

FINGERPRINT PAYMENT REQUEST

First Name: <input type="text"/>	Last Name: <input type="text"/>	PPL ID: <input type="text"/>
Social Security Number: <input type="text"/>	Mailing Address: <input type="text"/>	Address 2 (APT., STE., etc.) <input type="text"/>
Mailing City: <input type="text"/>	Mailing State: <input type="text"/>	Mailing Zip Code <input type="text"/>
Provider Signature: <input type="text"/>		Date: <input type="text"/>

To receive reimbursement for your \$45 Identogo application fee, please send your \$45 Identogo receipt along with this payment request form directly to Public Partnerships (PPL).

You may either fax directly to: 1-877-563-6438 or scan an image and email to: MA_PDP_Fax@pcgus.com. **Please ensure your information is entered correctly on this receipt/invoice form.**

Your \$45 reimbursement payment will be sent to you within 14 days, per the PPL payroll schedule. If you have any questions or concerns, please contact PPL customer service at 1-888-866-0869 or email PPLMA_PDP@pcgus.com.