



Public Partnerships, LLC  
 TCAD Options Financial Administrator  
 Vendor Invoice



Invoice Date: \_\_\_\_\_ Vendor Address: \_\_\_\_\_  
 Vendor Name: \_\_\_\_\_  
 Vendor ID: (EIN or SSN): \_\_\_\_\_ Vendor Phone: \_\_\_\_\_

**Allowable Service Codes:**

ATEV4 Personal/Home Monitoring      DHS1 Attendant Care Services      DHS2 Homemaking  
 FCS5 Respite-Day      FCS6 Respite-Hourly      MSG1 Durable Medical Equipment  
 FCS4 Home Delivered Meals      MSG6 Other Consumable Goods

**Instructions:**

Please provide Participant ID. If unknown, please contact PPL customer service to obtain ID.  
 Enter a new line for each date that services was provided. Please do not include date spans.  
 PPL will pay rates up to, but not to exceed, program maximums.

Participant ID	Participant Name	Service Date	Service Code	Units	Rate	Total
					Total:	

Along with this invoice, please submit any supplemental documentation of these services, including receipts, that may be required.

**Invoices can be faxed to:**  
 1-866-592-0043

**Invoices can be mailed to:**  
 Public Partnerships, LLC  
 TCAD Options  
 6 Admiral's Way  
 Chelsea, MA 02150

**Invoices can be e-mailed to:**  
 tcadoptions@pcgus.com

**Questions, Call PPL Customer Service:**  
 1-866-886-6149      TTY: 1-800-360-5899

The vendor certifies that the representations made in this invoice are true, accurate and correct. The 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.