

**WA NEW FREEDOM**  
**PARTICIPANT PAYMENT REQUEST FORM**

**PARTICIPANT INFORMATION**

First name: \_\_\_\_\_ Participant PPL ID #: C \_ \_ \_ \_ \_  
Last name: \_\_\_\_\_

**VENDOR/COMPANY INFORMATION**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ City, State, & Zip: \_\_\_\_\_

**SERVICE/GOOD INFORMATION**

Good/service to be purchased: \_\_\_\_\_

Authorization ID #: A U L \_ \_ \_ \_ \_

Total cost, including tax and/or delivery fee: \$\_\_\_\_\_.\_\_\_\_

How would you like PPL to make this purchase for you? (Check one)

- PPL should issue a check made payable to vendor and mail check to: (check one)
- Mail the check to me, the participant
  - Mail the check to the vendor

I have attached an invoice or price-quote from the vendor for the approved service/item.

- I am requesting payment for reimbursement (a check made payable to me, the participant) and I authorize the deduction of \$5.00 per check from my Service Budget. I have attached the receipt for the approved service/item.

- PPL should make this purchase online for me using the following information:

Website address: http:// \_\_\_\_\_  
Product Name: \_\_\_\_\_  
Product Number: \_\_\_\_\_

Ship the product to the following address:

Ship-to Name: \_\_\_\_\_  
Ship-to Address: \_\_\_\_\_  
Ship-to City, State, & Zip code: \_\_\_\_\_

I have attached a printout from the Website showing the price of the approved service/item. If the price for this good/service changes before PPL processes the purchase, PPL may purchase this good/service based on the lowest price as long as the new price (including taxes/fees) is within the amount authorized in my spending plan.

I acknowledge that no payment will be made unless I have sufficient funds to cover the service/item and it has been approved and is noted on my Participant Spending Plan. I understand that if I would like PPL to issue a check to a vendor OR purchase an item on a website I must include a price quote, invoice from the vendor, or website printout as backup documentation accompanying this form.

Participant/Designated Rep. Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_ Version 2.2  
Revised 2/2/11

FAX OR MAIL THIS FORM WITH COPY OF PRICE QUOTE/INVOICE TO PPL AT: Fax to: 1-866-484-2142  
Mail to: ATTN: WA New Freedom, Public Partnerships, LLC, 20415 72<sup>nd</sup> Ave. S. #450, Kent, WA 98032  
PPL Phone Number: 1-888-866-0642 Sunrise Services Phone Number: 1-866-533-1486

# WA NEW FREEDOM PARTICIPANT PAYMENT REQUEST FORM

## Purpose

Submit the Payment Request Form to PPL to request payment for an authorized service or item from a qualified vendor/company. PPL will confirm available funds and issue payment. If you do not have enough available funds, PPL will contact your Sunrise Consultant who will need to adjust your Spending Plan, which may result in delay of payment. You can make three types of purchase requests using this form:

1. Reimbursement (for a \$5.00 fee)
2. Check payable to the vendor (mailed to you or the vendor)
3. Online purchase

You cannot make a Home Care Agency payment using this form. If your Spending Plan includes Home Care Agency services, PPL will contract with the Agency and the Agency will invoice PPL directly for the services you receive.

## Instructions

1. Identify the goods and services you want to purchase from a vendor/company in your Spending Plan. Make sure you fill out the Authorization ID # field on the form - this is very important as PPL needs this information in order to issue a payment. To find out the authorization ID number for a payment, contact PPL Customer Service at 1-888-866-0642 or your Sunrise Consultant at 1-866-533-1486.
2. Identify the total cost of the good or service you wish to purchase, including taxes, and any special fees (e.g. shipping fee for online purchases). To find out the total cost, get a price quote or invoice from the vendor. Note: PPL will issue a check for the amount indicated by the PRF supporting documentation unless the difference between the attachment and the total cost written on the PRF is greater than \$2.00. If the difference is greater than \$2.00, PPL will need the participant's permission in writing or over the phone before issuing a check payable for the amount indicated in the PRF supporting documentation.
3. Attach the supporting document (a price quote or invoice) listing the total cost of the good or service you wish to purchase to your Payment Request Form. All payment requests must include a receipt, price quote, or invoice from the vendor. Always make sure the total cost includes all taxes or fees!

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# WA NEW FREEDOM PARTICIPANT PAYMENT REQUEST FORM

4. Fax or mail your complete Payment Request Form with the attached price quote or invoice to PPL. After confirming the purchase is authorized by your Spending Plan and sufficient funds are available, PPL will:
  - For reimbursements: The third party payer will provide reimbursement for purchases after you submit your receipts to PPL with your Payment Request Form and PPL approves payment.
  - For checks payable to vendors: PPL will issue a check made payable to the vendor and will mail the check to you or the vendor, as specified on your Payment Request Form.
  - For online purchases: PPL will purchase the item for you and ship it to the address specified on your Payment Request Form.
5. Every Authorization requires a separate Payment Request form. For example, if there are two items you wish to purchase, but the purchases apply to two different authorization lines from your Participant Spending Plan, they will need separate Payment Request Forms. This applies to online payments, reimbursements and vendor payments. Just remember: Separate Authorization lines require separate Payment Request Forms.
6. Guidelines for Online Purchases:
  - a. PPL will only make purchases from websites that allow PPL to indicate a ship-to address separate from a billing address. PPL will always select standard/ground/lowest cost shipping option for delivery unless the purchase is deemed an emergency and special permission is obtained from DSHS and your Sunrise Consultant.
  - b. For purchases from the same website on separate Payment Request Forms, PPL will make efforts to have both items shipped in the same order to reduce costs to you; however this cannot always be guaranteed.
  - c. You, the New Freedom Participant, are responsible for any costs associated with shipping goods you wish to return to the online vendor and a new Payment Request Form needs to be submitted if you want to make an alternate purchase with your authorization after the return has been processed.

If you have questions regarding the completion of your Payment Request Form please contact PPL Customer Service at (888) 866-0642. We are available to answer your questions 8:00am – 5:00pm Pacific Time, Monday – Friday.

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