Vendor/Provider Payment Request

Complete all relevant fields below for payment to be sent to a provider/vendor for completed services. Payment will be issued on the next payroll cycle according to the published payroll schedule, after Palco has processed this form. Please make sure the below provider/vendor has properly completed the enrollment with Palco prior to submitting this request, Palco cannot pay for any services prior to enrollment. Billing Palco semi-monthly is preferred, this form can accommodate the submission of up to 6 completed visits.

REFERENCE #

**Please write a unique reference number for tracking this request in the box above.*

PARTICIPANT INFORMATION		
Full Name	ID	Program/Plan CHANDA CENTER
VENDOR INFORMATION		
Full Name	ID	FEIN or SS# of Payee

Date of Service	Service Description & Amount
SOAP Note:	

Date of Service	Service Description & Amount
SOAP Note:	

Date of Service	Service Description & Amount
SOAP Note:	

Date of Service	Service Description & Amount
SOAP Note:	
Date of Service	Service Description & Amount
SOAP Note:	
Date of Service	Service Description & Amount
SOAP Note:	

Providers should provide a SOAP note to correspond with the visit/service provided. If provider use their own electronic system for documentation and printing/attaching a note is preferred, please write "see attached."

By signing this form, I attest that the purchases described herein are made in compliance with program guidance.

_____ _____

Participant Signature **Date**

_____ _____

Vendor Signature **Date**

Please return this form to Palco via email: accounting@palcofirst.com
or via fax to Toll free:877.859.8757 local: 501.821.0045