

## **VENDOR PAYMENT REQUEST FORM**

Mail/Drop Off: 280 E. Corporate Dr, Ste 150 For Internal Use Only **Requests for Vendor Payments** Meridan, ID 83642 ☐ Participant Name & ID □ W-9\* are due by midnight on Monday ☐ Vendor Name & Address ☐ Agreement\* Email: infoCDID@ConsumerDirectCare.com of timesheet week for payment to ☐ Serv. Code Matches Auth ☐ Amount approved normally be issued on the Fax: 877-898-0417 ☐ Item/Service Authorized ☐ Funds available following pay date. Have Questions? Phone: 877-898-0470 \*if needed Consumer Direct Care Network (CDCN) must have authorization from the payer (State, MCO, or County) to process payment for all goods and services. The goods or services must be listed on the Participant's approved budget. All receipts and/or invoices must be included with this Vendor Payment Request Form to ensure proper processing. The Employer is responsible for allowing adequate processing time for payments to be made by due dates. Incorrect or incomplete submissions may be returned for correction, which will result in delay of payment. Name of Individual Receiving Services CDCN Participant/Employer ID # Make check payable to NEW Address − Must check here □ Indicate **NEW** address below Name **Address** City/State/Zip **Vendor is**: ☐ Agency ☐ Independent Contractor A vendor providing service(s) must submit a ☐ Other Business, Professional, or Service Provider new W-9 if changing address. Total Date of Service Quantity Rate per **Description of Service** Dollar Invoice Code (Units) Unit (mm/dd/yy) Amount **Total Check Amount** \*Please attach a copy of the voided receipt, agency invoice, or signed bid/estimate.\* I approve CDCN to issue payment directly to the above-named Vendor for the services/goods listed above. I certify that the above Vendor provided services in accordance with the plan. Falsification of this Vendor Payment Request is considered Medicaid Fraud and may result in dismissal from the program and/or criminal prosecution. Employer/Guardian Signature **Print Name**