



PROVIDER REIMBURSEMENT - BACKGROUND AND FINGERPRINT CHECKS

Submission Instructions

- **INCOMPLETE OR INCORRECT FORM(S) WILL CAUSE A DELAY IN YOUR REIMBURSEMENT**

- **Required** supporting documents.
 1. **Dated** Invoice with employee transaction details from the Agency / Private Investigator or Fingerprint Vendor
 2. Provider Reimbursement Form

- **New Hires ONLY.**
 - *To qualify for reimbursement, an employee:*
 1. *Must complete Orientation.*
 2. *Is **NOT** a rehire within the past 120 days.*

- Standalone MVR or Drug Screenings are **NOT** reimbursable.

- Providers will **not** be reimbursed for amounts over \$50 per employee's background check.

- The reimbursement request must be received within six (6) months of the 'Invoice Date' on the Agency / Private Investigator or Fingerprint Vendor invoice.

- For claims to qualify for reimbursement, the **background** checks must be conducted by an 'licensed' Agency / Private Investigators for the State of Tennessee. **Fingerprint** checks must be performed by the TBI or an authorized State of Tennessee Vendor. To check for a valid license number and expiration date, visit <https://search.cloud.commerce.tn.gov/>.

- Two versions of the Provider Reimbursement form can be submitted via the Provider Reimbursement Form – Fillable Download or Provider Reimbursement Form – Non-Fillable, located at [Provider Reimbursements](#).

Please note:

1. **The Provider Reimbursement form and PI Invoice, including Excel Spreadsheets, must be a locked PDF upon submission.**
2. **When submitting reimbursements for more than one region or invoice date, please use separate reimbursement forms and email each reimbursement individually to DDA.Business.Services@tn.gov.**

Provider Reimbursement Required Fields

➤ **PROVIDER AGENCY**

Fill in the Provider Agency name that is requesting the reimbursement.

➤ **REGION**

Please choose the Region of the Provider Reimbursement request from the dropdown - **East, Middle, or West.**

➤ **INVESTIGATOR/TBI/PRIVATE AGENCY NAME**

Fill in the name of the Background Agency or Private Investigator who performed the background or fingerprint check(s). The Private Investigator or Investigator Agency must be licensed in the State of Tennessee for the claim to qualify for reimbursement.

➤ **INVESTIGATOR/TBI/PRIVATE AGENCY INVOICE DATE**

Fill in the **Invoice Date** submitted by the Background Agency / Private Investigator or Fingerprint Vendor.

- **IMPORTANT:** If the Vendor's invoice date has a date range (multiple TBI/Identogo Receipts), use the end date of that date range.
- **DO NOT** use the date the employee was processed.

➤ **INVESTIGATOR/PRIVATE AGENCY TN LICENSE #**

Fill in the license number of the Background Agency / Private Investigator used.

The valid license number and expiration can be found at <https://search.cloud.commerce.tn.gov>

➤ **EMPLOYEE INITIALS**

Fill in the employee's initials (First and Last Name) for whom you are requesting reimbursement, located on the invoice details.

➤ **PI AGENCY RATE CHARGED**

Fill in the amount your agency was charged for each initial, per employee's background check, on the invoice.

➤ **REIMBURSABLE AMOUNT**

Fill in the Reimbursable Amount for each initial. The amount will be the same as the 'PI Agency Rate Charged' column unless the amount is over \$50.00. If the 'PI Agency Rate Charged' column is over \$50, the Reimbursable Amount can be entered in for \$50 as DDA only reimburses up to that amount.

➤ **TOTAL REQUESTED REIMBURSABLE AMOUNT**

Fill in the **TOTAL** requested amount for the reimbursement, which is the sum from the 'Reimbursable Amount' column. If you are using the Fillable Provider Reimbursement, the total will auto-calculate.

➤ **AUTHORIZED SIGNATURE**

Sign the 'Authorized Signature' field on the bottom of the Reimbursement form.

➤ **PHONE NUMBER**

Fill in the phone number at which DDA may contact the preparer of the form.

➤ **DATE SUBMITTED**

Fill in the date the reimbursement form is submitted to DDA.

➤ **EMAIL**

Enter the email address DDA may use to contact the preparer of the form.

➤ **PRINT/SAVE**

Click on 'Print/Save' at the bottom of the screen to lock the PDF.

- On the Print Screen, select **Microsoft Print to PDF**. Click Print on the bottom of the screen.
- Save the Form.