

## **Requesting Support Documents to Validate Money Network Card Charges**

If/when selected for review, you must provide proof that Money Network Card (MNC) funds were used correctly. MNC funds should only be used for approved budget item(s) as requested on the Vendor Payment Request (VPR) form. Please attach this form when submitting a proof of purchase, receipt, or other supporting document showing the use of these funds.

## **Payment Details:**

| Participant/Member Name:                      |  |
|---|--|
| Medicaid ID #:                                |  |
| Vendor:                                       |  |
| Amount: \$                                    |  |
| Service Code:                                 |  |
| Date the Vendor Payment Request was Received: |  |
| Number of receipts/documents attached:        |  |
| Notes:  |  |
|   |  |

## You may submit the following by fax, email, mail, or dropping off at:

| Fax Number:           | Email Address:               | Drop-off Location:    | Mailing address: |
|-----------------------|------------------------------|-----------------------|------------------|
| 1.866.302.6787        | MNC.Validations@conduent.com |                       |                  |
|                       |                              | 1720A Randolph Rd SE, | CONDUENT         |
| Please include a fax  |                              | Suite A               | P.O. Box 27460   |
| subject containing    |                              | Albuquerque, NM       | Albuquerque, NM  |
| "Validation Documents |                              | 87106                 | 87125-7460       |
| (Member Name)"        |                              |                       |                  |
|                       |                              |                       |                  |

## **INTERNAL USE ONLY:**

| Date      | Date              | Validation   |  |
|-----------|-------------------|--------------|--|
| Received: | <b>Processed:</b> | Spreadsheet: |  |