



# MA Participant Directed Program 5197 - Transportation Automatic Payment Request Form

Provider Name:	Provider ID Number:	<b>E</b>							
Provider Address:	*Tax ID Number:								
City, State, Zip:									
Participant First Name:	Participant Last Name:								
Account Number: <i>(Applicable for MBTA only)</i>	Participant ID Number:	<b>X</b>	<b>X</b>						

*\*A Tax Identification Number is required or the invoice cannot be processed. For an individual, the Tax Identification number is the social security number. For an Agency vendor, the Tax Identification number is the Federal Employer Identification Number (FEIN).*

Service Code	Number of Months	Fiscal Year	Beginning on Month (MM/DD/YY)	Rate	Total \$
5197					

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

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DDS Staff Signature

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Printed Name Date

**FAX OR MAIL Automatic Payment Request To:**  
**FAX:** 877-563-6438  
**MAIL:** PPL, MA PDP Program, One Cabot rd. STE 102, Medford, MA 02155