



Instructions for Vendor Payment Request Form

Please complete the following form for payment to be sent to a vendor for authorized services in the Individual Support Plan (ISP)/Service and Support Plan (SSP). Employer of Records (EOR) should not use their own money to pay vendors, Conduent cannot reimburse employers. Payment will be generated on the next payroll cycle according to the published payroll calendar, after Conduent has processed this form, which may take up to five (5) business days. Please make sure the below vendor has properly submitted all paperwork to enroll with Conduent prior to submitting this request. Initial Vendor Payment Request (VPR) forms must be submitted for payment within ninety (90) days from date of service to meet timely filing requirements. Initial vendor payment requests submitted past ninety (90) days from date of service will be denied for failure to meet Medicaid timely requirements.

- **Reference #:** Use this field to indicate a reference number corresponding to the vendors invoice or your own unique reference number that can be used by you to track the payment. This field is not mandatory but is highly encouraged.
- **Participant Information:**
 - Full Name: Write the service recipient's full legal name.
 - Medicaid ID: Write the service recipient's Medicaid ID number.
 - Approved Budget Period: Write the date span of the participant budget.
- **Vendor Information:**
 - Full Name: Write the vendors full name or business name.
 - FEIN or SS#: Write the vendors legal identification number such as their Federal Employer Identification Number of Social Security Number.
 - Vendor Address: Write the address of the vendor or business.
- **Payment Information:**
 - Date of Service: The date when services were provided, format: MM/DD/YYYY.
 - Procedure Code: The service plan service code (example: T1999)
 - Service Code Description & Explanation: A summary of the service (example: cell phone)
 - Amount: Dollar amount being requested for this service, including any applicable taxes. This amount should match the amount of the attached invoice.
 - Invoice Attached: Check the box to indicate you have attached an invoice.
- **Is this a correction to a prior VPR?**
 - Indicate Yes/No if this is a correction to something you have already submitted.
- **Is the item being purchased an EMOD?**
 - Indicate Yes/No if this payment is related to an Environmental Modification service.
 - If Yes- Choose if this is the first installment, second installment, or job completed.
- **Signature / Date**
 - Employer legal signature and date

Do not forget to attach a vendor invoice with the payment request form when submitting. Future dated invoices cannot be accepted. Instructions for where to submit your Vendor Payment Request can be found on the bottom of the Vendor Payment Request Form.