

Recovery Requires a Community - PAYMENT REQUEST

Designated Agency submits this form directly to the Fiscal Management Service

Request Date			
Participant Name			Participant Medicaid #
Transition Coordinator Agency Name		Contact Person	Phone Number
Address		City	State Zip Code
Item #	Service Type/Item Description	Unit Price	Total Amount
1			
2			
3			
4			
5			
Total			

**Please submit copies of the receipts with this payment request form for approval of reimbursement.
A separate form and W9 needs to be submitted for each payee.**

Checks Payable to			
Name			
Mailing Address		City	State Zip Code

By submitting this request, the provider affirms the items for which payment is being reimbursed were purchased for and delivered to the identified participant in accordance with policies and procedures governing the Recovery Requires a Community program.

Signature	Agency	Date
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Mail to: Morning Sun Financial Services 9400 Golden Valley Road Golden Valley, MN 55427	Or, Fax to: (855) 233-5233 Or, Submit online at: morningsunfs.com Or, email to: ms-ohrrc@morningsunfs.com
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