Reset

PROVIDER REIMBURSEMENT FORM

*PROVIDER AGENCY: _____ *REGION:

Investigator/TBI/Private Agency *NAME: _____

Investigator/TBI/Private Agency *Invoice Date: _____ Investigator/Private Agency *TN License #: _____

Employee Initials (First, Middle, Last)	PI Agency Rate Charged	Reimbursable Amount

Employee Initials (First, Middle, Last)	PI Agency Rate Charged	Reimbursable Amount

Total Requested Reimbursable Amount: $ 0.00

*Authorized Signature: _____ *Area Code w/Phone Number: _____

*Date Submitted: _____ *Email: _____

EMAIL TO: DDA_Business.Services@tn.gov

MAIL TO: DDA
UBS Tower, 8th Floor
315 Deadrick Street
Nashville, TN 37243

*Required Fields

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

Please attach ALL supporting documents and any comments to the email before sending to DDA.

Print / Save