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Walk for Autism – Charleston

Reimbursement Procedures for Alternative Therapies

Please submit documentation for reimbursement to:

**Walk for Autism-Charleston**

**Rose O’Neal, controller**

**PO Box 62097**

**North Charleston, SC 29419**

Reimbursement for Alternative Therapies Not Covered By Insurance

Submit an Invoice from Provider. The following information is required:

- The name of the child being served
- The name and address of the provider.
- Itemized listing of services provided
- Dates of Service
- Check number relating to payment

Documentation of payment required with your time sheet. Submit monthly copies of 1) the canceled check both

front and back or 2) copy of money order with therapist name as recipient, dates of service and dollar amount

which coincides with therapist time sheet.

General Guidelines Regarding Scholarship Reimbursement:

1. Recipients can only use up to 20% of their total scholarship on alternative therapies.
2. No cash payments will be reimbursed.
3. Invoices should be received by the 10th of each month. Reimbursement checks will be written by the 15th of each month and mailed on the 1st business day after the 15th. During holiday or vacation periods an email notification will be sent for any change in this schedule within 7 days of new payment date.
4. All documentation needs to originate from parent/guardian.

Scholarship Awards

You will receive either an email or written notification regarding your Scholarship award, a copy of these procedures, and time sheets approximately 60 days preceding the Event. Scholarship awards will be administered as 12 monthly reimbursements. You may submit for a reimbursement above the minimum monthly award. However, any unused portion of your minimum monthly award will return to the organization. If there are any exceptions to this, the attached Request for an Appeal, can be submitted.

I have read and understand the procedures stated above. (Submit signed copy with application.)

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Signature Date