



PRE-PLACEMENT REIMBURSEMENT REQUEST FORM

Date of Request: _____

E-mail form to: MemberSupport@TheLawsonGroup.com

We are requesting reimbursement for the pre-placement exam(s) listed below:

Exam Date	Examining Provider	Employee	Class Code	Exam Amount	Amount Allowed
Total Due \$					

We attest that the exam was completed by a pre-approved provider according to the Pre-Placement Exam Reimbursement Procedure. Kindly forward payment in the amount of \$ _____, payable to the following:

Member Name: _____

Signed: _____ Date: _____

Print Name: _____