Public Partnerships, LLC
Kansas WORK UnitedHealthcare Fiscal Management Provider
Agency/Vendor Invoice

PCG | Public Partnerships
Supporting Choice. Managing Costs.™

Agency/Vendor PPL ID:		**Agency/Vendor Name:**	
Agency/Vendor Phone No.:		Note: Invoices **must** be submitted within 30 days of the month of service.	

Participant Last Name	Participant First Name	Participant PPL ID	Date of Service	Service Code	# of Units (0.25 increments)	Rate per Unit	Total
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
						Total:	$ -

Invoices can be faxed to:
1-855-344-5443

Questions, Call PPL Customer Service:
1-877-908-1747

Invoices can be mailed to:
Public Partnerships, LLC
Attn: KS WORK UnitedHealthcare
1 Cabot Road, Suite 102
Medford, MA 02155

Invoices can be emailed to:
pplkswork.UHC.Admin@pcgus.com

The agency/vendor certifies that the representations made in this invoice are true, accurate and correct and that if any statements are willfully false, the agency/vendor may be subject to punishment, including suspension, debarment or disqualification from participating as a vendor in State or Federal programs, as well as criminal sanctions, as may be applicable. The agency/vendor understands that payment of this claim will be from Federal and/or State funds, and that any falsification or concealment of a material fact may be prosecuted under Federal and State laws.