



Vendor Payment Request Form

Participant Name	Participant Acumen ID #
Employer Name (if different than Participant)	MCO Name:

Please check if you are requesting:

- Check to agency/vendor/independent contractor
 EFT to agency/vendor/independent contractor

Payment Instructions

Make Check Payable To:	
Vendor FEIN or SS#	Vendor Name
Vendor Address	Vendor City/State/Zip
Does Vendor have a W9 on file? YES <input type="checkbox"/> NO <input type="checkbox"/> If not, please include a W9 completed by the vendor.	

Service Date	Service Code	Description of Vendor Payment Request	Total Amount
Total Check Amount			

**Return this form to Acumen by email to ncmcoagents@acumen2.net
 Include a copy of the bill, invoice, or signed bid/estimate.**

By signing this form, I attest that services were delivered and received consistent with the Individual Service Plan and I have rendered and/or approved this payment request in accordance with the Program regulations. I understand that payment and satisfaction of this claim may be from Federal and State funds, and that I may be prosecuted under applicable Federal or State laws for any false claims, statements or documents or concealment of a material fact. Any misuse of funds may result in being fined or penalized, including but not limited to my repayment of claim.

****Note** This payment must be approved by the MCO before payment can be made. Please refer to the rules of the MCO in which the participant receives their waiver services.**

Employer Signature

Date