

Benefits Management Corporation

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Request for Payee Service

Agency: _____ Case Manager: _____

Address: _____

Phone: _____ Date of Request: _____

Client Information:

Name: _____ SSN: _____

DOB: _____ Phone: _____

Admit Date: _____ Marital Status: _____

Current or Last Known Address: _____

Contact Person: _____ Phone: _____

Living Arrangements:

- House Apartment Hotel Board and Care
 Room & Board Shelter Homeless

Income (Amounts): SSA: _____ SSI: _____ GA: _____ VA: _____

R/R: _____ AFDC: _____ Other: _____

Resources: Bank Account: _____ Vehicle: _____ House: _____

Previous Payee: _____

*If client is currently his/her own payee, a SSA-787 must be signed by an MD indicating why the client needs a payee. In lieu of a doctor's statement, the testimony of 3 persons familiar with the client's situation can be submitted as evidence as to why the client needs a payee. Persons can be: family members, discharge planner, social worker, treatment team staff, neighbor, B&C operator or friend.

Comments: _____
