of your submissions. When you mail or upload the packet, save the PDF or take a picture of the pages with your phone. If the insurer later claims it never arrived, you can resend without starting from scratch.

When to take the direct route and when detours are fine

Mileage is usually calculated using the shortest reasonable route. That does not mean you must drive the absolute minimum distance if that route is unsafe or unreliable. If the highway is under construction or a road is closed, pick a practical route and document the reason in your log. If you drop a child at school on the way, you can still claim reimbursement, but you should calculate from home to the clinic, not the longer path.

If you moved temporarily to stay with family during recovery, update the adjuster so the base address on file matches your actual starting point. Otherwise the carrier may shave miles using your old address. If you are traveling from a job site rather than home, note that. Trips during the workday often start from a different location, and the insurer should respect that.

Edge cases also arise with out-of-state care. If your treating physician refers you to a regional specialist two states away, get preapproval in writing that includes travel and lodging. These trips can be worth thousands of dollars in reimbursement, and a single loose sentence in an email can prevent a fight later.

What a complete reimbursement packet looks like

Insurers are happiest when they *Georgia Workers' Compensation* can check boxes. Give them what they expect, and payments arrive faster. A typical packet includes a standardized mileage form (many carriers have their own), your itemized log, copies of receipts, and if helpful, a map printout or app screenshot for any unusually long trip. If a friend or spouse drove, include a note stating who drove and why, and whether you are seeking mileage at the standard rate rather than reimbursement for gas.

An extra page with short explanations helps when anything looks out of pattern. “Parking higher than normal due to event at hospital, attached receipt.” “Took surface streets because Interstate 14 closed by accident, attached traffic notice.” A few sentences can save two weeks of back and forth.

If you submit electronically, combine documents into a single PDF in chronological order. Label the file with your name, claim number, and the date range. If you mail it, use a trackable method and keep the tracking number.

A short checklist to keep money from slipping through the cracks

- Record every medical trip the same day. Note date, addresses, miles, and purpose.
- Save receipts for parking, tolls, transit, rideshare, lodging, and meals when applicable.
- Submit claims regularly, typically monthly, and always within the carrier’s stated window.
- Confirm the applicable mileage rate in writing and apply the correct rate to each date range.
- Flag anything unusual with a brief note and supporting documentation.

Common denials and how to fix them

“No proof of miles.” The carrier needs either odometer readings or a reasonable mileage figure shown by a standard route. If you lack odometer data, use a map tool to show distance from your home to the provider and print or save the screenshot. Attach it with a short note. Repeat for each unique destination.

“Appointment not authorized.” If the insurer disputes the underlying care, reimbursement stalls too. Solve the medical authorization first. Ask your treating physician to submit a clear prescription or request for treatment. If it is care that usually needs preapproval, like an MRI or a specialist visit, do not assume the insurer will agree after the fact.

“Excessive distance.” If you bypass nearby providers, the insurer may try to pay mileage as if you used the closest reasonable option. You can beat this if your doctor documents the need for a specific specialist, language access needs, or the fact that closer providers do not accept your case. A workers compensation lawyer often asks the doctor to write a short letter addressing availability and medical reasons for the choice.

“Duplicate submissions.” When you send a monthly packet, write “Month Year” on the form and only include that month’s trips. If you have to resubmit, label it “Resubmission of March 1-31 packet, no new items” to avoid confusion.

“Blanket denial of rideshare.” Some adjusters reflexively deny rideshares. Push back with a proper explanation. Post-op restrictions, no car, seizure risk, or medications that impair driving are legitimate reasons. Attach the app receipts that show date, time, and pickup and drop-off points matching the appointment.

Special situations that catch people off guard

Independent medical examinations. If the insurer requires you to attend an exam with their doctor, they must pay for the trip and usually advance reasonable costs. If the distance requires overnight travel, ask for confirmation that lodging and meals are covered and what limits apply. If they send you a rideshare, clarify whether return transportation is arranged as well. Document everything. If the driver does not show and you call your own cab, you should be reimbursed, but only if you show why you had no alternative.

Home health and attendant care errands. If an aide takes you to therapy or a wound care visit, mileage can be reimbursed to the aide or folded into the agency’s billing depending on the setup. Ask the agency who claims the cost so you do not double submit.

Telehealth. No travel means no mileage. If you bought equipment or paid a fee to access telehealth for the claim, that may be reimbursable as a medical expense but not as travel. Keep those categories clean.

Multiple appointments in one day. If you see your surgeon in the morning and do physical therapy in the afternoon, and both are covered, you can claim both trip segments. If they are in the same building, you still only claim one parking fee. If they are miles apart, each leg counts separately. Record it that way.

Switching providers. If you move your care to a clinic closer to home, adjust your log accordingly. If you switch because the original provider could not meet your needs, a short note explaining the change helps prevent second-guessing.

Taxes, benefits, and how reimbursement interacts with your case

Mileage and expense reimbursement are not wage replacement. They are separate from temporary disability or impairment benefits. They do not reduce your check and, in most circumstances, are not taxable as income

because they simply repay your costs. That said, do not claim reimbursed miles as a deduction on your tax return. If you are ever unsure, ask a tax professional. Workers compensation benefits in general are not taxed under federal law, but states can have their own wrinkles.

Reimbursement also carries a psychological benefit. Feeling nickel and dimed erodes trust in the process. When these small claims flow correctly, injured workers tend to keep appointments, stick with therapy, and communicate better with their care team. That momentum matters during settlement talks. A messy file of unaddressed expenses, on the other hand, can bog down negotiations.

How a workers compensation lawyer adds value

You do not need a lawyer to submit mileage, but the right guidance prevents mistakes that lead to bigger problems. Here is what an experienced workers compensation lawyer typically does behind the scenes.

We set up a system early. At the first meeting, we hand over a template log and a sample packet and ask for the first two weeks of receipts by a date certain. Small habits, adopted fast, change outcomes.

We clarify authorizations in writing. If your physician wants to send you to a specialist across town, we get preapproval that mentions the specialist by name and acknowledges the travel. That one email can prevent four fight letters later.

We fix denials efficiently. When a carrier says “no,” we send a focused response that cites the applicable rule and attaches only what matters. Too much paper can bury the point. If late fees or penalties apply, we say so.

We watch patterns. If the insurer starts splitting reimbursements or paying late, we note the dates and, if helpful, push for a global catch-up or raise the issue with the state. Insurers respond to consistent pressure backed by documentation.

We prepare for settlement. When talks begin, we make sure your expense claims are up to date. If you will need future travel for follow-up care, we estimate those costs and put them on the table. Closing a case without accounting for known future expenses is a quiet way to lose money.

Frequently asked judgment calls

Should you submit a claim for small amounts, like a three dollar bus fare? Yes. The law does not set a minimum claim threshold. Small amounts add up, and routine submissions train the insurer to process your packets without drama.

Can you claim mileage from a temporary address, like a sibling’s house during recovery? Yes, if that is where you are living at the time, but tell the adjuster before large trips so the file reflects the new starting point.

Is it better to track odometer readings or use map distances? Either works. Odometer readings are strongest if you are disciplined. If not, map distances for the shortest reasonable route are acceptable in most states. Be consistent and honest.

What if you forgot to submit for several months? Do it now. Some states accept late submissions up to a year from the date of service, sometimes longer, but the risk of denial grows with time. A workers compensation lawyer can often salvage older claims by organizing them and addressing lateness head on.

Will the insurer pay for parking tickets or valet surcharges? No to tickets. Valet is usually reimbursed only if there is no reasonable self-parking option or you have mobility limits. If a medical reason requires it, get a short note from your provider or explain the circumstance.

Step by step: filing a clean claim the insurer can pay fast

- Confirm the applicable mileage rate and any special forms with your adjuster.
- Complete your log for the period, attach receipts, and add short notes for anything unusual.
- Convert everything to a single PDF labeled with your name, claim number, and date range.
- Submit via the carrier’s portal or by trackable mail, and save the confirmation.
- Calendar a follow-up two to three weeks later to verify processing or address any questions.

A brief story about getting it right on the second try

A warehouse worker dislocated a knee on a night shift and needed several MRI visits and weekly therapy across town. He drove because the last bus home left before his appointments ended. The insurer denied half his mileage as “excessive,” comparing his miles to a clinic nearer to his zip code. The denial stung. He had gone out of network, on his doctor’s advice, to see a therapist who spoke his first language and had expertise with post-surgical protocols.

We gathered three items. First, a letter from the surgeon confirming the need for that specific therapist for six weeks. Second, a printout showing the earlier closing hours of the nearby clinic, which would have forced him to miss sessions or miss work. Third, a simple map showing the shortest route he took each time. The carrier reversed its position and paid the full amount at the current rate, along with two late fees that added a few extra dollars. Sympathy did not move the needle. Clean documentation did.

Final thoughts to carry into practice

Reimbursement is not charity. It is part of the promise built into the workers compensation system. The promise works when you meet it halfway with steady recordkeeping and timely submissions. The first claim always feels like a chore. The second goes faster. By the third, you are running a rhythm, and the payments land on schedule.

If you feel lost, ask for help early. A short call with a workers compensation lawyer can clarify which expenses count in your state, which forms to use, and how to avoid the traps that lead to denials. You do not have to turn your recovery into a part-time accounting job. You just need a simple method, a calendar reminder, and the confidence that the small steps matter. They do, especially when life already feels heavy.