



REIMBURSEMENT/VENDOR PAYMENT REQUEST FORM

Member Name	CDTN Member ID #

Mail/Drop Off: 2 Vantage Way
Suite 250
Nashville, TN 37228

Email:
infoCDTN@consumerdirectcare.com

Fax: 1-888-234-1996

Submit
reimbursements/vendor
payments requests by 5:00
pm CST Monday.
Consumer Direct Care
Network Tennessee
(CDTN) normally makes
the payment by the end of
the same week.

For Internal Use Only

Member Name & ID

W-9 – *if needed*

Vendor Name & Address

Serv. Code Matches Auth

Amount approved

Item/Service Authorized

Funds available

- *The payer must authorize CDTN to make payment for all goods and services.*
- *The Member must have approval for the service amount.*
- *Include all receipts and/or invoices with this form.*
- *CDTN may send this form back for needed corrections. This may result in delay of payment.*

Issue Payment to
Individual/Vendor Name:
Address:
City/State/Zip:

The vendor must submit a W-9. The Member/Employer of Record does not need to complete a W-9 for premium/community transportation reimbursements.

Date of Invoice	Type – <i>Check one</i>	Description of Service	Total Dollar Amount
	<input type="checkbox"/> Vendor Payment <input type="checkbox"/> Premium Reimbursement <input type="checkbox"/> Community Transportation Reimbursement		

Please attach a copy of the voided receipt for the service provided from the vendor.

I approve CDTN to make payment to the person/vendor named above. I confirm the information above is accurate. I know making intentional false statements is considered fraud. This may result in dismissal from the program and/or criminal prosecution.

_____ / _____ / _____
 Member/Employer of Record Signature Print Name Date (mm/dd/yyyy)



Do you need free help with this letter?

If you speak a language other than English, help in your language is available for free. This page tells you how to get help in a language other than English. It also tells you about other help that's available.

Spanish: Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

- CDTN Amerigroup: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DIDD: 888-450-3242 (TRS:711)

Kurdish: کوردی

ئاگاداری: ئهگهر به زمانی کوردی قسه دهکەیت، خزمهتگوزاریهکانی یارمەتی زمان، بهخۆراییی، بو تو بهردهسته.

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Arabic: ربيّةعلا

وظةعلم: اذا ملكتتة غللا ربيّةعلا اتمدخدة عاسملا ويةغللا رةفوتمكلا انجام.

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Chinese: 繁體中文

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。

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Vietnamese: Tiếng Việt

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

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Korean: 한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

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French: Français

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

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Amharic: አማርኛ

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል።

- CDTN Amerigroup: 888-398-0664 (መስመር ለተሰናዥው:TRS:711)
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- CDTN UnitedHealthcare: 888-444-3109 (መስመር ለተሰናዥው:TRS:711)
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Gujarati: ગુજરાતી

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

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Laotian: ພາສາລາວ

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ.

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German: Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

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Tagalog: Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

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Hindi: हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

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Serbo-Croatian: Srpsko-hrvatski

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno.

- CDTN Amerigroup: 888-398-0664 (TRS- Telefon za osobe sa oštećenim govorom ili sluhom: 711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS- Telefon za osobe sa oštećenim govorom ili sluhom: 711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS- Telefon za osobe sa oštećenim govorom ili sluhom: 711)
- CDTN TennCare DIDD: 888-450-3242 (TRS- Telefon za osobe sa oštećenim govorom ili sluhom: 711)

Russian: Русский

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

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Nepali:

नेपाली

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ ।

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Persian:

فارسی

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.

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- Do you need help talking with us or reading what we send you?
- Do you have a disability and need help getting care or taking part in one of our programs or services?
- Or do you have more questions about your health care?

Call us for free. We can connect you with the free help or service you need. (For TRS call: 711)

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We obey federal and state civil rights laws. We do not treat people in a different way because of their race, color, birth place, language, age, disability, religion, or sex. Do you think we did not help you or you were treated differently because of your race, color, birth place, language, age, disability, religion, or sex? You can file a complaint by mail, by email, or by phone. Here are three places where you can file a complaint:

<p>TennCare Office of Civil Rights Compliance 310 Great Circle Road, 3W Nashville, Tennessee 37243</p> <p>Email: HCFA.Fairtreatment@tn.gov Phone: 855-857-1673 (TRS 711)</p> <p>You can get a complaint form online at: https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html</p>	<p>MCO/Contractor Information</p> <p>Amerigroup Phone: 800-600-4441 (TRS 711)</p> <p>BlueCare Tennessee Phone: 800-468-9698 (TRS 711: 888-418-0008)</p> <p>UnitedHealthcare Phone: 888-383-9253 (TRS 711)</p>	<p>U.S. Department of Health & Human Services Office for Civil Rights 200 Independence Ave SW, Rm 509F, HHH Bldg Washington, DC 20201</p> <p>Phone: 800-368-1019 (TDD): 800-537-7697</p> <p>You can get a complaint form online at: www.hhs.gov/ocr/office/file/index.html Or you can file a complaint online at: ocrportal.hhs.gov/ocr/portal/lobby.jsf</p>
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