



Expense Reimbursement Submission Form

Completion of this form is required to receive direct deposit reimbursement for eligible expenses. Delegates who have previously submitted this form only need to resubmit it if their information has changed. For any questions, please contact [oasis@orpyx.com](mailto: oasis@orpyx.com).

Demographic Information	
Legal Name	
Address	
City	
State	
Zip Code	
Country	
Phone Number	
Email	
NPI#	
State License Number(s)	
Banking Information	
Legal Name (if different from above)	
Address on Bank Account (if different from above)	
Bank Name	
Bank Address	
Routing/ACH/Transit Number	
Account Number	
SWIFT Code (Required for Wire)	
Currency: CAD or USD	
If Canadian Bank, Institution Number (if applicable)	