Public Partnerships, LLC Kansas WORK Healthy Blue Fiscal Management Provider **Independent Contractor Invoice**



Note: Invoices must b	e signed and scanne	d if you choose to in	put values electror	nically			
Independent Contractor PPL ID:			Independent Contractor Name:				
Independent Contractor 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: 1-855-319-9305

Participant

Signature Line

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

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

Participant Signature Date

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