PARTICIPANT/SELF-DIRECTION PAYMENT REQUEST FORM (PRF)

The requested item and amount must be approved in your Mi Via Service and Support Plan (SSP), Supports Waiver Individual Service Plan (ISP), and Self-Directed Budget. DO NOT use your own money to pay vendors. Conduent-FMA CANNOT reimburse you. **Initial PRFs must be submitted for payment within ninety (90) days from the date of service to meet timely filing requirements. Initial PRFs submitted past ninety (90) days from the date of service do not meet Medicaid timely-filing requirements and will be denied.**

ATTACH A VENDOR COST QUOTE OR VALID INVOICE WITH THIS PAYMENT REQUEST FORM.
*Future dated invoices **will not** be accepted.*

Conduent, Inc.
P.O. Box 27460
Albuquerque, NM 87125

Phone: 1-800-283-4465
FAX: 1-866-302-6787

Is this a correction to a PRIOR PRF?
____Yes _✔__No

Print Member/Participant Name	
Member/Participant Medicaid Card Number	
Approved Budget Period	
Waiver Service Procedure Code/Modifier	
Describe Item Being Purchased	
Full Payment Amount (including all taxes)	
Is the item being purchased an EMOD?	____Yes ____No
For Environmental Modifications (EMOD) Only	____First Installment ____Second Installment ____Job Completed
Request Date	
Print Name of Person Authorized to Sign the PRF	
Signature of Person Authorized to Sign the PRF	_____Date of Signature

BY SIGNING THE PRF, I ATTEST THAT I AM THE PERSON AUTHORIZED TO SIGN THE PRF. IF I AM THE PARTICIPANT, I ATTEST THAT I DO NOT HAVE A PLENARY OR LIMITED GUARDIANSHIP OR CONSERVATORSHIP OVER FINANCIAL MATTERS. IF I AM THE PARTICIPANT'S EMPLOYER OF RECORD (EOR) AND/OR AUTHORIZED REPRESENTATIVE, I ATTEST THAT I DO NOT RECEIVE PAYMENT FOR PROVIDING SELF-DIRECTED SERVICES TO THE PARTICIPANT. I ATTEST THAT I HAVE NOT PROVIDED THIS DOCUMENT PRE-SIGNED TO A VENDOR.

Direct Therapy Services, LLP
Payee Name (Vendor Name)

85-0475050
Vendor Federal Tax ID#

mailing: 301 Perkins Dr. Ste. C
Address Line 1

physical: 1090 Med Park Dr.
Address Line 2

Las Cruces
City

New Mexico
State

88005
Zip

CHECKS WILL BE MAILED TO THE PERSON AUTHORIZED TO SIGN THE PRF