



## Kansas WORK Healthy Blue Fiscal Management Provider Agency/Vendor Invoice

Agency/Vendor PPL ID:	Agency/Vendor Name:	Agency/Vendor Phone Number:
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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
<b>Total:</b>							

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

**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-healthyblue@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.