

NJ DDD SELF-DIRECTED OPTION – QUALIFIED PROVIDER INVOICE

Provider Name				Provider FEIN	____ -- ____
Invoice Date	____/____/____	Provider Phone	(____) ____ -- ____	Provider E-mail	

Qualified Provider Invoice Instructions

1. Use a separate invoice for each individual served.
2. Input relevant information from the individual's Service Detail Report; every field per date/line must be completed.
3. Invoice can be submitted with one or more lines completed.
4. To calculate the Total Cost per date/line, multiply Service Units by Service Unit Rate, e.g., 4 Service Units times \$10.00/Unit = \$40.00 Total Cost.
5. Invoice must be signed by both a Provider Representative and the Individual served or his/her Authorized Representative.
6. Please e-mail (njddd@pcgus.com) or fax ([844-561-5978](tel:844-561-5978)) to Public Partnerships.

Questions? Please e-mail njddd-qp@pcgus.com.

Service Date (mm/dd/yy)	Start Time (am/pm)	End Time (am/pm)	Individual DDD ID	Plan ID/Version	Waiver/Procedure Code	Outcome Number	Service Number	Service Unit(s)	Service Unit Rate	Total Cost
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The Qualified Provider certifies that the representations made in this invoice are true, accurate, and correct and that if any statements are willfully false, the Qualified Provider may be subject to punishment, including suspension, debarment, or disqualification from participating as a provider in State or Federal programs, as well as criminal sanctions, as may be applicable. The Qualified Provider understands that payment of this claim will be from Federal and/or State funds, and that any falsification or concealment of a material fact may be prosecuted under Federal and State laws. The Qualified Provider agrees to furnish all supporting documentation to Public Partnerships, LLC and/or State/Federal agencies within five business days of receipt.

Provider Representative Name: _____

Individual/Auth. Rep. Name: _____

Provider Representative Signature: _____

Individual/Auth. Rep. Signature: _____

Date (mm/dd/yyyy): ____/____/____

Date (mm/dd/yyyy): ____/____/____