# MA Participant Directed Program 5196 Transportation Invoice

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Provider Name:** | | **Provider ID Number:** | | E | | | | | | | | | |
| **Provider Address:** | | ***Tax ID Number:** | | | | | | | | | | | |
| **City, State, Zip:** | | | | | | | | | | | | | |
| **Participant First Name:** | | | | | | | | | | | | | |
| **Participant Last Name:** | | **Participant ID Number:** | X | X | | | | | | | | | |

| Trip | Date of Service | Rate | Destination | Trip | Date of Service | Rate | Destination | Trip | Date of Service | Rate | Destination |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | 11 | | | | 21 | | | |
| 2 | | | | 12 | | | | 22 | | | |
| 3 | | | | 13 | | | | 23 | | | |
| 4 | | | | 14 | | | | 24 | | | |
| 5 | | | | 15 | | | | 25 | | | |
| 6 | | | | 16 | | | | 26 | | | |
| 7 | | | | 17 | | | | 27 | | | |
| 8 | | | | 18 | | | | 28 | | | |
| 9 | | | | 19 | | | | 29 | | | |
| 10 | | | | 20 | | | | 30 | | | |
| ☐ CHECK HERE IF THE SAME RATE APPLIES TO ALL TRIPS ON THIS FORM | | | | | | | | Total Amount (in $) requested: | | | |

**PLEASE KNOW THAT FAILURE TO FILL OUT THIS FORM COMPLETELY AND ACCURATELY CAN RESULT IN DELAY OF PAYMENT.**

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**Provider Signature** **Date** **Participant Signature** **Date**

**Please fax, mail or scan Program Invoice Request with copy of receipts, price quote or price check to your local Department of Developmental Services (DDS) Area Office.**

**DDS reviews and approves all invoices for PPL payment processing**