



Please check if this is a CORRECTED form.

Please refer to the Accounts Payable calendar for submittal due dates and processes.

The Arc Central Chesapeake Region Self-Directed Services Vendor Payment Request Form

FMS Direct: 1.866.252.6871 | FMS Fax: 1.888.272.2236

Vendor Payment Request Submittal: FMSVendor@thearcCCR.org

Open a Customer Service Ticket: thearcCCR.supportsystem.com

Vendor Payment Request Form

Please complete the information below and provide the required documentation in order to request a vendor payment for goods & services as indicated in the approved person-centered plan and budget.

EMPLOYER NAME:		DEPT #:
VENDOR/BUSINESS NAME:		Please check if this is a NEW vendor. Please review requirements below.
VENDOR MAILING ADDRESS INCLUDING STREET/CITY/STATE/ZIP:		
VENDOR EMAIL ADDRESS:		
SERVICE CODE/DESCRIPTION	DATES OF SERVICE	AMOUNT DUE
TOTAL AMOUNT DUE FOR INVOICE		
EMPLOYER/AUTHORIZED REP SIGNATURE:		
<p>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.</p>		

Documentation Required for Payment

PAYMENT TYPE	REQUIREMENTS/INFO
PAYMENTS MADE DIRECTLY TO A VENDOR	<p>An invoice or quote with the following:</p> <ul style="list-style-type: none"> the vendor's name, address, phone, and email the employer's name as the recipient the goods or services to be purchased <p>Service invoices should reflect the <i>exact</i> dates of services with the following:</p> <ul style="list-style-type: none"> a cost per day (for indirect services) a cost per hour (for direct services) <p>NEW VENDORS must submit a W-9 with their invoice. A current W-9 can be found on the FMS webpage.</p>
REIMBURSEMENTS	<ul style="list-style-type: none"> A detailed receipt with date of purchase, item(s) purchased, total cost, and method of payment. For cash purchases, please document that payment was made by cash. For purchases made by check, please provide a copy of the cancelled check or a copy of the bank statement showing the purchase. All other transaction info may be redacted. For purchases made by debit/credit card, please provide a copy of the credit card or bank statement showing the purchase. All other transaction info may be redacted.
UNABLE TO PROCESS	<ul style="list-style-type: none"> Reimbursements cannot be made directly to the employer or their support broker. An employer or their authorized representative may not self-approve a payment.