Request for Reimbursement Inpatient Juvenile Mental Health Evaluation

<u>Please remit completed form to:</u> Administrative Office of the Courts, Attn: Juvenile Court Reimbursement 511 Union Street, Suite 600, Nashville, TN 37219

Inpatient Evaluation Facility Date of Admission Please check each box to indicate that the referenced documents are attached to this form Recommendation for Inpatient evaluation from Outpatient provider TennCare or other insurance response Order for Inpatient Evaluation Invoice from Inpatient provider Proof of Payment Transportation Expenses Date Place Left Place Arrived Mileage Mileage I hereby certify that this claim is true & correct: Grand Total:	Social Security Number Race	Date of Birth
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I hereby certify that this claim is true & correct:		e Mileage Amount
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Signature Date This field totals all reimbursement and	Date	