## SERVICE PROVIDER AFFIDAVIT

## FOR

## MILEAGE EXPENSE FOR MEDICAL SERVICES

I hereby certify that $\qquad$ ,
a participant in an IRC Section 125 plan, did travel from their community to my office to receive medical services.

Total miles traveled x \$. 15 per mile = \$ $\qquad$ .

Date of Service

Address
City, State, \& Zip

