MEDICAL MILEAGE RECORD

AME:		CLAIM NO.:		D.O.L.		
The undersigned does hereby claim medical mileage as an allowable expense under PIP coverage as follows:						
Date	Destination: Name and Address	Purpose	Mileage To	Mileage From	Total Mileag	
		-			_	
ORIDA Stati	utes, Section 817.234 states: "Any person v	 who knowingly and with intent t	o injure, defraud, or dec	eive any insurer file	s a	
ement of cla	im or an application containing any false, i	incomplete, or misleading inform	nation is guilty of a felo	ny in the third degre	e."	
				g:		
				Signature		

Date