



MEDICAID REIMBURSEMENT PROGRAM PARTICIPATING THERAPIST BENEFIT

Name

Date

Discipline

School District

Requested
Reimbursement

Requested
Amount

Mailing Address
for Payment

Please send completed form along with receipt or confirmation of your payment to:

e_melissa@stellarterapy.com

Please contact Melissa with questions or follow-ups:

Melissa Ehrhardt
SCHOOL SERVICES ACCOUNTS
MANAGER STELLAR THERAPY SERVICES
e_melissa@stellarterapy.com
(423) 364-4897 Direct Line
(423) 622-1551 x 9126
(877) 856-7133 FAX