

**HOW TO SUBMIT:**

Please return to **J. J. Stanis and Company, Inc** by **ONE** of the below methods so we may proceed with the reimbursement process.

**Email:**            [Medicare@jjstanisco.com](mailto:Medicare@jjstanisco.com)

**Fax:**                (516) 706-7890

**Mail:**              J. J. Stanis and Company, Inc.  
Attn: Medicare Reimbursements  
377 Oak Street, Suite 406  
Garden City, NY 11530