

**Public Partnerships, LLC
 Kansas WORK Healthy Blue Fiscal Management
 Provider Agency/Vendor Invoice**



Agency/Vendor PPL ID:

Agency/Vendor Phone No.:

Agency/Vendor Name:

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
Mack	Reggie						
						Total:	

Invoices can be faxed to:
 1-855-319-9305

Invoices can be mailed to:
 Public Partnerships, LLC
 Attn: KS WORK Healthy Blue
 8000 Avalon Blvd, Suite 300
 Alpharetta, GA 30009

Invoices can be emailed to:
pplks-healthyblueadmin@pplfirst.com

Questions, Call PPL Customer Service:
 1-833-204-9038

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.