VENDOR INVOICING GUIDE

This guide is to serve as a tool to assist with the correct submission of vendor invoices according the guidelines set forth by Public Partnerships and the New Jersey Department of Aging.

PUBLIC PARTNERSHIPS INFORMATION:

Public Partnerships information appears at the top of the invoice. It is important that each vendor submit invoices in the template that is provided.

VENDOR INFORMATION:

Under Public Partnerships information on the invoice template provided is where you, as a Vendor, will list your information. It is important that this section be filled out completely and that the address listed matches the address associated with the Employer Identification Number (EIN) or Social Security Number (SSN). If a vendor has multiple locations at which services are provided with a different EIN for each location, a separate invoice will need to be submitted per location.

	the date you are be post dated o	submitting the r contain retro dates.
• Invoice Date: Vendor Name:	Vendor Address:	

Vendor Phone:

PARTICIPANT INFORMATION:

- When listing participant information, it important to fill out this part of the invoice completely.
- You may include multiple service periods but only one month of services can be listed per invoice.
- If listing multiple participants, group the services provided by participant rather than by service period. Please leave a space on the invoice between each participant that you are listing.

• • • • • Vendor ID: (EIN or SSN):

Participant ID (Medicaid or JACC No.)	Participant Name	Service Period Begin	Service Period End	Service Code	Service Description	Units	Rate	Total
						Total:		

SUBMITTING COMPLETED INVOICES:

When the invoice is completed, it can be faxed or mailed to the contact information provided at the bottom of the invoice.

Invoices can be faxed to: 866-547-2481

Questions? Call PPL Customer Service: 866-239-2778

Invoices can be mailed to: Public Partnerships LLC NJ DHSS Billing Agent 8000 Avalon Blvd, Suite 300 Alpharetta, GA 30009

LEGAL DISCLOSURE:

The bottom of each invoice contains a legal disclosure as listed below to ensure the program does not experience fraudulent activity.

"The vendor certifies that the representations made in this invoice are true, accurate and correct and that if any statements are willfully false, the 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 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."

IMPORTANT REMINDERS:

Listed below are important reminders when submitting invoices. Following these guidelines will help eliminate denied or pending invoices.

- All requested information must be provided to process invoices
- Only one month can be listed on each invoice
- Only one vendor can be listed per invoice.
- An invoice cannot contain more than one EIN numbers.
- If a vendor has multiple locations at which services are provided with a different EIN for each location, a separate invoice will need to be submitted per location.
- When listing multiple participants per invoice, leave a space between participants
- Any invoices that are submitted 6+ months past the date of the service period end date will automatically be denied.
- Onsumers must have valid authorizations for services listed for payment to be received .

Ouestions?

If you have any questions, please call our customer service line and a representative will be happy to assist.

Customer Service:

866-239-2778

