



Montana Self Direct Employer Option

REQUEST FOR VENDOR APPROVAL FORM

Vendors cannot be paid if their name shows up on the Office of Inspector General (OIG) List of Excluded Individual/Entities (LEIE). This form and a W-9 must be completed for each vendor and submitted to Acumen. Acumen will notify you when the vendor is cleared to begin providing services. **Do not** allow any service/work to be provided prior to this notification. Acumen must ensure that all vendors are not listed on the Office of Inspector General (OIG) List of Excluded Individual/Entities (LEIE). If you allow work to start before receiving approval to use the vendor, and the vendor's name appears on the List of Excluded Individual/Entities you will be responsible to pay for any work completed.

Employer/Authorized Rep Name (print): _____

Consumer Name (print): _____ MEDICAID # _____

Vendor Name/Company Name (if different):

I would like to receive notification regarding the outcome of this request by:

() Phone: My number is _____,

() Email: My email address is _____.

() Mail: My address is _____
Address City State Zip

Employer Signature

Date

Return completed form to 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206 or FAX to (866) 211-6370 or email to vendor-MT@acumen2.net.