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: _____

***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.