

## MDHHS TB Incentives & Enablers Request Form: Reimbursements

1. Use this form if you are requesting a reimbursement. Please note all reimbursements now require pre-approval. Please do not include patient information (Initials or MDSS IDs are okay).

**For all gift card requests please use [Form A](#).**

2. Complete **Sections I-II** and either fax or email to MDHHS

Attention: TB Public Health Consultant

Email: [berlinc@michigan.gov](mailto:berlinc@michigan.gov)

Fax: 517-335-8263

3. MDHHS will complete **Section III** and return the form to you.

4. After purchase, complete **Section IV** and return to MDHHS (information above) with proof of purchase.

5. Once the form is processed, a check will be sent to the health department.

### SECTION I

[Need help filling out this form? See our Directions](#)

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Your Name:	Date:			
Health Department:				
Mailing/shipping address:				
Email address:	Phone:			
Initials of person receiving IEs (not your initials):				
Number of people in this request:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">LTBI</td> <td style="width: 33%; text-align: center;">Active TB Disease</td> <td style="width: 33%; text-align: center;">Other</td> </tr> </table>	LTBI	Active TB Disease	Other
LTBI	Active TB Disease	Other		

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**Reason for Request** (why are you requesting an incentive and/or enabler?)

**SECTION II: Estimated Expenses**

Company	Details	Estimated Amount
<b>TOTAL</b>		

**STOP!! Section III must be completed and approved by MDHHS before you can proceed with your purchase.**

**SECTION III: Approval (completed by MDHHS only)**

Unit Manager's Approval: _____	Date: _____	<input type="checkbox"/> Denied
Reason for Denial (if necessary):  		

**SECTION IV: Actual Expenses (completed by LHD after MDHHS approval. Remember to attach proof of purchase).**

Company	Details	Actual Amount
<b>TOTAL</b>		

Signature of LHD Requestor: \_\_\_\_\_ Date: \_\_\_\_\_