



agency for persons with disabilities
State of Florida



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REIMBURSEMENT FAX COVERSHEET

(Only to be used for reimbursement documentation only)

Date: _____

Consumer's Name: _____

Consumer ID#: _____

Reimbursement is payable to: Consumer **or Representative**

Number of Pages: _____

- If documentation is not received by 2pm on payroll deadline, your claim will be DENIED until proper documentation has been received. Any documentation received after 2pm on payroll deadline, the claim will be processed on the next payroll cycle. This fax line is solely for reimbursement documentation and any other documents received on this fax line will not be processed.