



HILLTOP VETERAN DIRECTED CARE PROVIDER RATE AGREEMENT FORM

Instructions: Fill out each section as appropriate. Once complete, please sign and date the form and submit to **Premier Financial Management Services (Premier FMS)** via one of the following options below:

Mail:
10425 W North Ave.
Suite 345
Milwaukee, WI 53226

Email:
MesaCoVDC@premier-fms.com

Fax:
(855) 334-3866

PROVIDER'S INFORMATION

Name: _____ Last 4 Digits of SSN: _____

Veteran's Name: _____

RATE AGREEMENT INFORMATION

Service Type	Wage	Per	Effective Date
Personal Assistance Services & Supports		Hour	

By signing below, we understand that only the pay rates above will be paid. For any questions or concerns, please contact our office at (855) 287-6638.

Provider Signature: _____ Date: ___ / ___ / ___

Veteran/Employer Signature: _____ Date: ___ / ___ / ___