## **Public Partnerships LLC** Kansas WORK <u>AETNA</u> Fiscal Management Provider **Agency/Vendor Invoice**



Agency/Vendor PPL ID:			Agency/Vendor Name:					
Agency/Vendor Phone No.:			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:			Invoices can be mailed to:		Invoices can be emailed to:			

1-855-319-9305

**Questions, Call PPL Customer Service:** 

1-833-549-5673

Public Partnerships LLC Attn: KS WORK AETNA 100 Kimball Place, Suite 150 Alpharetta, GA 30009

pplksaetna@pplfirst.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.