



REQUEST FOR VENDOR PAYMENT

Mail to:
 Consumer Direct
 8701 Shoal Creek Blvd, Ste 303
 Austin, TX 78757

Fax to:
 1-866-409-5389

Requests for Vendor Payments that are received by Consumer Direct before 5:00 pm on Tuesday will ordinarily be paid the following Monday.

Consumer Name	Medicaid ID #

PAYMENT CHECK

Make check payable to:
Vendor Name
Address
Address
City/State/Zip

Date of Service (mm/dd/yy)	Category Code	Description of Service	Amount
Total Check Amount			

Please attach a copy of the voided receipt, agency invoice or signed bid/estimate.

- All requests must be submitted by Tuesday at 5pm, for payment to be issued on the following Monday. **Payments received after Tuesday at 5pm will be processed and paid a week from the following Monday.**
- All receipts must include this Request for Vendor Payment form to ensure proper processing.
- Check will always be made out to the Vendor and mailed to the Consumer.
- It is the Consumer’s responsibility to ensure the Vendor receives payment by the required due date.

_____ / ____ / _____
Consumer Signature Date

