

Request for Background Check Payment



| | |
|-----------------------|---------------------------|
| Client/ER Name | Member Acumen ID # |
| Month/Year: | Auth Date: |

Payment Instructions

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|---|---|
| Make Check Payable To: Acumen Fiscal Agent | |
| Vendor FEIN or SS# | Vendor Name Acumen Fiscal Agent |
| Vendor Address 5416 E Baseline Rd, Ste 200 | Vendor City/State/Zip Mesa, AZ 85206 |

| Invoice/ Service Date | Service Code | Description | Total Amount |
|--------------------------|--------------|---------------------------|--------------|
| | OPX | CBC – EE: | \$16.00 |
| | OPX | CBC – EE: | |
| | OPX | CBC – EE: | |
| | OPX | CBC – EE: | |
| | | Total Check Amount | |

If employee is being hired by a current member, ensure the OPX balance has at least \$16 to cover the cost of the background check. Submit form to vendorprocessing@acumen2.net

If the employee is being hired by a new member, submit form to vendorprocessing@acumen2.net once OPX authorization is entered into DCI.