Virginia Birth-Related Neurological Injury Compensation Program

Claim Reimbursement Form

Admitted Claimant:

Month:

DATE	DESCRIPTION/PROVIDER/SERVICES/ITEMS	MILEAGE	AMOUNT
	Total Miles	-	
		Miles X rate	-
		Subtotal	-
	Total R	eimbursement	-

Signature & Date		

Print Name:

I certify the information given is accurate, that none of these items items have been reimbursed by any other source for any amount, nor are they eligible for reimbursement from other sources.

Mileage Reimbursment 2022:

0.585

0.2925

Personal Car

Program Van