



Kansas WORK UnitedHealthcare Fiscal Management Provider Agency/Vendor Invoice

Agency/Vendor PPL ID:	Agency/Vendor Name:	Agency/Vendor Phone Number:
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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 UHC
One Cabot Road, Suite 102
Medford, MA 02155

Invoices can be emailed to:
pplks-unitedhealthcare@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.