



Appendix K Vendor Payment Request Form

931 Spa Road, Annapolis, MD 21401

FMSVendorA-L@thearcccr.org

or FMSVendorM-Z@thearcccr.org

FMS Direct: 1.866.252.6871 | FMS Fax: 1.888.272.2236

Need help? [Open a customer service ticket!](#)

Please check if this is a **CORRECTED** form.
Please refer to the Accounts Payable calendar for
submittal due dates and processes.

Appendix K - Vendor Payment Request Form

*Please reference the **Appendix K Service Codes** form for all applicable service codes for use on this vendor payment request form. No other service codes apply.

Service Codes authorized in the participant's annual plan and budget should be billed using the Vendor Payment Request Form that is not specific to Appendix K.

**This form may be used for billing for the following DATES OF SERVICE only:
March 13, 2020, through March 12, 2021.

Please complete the information below and provide the required documentation to request a vendor payment for goods & services as specified in Appendix K.

EMPLOYER NAME:		DEPT #:
VENDOR NAME:		
VENDOR STREET ADDRESS:		
VENDOR CITY/STATE/ZIP:		
APPENDIX K SERVICE CODE/DESCRIPTION*	DATES OF SERVICE**	AMOUNT DUE
TOTAL AMOUNT DUE FOR INVOICE		
EMPLOYER/REP SIGNATURE:		DATE:

BY SIGNING ABOVE, I CERTIFY THAT THE GOODS & SERVICES REFLECTED BY THIS VENDOR PAYMENT REQUEST WERE DELIVERED/RECEIVED AND ARE IN ACCORDANCE WITH MARYLAND DDA STANDARDS. I CERTIFY THAT THE INVOICE IS TRUE AND ACCURATE. FALSE INFORMATION CONSTITUTES MEDICAID FRAUD.