

INSTRUCTIONS: Goods & Services Payment Request Form

WHEN TO USE THE G&S PAYMENT REQUEST FORM

The Goods & Services Payment Request Form is used to request payment for a **one-time or limited-time** item/program/service that is authorized under the Goods & Services category of a Supports Program or Community Care Program (fee-for-service) Individualized Service Plan (ISP).

- The Goods & Services Payment Request Form is only for use with service/procedure code **T1999HI22**.
- For an item/program/service that is authorized under the Goods & Services category and has a recurring fee (monthly, weekly, etc.), please use the **Provider Invoice**.

HOW TO COMPLETE THE G&S PAYMENT REQUEST FORM

The Goods & Services Payment Request Form is typically completed and **must be signed** by the individual receiving services or his/her authorized representative. The form and supporting documents are submitted to Public Partnerships:

- **Email:** njddd@pcgus.com
- **Fax:** 1-844-561-5978
- **USPS Mail:** Public Partnerships, LLC, Attention: NJ DDD, PO Box 51477, Phoenix, AZ 85076-1477

For payment to be made, the Goods & Services Payment Request Form **must include** the following service details associated with the authorized T1999HI22 service:

Service Date	Date goods/services will be purchased/rendered – use MM/DD/YY format
Plan ID/Version	Most current Service Plan Version
Procedure Code	G&S Payment Request Form is only for use with Procedure Code T1999HI22
Description	Brief description of goods/services to be purchased/rendered
Outcome Number	Outcome Number associated with the T1999HI22 service
Service Number	Service Number associated with the T1999HI22 service
Unit/s	Quantity of items to be purchased/number of service units to be rendered
Total Cost	Total cost of the number of items/units of service

SUPPORTING DOCUMENTS THAT ARE NEEDED

- A voided vendor receipt or vendor quote, including all fees and taxes, must be included with the form.
- The vendor's IRS Form W-9 must be on file with Public Partnerships. (*Public Partnerships will obtain this directly from the vendor if necessary.*)

HOW PAYMENT IS MADE

Payments for Goods & Services are payable only to the G&S vendor. DDD does not permit payments for Goods & Services to be made to the individual/authorized representative. By default, vendor payment checks are mailed to the vendor address on file with Public Partnerships.

If the individual/authorized representative prefers to hand deliver the vendor payment check to the vendor, the "Send Vendor Payment Check to Individual/Guardian" box **must be checked**.

Individual Name:		Individual DDD ID: _____	
Vendor Name:			
Vendor Address:			
Vendor City, State, Zip Code:		Vendor Phone:	Vendor E-mail:

Remit Payment	
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IMPORTANT NOTE: You must attach a copy of a voided receipt and/or vendor quote per service line.

Service Date (mm/dd/yy)	Plan Version	Procedure Code	Description	Outcome Number	Service Number	Unit(s)	Total Cost
		T1999HI22					
		T1999HI22					
		T1999HI22					
		T1999HI22					

By signing this form, I attest that the goods and/or services requested in this form are authorized in the Individual Service Plan (ISP). I attest to the authenticity of the voided receipt/s and/or vendor quote/s attached to this form.

X _____ / /
Individual/Authorized Representative Signature Printed Name Date (mm/dd/yyyy)

This form and its attachments can be e-mailed to njddd@pcgus.com; faxed to 1-844-561-5978; or, mailed to Public Partnerships, LLC, Attention: NJ DDD, PO Box 51477, Phoenix, AZ 85076-1477

✱ **VOIDED RECEIPT/S AND/OR VENDOR QUOTE/S MUST BE INCLUDED FOR PAYMENT TO BE PROCESSED** ✱

✱ **Public Partnerships must have a copy of the vendor's IRS Form W-9 before payment can be processed. If necessary, Public Partnerships will obtain the vendor's IRS Form W-9 directly from the vendor.** ✱