

**PROVIDER REIMBURSEMENT - BACKGROUND AND FINGERPRINT CHECKS**

**Instructions**

* **INCOMPLETE OR INCORRECT FORM(S) WILL CAUSE A DELAY IN YOUR REIMBURSEMENT**
* **Required** supporting documents.
	1. **Dated** Invoice with employee transaction details from Agency / Private Investigator or Fingerprint Vendor
	2. Provider Reimbursement form
* New Hires **ONLY**.
* Providers will **not** be reimbursed for amount over $50 per employee’s background check.
* The reimbursement request must be received within three (3) months of the ‘Invoice Date’ on the Agency / Private Investigator or Fingerprint Vendor invoice.
* [For c](http://verify.tn.gov/)laims to qualify for reimbursement, the **background** checks must be conducted by an Agency / Private Investigators licensed in the State of Tennessee. To check for valid license number and expiration date visit [http://verify.tn.gov/.](http://verify.tn.gov/)
* For claims to qualify for reimbursement, the **fingerprint** checksmust be conducted by TBI or an authorized State of Tennessee Vendor.
* When submitting reimbursements for more than one region, please use separate reimbursement forms for each region.

**DEFINITION OF FORM FIELDS**

**PROVIDER**

Fill in Provider name that is requesting the reimbursement.

**REGION**

Please indicated **one region per reimbursement form -** East, Middle, or West.

**INVOICE DATE OF PRIVATE AGENCY, INVESTIGATOR OR TBI**

The **invoice date** submitted from the Agency / Private Investigator or Fingerprint Vendor.

* If submitting more than one Vendor invoice which have different invoice dates, please submit separate reimbursement forms.
* If Vendor’s invoice date has a date range, use the end date of that date range.
* **DO NOT** use the date the employee was processed.

**TN LICENSE #**

The Private Investigator or Investigator Agency must be licensed in the State of Tennessee for the claim to qualify for reimbursement. The valid license number and expiration can be found at [http://verify.tn.gov/.](http://verify.tn.gov/)

**NAME OF PRIVATE AGENCY, INVESTIGATOR OR TBI**

The name of the company or person which performed the background or fingerprint check(s).

**EMPLOYEE INITIALS**

Include employee’s full initials you are seeking reimbursement located on the invoice details.

**PI AGENCY RATE CHARGED**

The amount that your agency was charged per employee’s background check.

**REIMBURSABLE AMOUNT**

The amount requested **up to $50** for each employee’s background check.

**PHONE NUMBER**

The number at which DIDD may contact the preparer of the form.

**TOTAL REQUESTED REIMBURSABLE AMOUNT**

The **TOTAL** requested amount for each reimbursement form.

**DATE SUBMITTED**

The date the reimbursement form is submitted to DIDD.

**EMAIL**

The email address DIDD may contact the preparer of the form.

DIDD-0470 Rev. Date 3/2020

**PROVIDER REIMBURSEMENT FORM**

**Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Invoice Date of Private Agency, Investigator or TBI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TN License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Private Agency, Investigator or TBI:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Employee Initials (First, Middle, Last)** | **PI Agency Rate Charged** | **Reimbursable Amount** |
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| **Employee Initials (First, Middle, Last)** | **PI Agency Rate Charged** | **Reimbursable Amount** |
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 Total Requested Reimbursable Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL TO:**  DD\_Business.Services@tn.gov **MAIL TO:** DIDD

UBS Tower, 8th Floor

315 Deadrick Street

Nashville, TN 37243

**IMPORTANT:** INCOMPLETE OR INCORRECT FORM(S) WILL CAUSE A DELAY IN YOUR REIMBURSEMENT.

**Please attach ALL supporting documents and any comments to that email before sending to DIDD.**

DIDD-0470 Rev. Date 3/2020