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| **Solicitud para reembolso de gastos**  **(Request for Reimbursement of Expenses)** | | | | | | | | | | | | | | | | | | | | |
| Complete este formulario, incluya su número de reclamo de compensación para trabajadores y envíelo a su aseguradora.  Incluya copias de los recibos de todos sus gastos excepto por millaje. Si su solicitud está incompleta le será regresada para que complete la información adicional. Debe solicitar reembolso antes de la fecha que venga después: (a) dos años a partir de la fecha en que se incurrió los costos o (b) dos años a partir de la fecha en que la reclamación o condición médica es finalmente determinada compensable. | | | | | | | | | | | | | | | | | | | | |
| (Complete this form, including your workers’ compensation claim number, and send it to the insurer that processes your claim. Include copies of receipts for all items except personal vehicle mileage. Incomplete requests will be returned for additional information. You must request reimbursement by whichever date is later: (a) two years from the date the costs were incurred or (b) two years from the date the claim or medical condition is finally determined compensable.) | | | | | | | | | | | | | | | | | | | | |
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| Nombre (Name) | | | | | | | | | | | Número de reclamo (Claim number) | | | | | |
|  | | | | | | | | | | |  | | | | | |
| Dirección postal (Mailing address) | | | | | | | | | # de Apto. (Apt. #) | | Nueva dirección (This is a new address) | | | | | |
|  | | |  | | |  | | | ()  - | |  | | | | | |
| Ciudad (City) | | | Estado (State) | | | Código postal (Zip) | | | Teléfono (Phone) | |
|  | | |  | | |  | | |  | |
| Casilla Postal (P.O. Box) | | | Ciudad (City) | | | Estado (State) | | | Código postal (ZIP) | |
| TRANSPORTE (TRANSPORTATION) | | | | | | | | | | | | | | | | | | | | |
| **Lugar de comienzo**  **(Start location)** | | | | **Destino Final**  **(End location)** | | | | **Proveedor de servicios medicos**  **(Medical provider)** | | | | | | **Millas**  **(Trip miles)** | | | | **Fecha**  **(Date)** | |  |
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|  | | | | | | | | | | | | | | | | | | | | **Reembolso total**  **por millas**  (**TOTAL** miles) |
| COMIDAS (MEALS) | | | | | | | | | | | | | | | | | | | | |
| **Fecha**  **(Date)** | **Desayuno**  **(Breakfast)** | **Ciudad**  **(City)** | | | **Fecha**  **(Date)** | | **Almuerzo**  **(Lunch)** | | **Ciudad**  **(City)** | **Fecha**  **(Date)** | | | **Cena**  **(Dinner)** | | | | **Ciudad**  **(City)** | | |  |
|  | **$** |  | | |  | | **$** | |  |  | | | **$** | | | |  | | |
|  | **$** |  | | |  | | **$** | |  |  | | | **$** | | | |  | | |
|  | **$** |  | | |  | | **$** | |  |  | | | **$** | | | |  | | | **$** |
|  | | | | | | | | | | | | | | | | | | | | **Reembolso total**  **por comidas**  (**TOTAL** meals reimbursement) |
| HOSPEDAJE (LODGING) | | | | | | | | | | | | | | | | | | | | |
| **Nombre del hotel/motel**  **(Hotel/motel name)** | | | | | **Ciudad**  **(Location)** | | | | | | | **Fecha**  **(Date)** | | | | **Costo**  **(Cost)** | | |  | |
|  | | | | |  | | | | | | |  | | | | **$** | | |
|  | | | | |  | | | | | | |  | | | | **$** | | |
|  | | | | |  | | | | | | |  | | | | **$** | | | **$** | |
|  | | | | | | | | | | | | | | | | | | | **Reembolso total**  **por hospedaje**  (**TOTAL** lodging reimbursement) | |
| Continua  (Continued) | | | | | | | | | | | | | | | | | | | | |
| 440-3921s (10/24 tr 10/24/DCBS/WCD/WEB) | | | | | | | | | | | | | | | | | | | | |

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| RECETAS MÉDICAS (PRESCRIPTIONS) | | | | | | | | | | | |
| **Nombre de la medicina**  **(Name of medication)** | **Doctor que la recetó**  **(Doctor)** | | | | **Fecha**  **(Date)** | | **Costo**  **(Cost)** | | | |  |
|  |  | | | |  | | **$** | | | |
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|  |  | | | |  | | **$** | | | | **$** |
|  | | | | | | | | | | | **Reembolso**  **Total por prescripciones**  (**TOTAL** prescription reimbursement) |
|  | | | | | | | | | | | |
| Con mi firma, Yo certifico que toda la información solicitada en este reembolso es verdadera y no contiene declaraciones o representaciones falsas. | | | | | | | | |  | | |
| (By my signature, I certify that all information I have given in this request for reimbursement is true and contains no false statements or misrepresentations.) | | | | | | | |  |  | | |
|  | **Total de millas**  (**TOTAL** miles) | | |
|  | | | | | | | | | | | |
|  | |  |  |  | |  | | | | **$** | |
| Firma del trabajador (Signature of worker) | | Fecha (Date) |  | | | | | | **Reembolso Total**  **por comidas, hospedaje y prescripciones**  (**TOTAL** meals, lodging, and prescription reimbursement) | |
|  | | | | | | | | | | | |
| 440-3921s (10/24 tr 10/24/DCBS/WCD/WEB) |  | | | | | | | | | | |

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| **Estándares de tarifas en los Estados Unidos continentales:**  (Standard rates for the continental United States:) | | |
| **Tarifas de alojamiento y comidas en efecto desde el 1 de octubre del 2024 hasta el 30 de septiembre del 2025**  (Lodging and meal rates effective Oct. 1, 2024 – Sept. 30, 2025) | | **Millaje en TODOS los vehículos privados en efecto desde el**  **Enero 1, 2024**  **67 centavos de dólar por milla**  (ALL private vehicle mileage effective Jan. 1, 2024  67 cents per mile) |
| **Desayuno** (Breakfast) | **$17.00** | **Tarifa de millaje previa:** (Previous mileage rates:) |
| **Almuerzo** (Lunch) | **$17.00** | **01/01/23 – 65.5 centavos por milla** (cents per mile) |
| **Cena** (Dinner) | **$34.00** | **07/01/22 – 62.5 centavos por milla** (cents per mile) |
| **Alojamiento** (Lodging) | **$110.00** | **01/01/22 – 58.5 centavos por milla** (cents per mile) |
|  |  | **01/01/21 – 56 centavos por milla** (cents per mile) |
| **Los impuestos de alojamiento son reembolsables aparte de la subvención de alojamiento. Las tarifas de alojamiento no incluyen impuestos.**  (Lodging rates do not include taxes. Room taxes are reimbursable in addition to the lodging allowance.) | | |

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| **Las tarifas de alojamiento y comidas exceden las tarifas estándares en los siguientes condados de Oregon:** (Lodging and meal rates exceed the standard rate in the following Oregon locations:) | | | |
| **Condado**  **(County)** | **Fechas**  **(Effective dates)** | **Tarifas máximas de**  **Alojamiento\***  **(Max. lodging rate\*)** | **Tarifas de comidas\*\***  **(Meal rate**\*\*) |
| Clackamas | 10/01/24 – 09/30/25 | $136 | $80 |
| Clatsop | 10/01/24 – 06/30/25 | $141 | $86 |
| 07/01/25 – 08/31/25 | $236 | $86 |
| 09/01/25 – 09/30/25 | $141 | $86 |
| Deschutes | 10/01/24 – 05/31/25 | $125 | $86 |
| 06/01/25 – 08/31/25 | $192 | $86 |
| 09/01/25 – 09/30/25 | $125 | $86 |
| Lane | 10/01/24 – 05/31/25 | $132 | $80 |
| 06/01/25 – 07/31/25 | $192 | $80 |
| 08/01/25 – 09/30/25 | $162 | $80 |
| Lincoln | 10/01/24 – 06/30/25 | $120 | $92 |
| 07/01/25 – 08/31/25 | $167 | $92 |
| 09/01/25 – 09/30/25 | $120 | $92 |
| Multnomah | 10/01/24 – 09/30/25 | $155 | $86 |
| Washington | 10/01/24 – 09/30/25 | $132 | $80 |
| **\*Los impuestos de alojamiento son reembolsables aparte de la subvención de alojamiento. Las tarifas de alojamiento no incluyen impuestos.** (\*Lodging rates do not include taxes. Room taxes are reimbursable in addition to the lodging allowance.) **\*\*Para comidas, debe utilizar los siguientes porcentajes: desayuno – 25%; almuerzo – 25%; cena – 50%**  (\*\*For meals, the following percentages must be used: breakfast -- 25%; lunch -- 25%; dinner -- 50%) | | | |

Tarifas obtenidas del [Boletín 112](https://wcd.oregon.gov/Bulletins/bul_112.pdf). Vea el boletín para más información.

(Rates obtained from [Bulletin 112](https://wcd.oregon.gov/Bulletins/bul_112.pdf). See bulletin for more information.)