



**CAC/SW and SDWP
COMMUNITY TRANSPORTATION PAYMENT REQUEST FORM**

Member Name	CDTN Member ID #	Program Name

Mail/Drop Off: 44 Vantage Way
Suite 300 B
Nashville, TN 37228

Email:
infoCDTN@consumerdirectcare.com

Fax: 1-800-234-1996

Submit Community
Transportation payment
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

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.*
- *If funds are deposited to my account in error, or an improper payment is made, I authorize CDTN to debit my account to correct the error. If my account cannot be debited due to closure or insufficient balance, then CDTN may withhold future payments until the erroneous deposited amounts are repaid.*

Date of Service	Description of Transportation	Total Dollar Amount

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

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)





CAC/SW and SDWP COMMUNITY TRANSPORTATION PAYMENT REQUEST FORM

Member Name	CDTN Member ID #	Program Name

Date of Service	Description of Transportation	Total Dollar Amount

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

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)