

Send completed form to: Zurich Insurance  
 PO Box 968053  
 Schaumburg, IL 60196

**Claimant  
 Travel Voucher**

Keep a copy for your records FAX: 856-985-2960

**TRAVEL VOUCHERS MUST BE FILED WITHIN SIX MONTHS OF THE DATE OF TRAVEL**

1. Claimant's Name (First, Middle, Last)		2. Claimant's Address (Street or P.O. Box, City, State, Zip)	
3. Claimant's Social Security Number:	4. Date of Injury		5. Claim Number
6. Provider's Name (please print)			
8. Address of Point of Departure (need physical address or closest route number)		9. Address of Point of Destination	
10. Time of Departure <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	11. Time of Return <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		12. Purpose of Travel

Medical procedure codes to be used below in column 14:

Code	Description	Code	Description	Code	Description
X0910	Hotel / Motel	X9910	Mileage (Occupational Pneumoconiosis)	X0930	Air Travel
X0915	*Meals	X0920	Mileage	X0935	Bus / Train
X9911	*Meals (Occupational Pneumoconiosis)	X0925	Parking / Tolls	X0300	Voc. Rehab (mileage for retraining)
X0922	Reimbursement for IME travel	X0921	Claimant travel 2 <sup>nd</sup> physician same day mileage	FEDTR	Federal Black Lung - Travel

Hotel/Motel stay and Air/Bus/Train travel require prior authorization. Receipts must be attached when seeking reimbursement for all services other than mileage.  
 \*Meals are reimbursed for authorized OVERNIGHT travel only.

13. Date	14. Procedure Code	15. Description	16. Units / Quantity	17. Charges

18. Service Provider's Signature	19. Claimant's Signature	Date	20. Total Charges
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For miles driven, use "16. Units/Quantity" and enter number of miles

Mileage reimbursement rate effective 07/20/2011 is 47.0 cents per mile