

Request for Vendor Payment

Member Name	Member ID #
Employer Name	Month/Year

PAYMENT INSTRUCTION

Make Check Payable to	MAIL CHECK TO (if different)
Vendor FEIN or SS#	Name
Name	Address
Address	City/State/Zip
City/State/Zip	

Date	Goal Number	Description of Services Rendered	Total Amount
Total Check Amount			

REMINDER

Please attach a copy of the voided receipt or invoice.

By signing this form, I attest that services were delivered and received consistent with the Plan of Care. If this is the first payment to this vendor, please make sure a W-9 form has been completed by the vendor and submitted to Acumen.

Member or Employer's Signature

Date

FAX OR MAIL TO:
ACUMEN FISCAL AGENT
5416 E. Baseline Rd., Suite 200
Mesa, AZ 85206
FAX 888-715-9391



CA Kern
November
2018