

PPL-MD DHMH Payment Request Form

IMPORTANT: Support planner must have service line approval in the POS prior to submitting this form to PPL for payment. Submit requests for payment three business days prior to expected date of purchase. PPL will process any emergency requests within 48 hours of receiving required provider information.

Please note the following guidelines when submitting a Request:

- Support planners must obtain receipts for all check payments
- All fields below marked by "*" are required for all purchases
- All fields marked by "**" are additionally required for all paper check requests
- NOTE: checks will be delivered by USPS averaging 2-3 business days after the check has been cut
- FAX or Email the request form to:
 - o FAX: 855-347-4978 E-MAIL: PPLMDDHMH-INVOICE@pcgus.com
- PPL will only process returns/exchanges for items that are defective or the wrong item is delivered
 - o If a return/exchange is needed, Support planners must contact the PPL invoice team
 - For returns/exchanges, the support planner must confirm the reason and coordinate the return/exchange with the vendor. Support planners are responsible for sending all refunds to PPL via check for non-online purchases.
- PPL will reimburse support planning agencies for items or services they have purchased directly if the
 items or services are approved on the POS. Support planners must provide a receipt of the items
 purchased as well as a list of items, if not on receipt, when submitting the request form.
 Reimbursement requests may be rejected if items on the receipts are not allowable, funded, or
 approved.
- For Birth Certificate Requests, follow these additional instructions:
 - o Enter name of the vendor to which the check will be made payable to.
 - o Enter the support planner agency address under "Vendor Contact" and "Vendor Address".
 - o Enter the Tax Identification Number (TIN) for the birth certificate vendor.
- For any questions, contact Customer Service:
 - O Support Planners line: 1-866-803-3625

For online purchases:

- NOTE: items on wish lists are subject to being sold out
- All information on purchased items will be available via customer service.
 - In the event of sold out items, PPL will move forward in purchasing all available items. The support planner will be notified and responsible to identify and submit a new request form for any previously sold out items that they wish to still purchase.
- Email the wish-list link to PPLMDDHMH-INVOICE@pcgus.com with the Request Form
- For Online Requests, please note that the prices are not final and are subject to change and shipments may come in multiple packages and at different times
- Walmart wish-lists cannot exceed 25 items due to Walmart website capabilities. Please make multiple requests for lists greater than 25 items.
- Online purchases will be made through vendors WALMART, TARGET, AMAZON, and PEAPOD.
 - Additional online vendors must meet the criteria outlined in the Goods and Services
 Purchasing Adding Online Retailers policy. Grocery purchases can be made through Peapod.



PPL-MD DHMH Payment Request Form

Name				*Participant LTSS ID #											\perp
*Has Participant Transitioned? (Y/N)			*Transition Date					*Emergency Payment? (Y/N)							
Specify either MFP o			e, one only	from one of	the foll	lowing	:								
*MFP Flex Funds – S															
Accessibility Equipment Security Deposit			Companion Animal					Groceries							
		Non-Medical Transportation for Community Integration					Non-Medical Transportation to Secure Housing							g	
Nutritional Supplements			OTC Medication					Rehabilitation Equipment							
Pest Eradication			Pet Supplies					Othe	r						_
Birth Certificate															
*Transition Services	- Specify (check o	ne)													
Secure essential util	ities		Basic furnitur	e				Small	appli	ances	or other	applia	ances		_
Essential personal o	r household items	一一	Transition rel	ated support			一百	Othe	r						_
Obtain Housing		一一	Security Depo	sit			+-								
. 1				**F	d Dalia	D-4									
_				**Expecte			te			_					
*Vendor Name				**Order N	umber	/	te								
*Vendor Name (Payee)				**Order N Price Quot	umber/ e Numl	/ ber		ber/S	SSN if	F					
*Vendor Name (Payee)				**Order N	umber/ e Numler Ident	/ ber ificatio	n Num	ber/S	SSN if	Ţ.					
*Vendor Name (Payee) Vendor Contact **Vendor Address				**Order N Price Quot **Taxpaye	umber/ e Numl er Ident ent cont	/ ber ificatio tractor	n Num	ber/S	SSN if	F					
*Payment Amount *Vendor Name (Payee) Vendor Contact **Vendor Address City, State, Zip **Vendor Phone				**Order N Price Quot **Taxpaye independe	umber/ e Numl er Ident ent cont x exemp	/ ber ificatio tractor	n Num	ber/S	SSN if	F					
*Vendor Name (Payee) Vendor Contact **Vendor Address City, State, Zip			o" Address Address)	**Order N Price Quot **Taxpaye independe Vendor tax	umber/ de Numl er Identi ent cont ex exemp	ber ificatio tractor pt? Y/N	n Num				ress				
*Vendor Name (Payee) Vendor Contact **Vendor Address City, State, Zip **Vendor Phone				**Order N Price Quot **Taxpaye independe Vendor tax	umber/ de Numl er Identi ent cont ex exemp	ber ificatio tractor pt? Y/N	n Num				ress				
*Vendor Name (Payee) Vendor Contact **Vendor Address City, State, Zip **Vendor Phone Method of Paymen Paper Check	V	endor/	Address)	**Order N Price Quot **Taxpaye independe Vendor tax Vendor Em	umber/ de Numl er Identi ent cont ex exemp	ber ificatio tractor pt? Y/N	n Num				ress				

FAX OR E-MAIL TO PPL: FAX: 855-347-4978 E-MAIL: PPLMDDHMH-INVOICE@pcgus.com