

Terms and Condition

- The Vendor is contracted by the Participant. They are not an employee of Public Partnerships LLC (PPL).
- This agreement does not promise a certain amount of work or services.
- The Vendor cannot be paid by the Program for more than what is approved by the Participant.
- The Participant will:
 - Explain what services will be provided
 - Approve services provided
- This contract can be terminated for the following:
 - Abuse, neglect, or misuse of funds or property of the Participant
 - Fraud or violation of the terms of this agreement
- The following must be reported:
 - Neglect
 - Abuse
 - Misuse of funds or property
- Services are paid with federal and/or state funds. Giving accurate information is required by law.

Medicaid Fraud

Medicaid Fraud is a crime. It can lead to penalties and/or jail time. I will report any suspected fraud to PPL, the MCO, and/or the State.

Electronic Signatures

PPL supports electronic signing of forms if it is lawful and applies.

Agree and Sign

The vendor and the Participant confirm:

- They have read all of this form
- The details they provided are accurate and complete
- If contracted, any false statement on this form may result in cancellation of services and further actions
- A complete and valid W9 must be submitted before the start of services

MY SIGNATURE

Print Name(How it appears on your W-9): _____

Signature (How it appears on your W-9): _____

Date: _____