



JULIAN DATE RECEIVED

LEAVE THIS AREA BLANK

SIGNATURE TRANSMITTAL FORM
FOR PAPER INVOICES

I am hereby submitting the enclosed invoices as an approved Service Bureau or Provider.

NUMBER OF INVOICES

SERVICE BUREAU NUMBER

PROMISe™ PROVIDER NUMBER	NPI NUMBER
PROMISe™ PROVIDER NUMBER	NPI NUMBER
PROMISe™ PROVIDER NUMBER	NPI NUMBER
PROMISe™ PROVIDER NUMBER	NPI NUMBER
PROMISe™ PROVIDER NUMBER	NPI NUMBER
PROMISe™ PROVIDER NUMBER	NPI NUMBER
PROMISe™ PROVIDER NUMBER	NPI NUMBER
PROMISe™ PROVIDER NUMBER	NPI NUMBER
PROMISe™ PROVIDER NUMBER	NPI NUMBER

IMPORTANT: PLEASE PHOTOCOPY FORM FOR YOUR FILE COPY

I certify that the information on the enclosed invoices is accurate and complete as submitted.

I understand that payment and satisfaction of these claims will be from federal and state funds and that I may be prosecuted for false claims, statements or documents, or concealment of material facts.

PRINT CONTACT NAME AND PHONE NUMBER

SIGNATURE OF SERVICE BUREAU/PROVIDER
OR DESIGNEE

DATE