

**RESOURCES FOR LIVING INDEPENDENTLY
ATTENDANT MEDICAID PROVIDER AGREEMENT
FINANCIAL MANAGEMENT SERVICES (FMS)**

Attendant Name: _____

Address: _____

Phone: _____ Fax: _____

I agree to accept check(s) for services purchased for individuals served through the Commonwealth of Pennsylvania Department of Public Welfare Office of Long-Term Living's (OLTL) Home and Community Based Waivers. Financial Management Services (FMS) are provided by the Fiscal/Employer Agent appointed by the Consumer/Employer, Resources for Living Independently. Acceptance and endorsement of the check(s) will signify that I agree to the following terms and conditions:

- 1. Accept payment in the form of check(s), direct deposit or debit card from Resources for Living Independently doing business in the Commonwealth of Pennsylvania.**
- 2. Agree to maintain records of the services provided.**
- 3. Provide only the services authorized on the check(s).**
- 4. Accept the checks, direct deposits or debt card as payment in full for services rendered.**
- 5. No additional charges will be made or accepted from Consumers.**
- 6. Upon request, provide the OLTL or its designee information and documentation regarding the services provided for which payment was made.**

The Attendant named above is signing this Agreement as designated by the OLTL.

Resources for Living Independently will maintain the original version of this Agreement in the respective Attendant's file. Resources for Living Independently is effectively signing this Agreement as the appointed Fiscal/Employer Agent.

Attendant Signature: _____

Print Name: _____

Date: _____