
  **PLEASE SEND YOUR COMPLETED FORM TO: FVVFulfillment@sandata.com**

North Carolina Provider FVV **Purchase Request**

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| **FVV ORDER FORM** |
| **Sandata Technologies, LLC** | **Date:** |  |
| **26 Harbor Park Drive** | **Provider NPI#:** |  |
| **Port Washington, NY 11050** | **Sandata Account #** |  |
| **Phone: (516)484-4400** |  |  |
| **Fax: (516)484-6084** |   |   |
| **email: FVVFulfillment@sandata.com** |   |   |
| ***Billing Info:*** |
| **Agency Name:**  |
| **Attention:**  |
| **Address:**  |
| **City, State, Zip:**  |
| **Phone:**  |
| ***Fixed Visit Verification Units (FVV) Order*** |
| **Number of FVV Units** |  |
| **Purchased Device ($85 per unit)** | $85 |
| **Total One Time Fees (plus shipping)** |  |
| **Shipping Address (If different from above Billing Address)** |
|  |
| **Address:**  |
| **City, State, Zip:**  |
| **PLEASE SEND YOUR COMPLETED FORM TO: FVVFulfillment@sandata.com**Customer is purchasing Santrax Fixed Visit Verification Units (“FVV”) at the price set forth above and pursuant to the State of North Carolina RFP # 30-200512-DHB and the State of North Carolina Request for Best and Final Offer No. 1 30-200512-DHB (collectively, the “Contract”), issued August 11, 2020 between Sandata Technologies, LLC (“Sandata”) and the State of North Carolina Department of Health and Human Services (“DHHS”).  This FVV order form shall not create privity of contract between Sandata and the Customer. The Customer’s use of the FVV devices is subject to the terms of Customer’s contract with DHHS. All questions and inquiries shall be directed to DHHS. Shipping costs are passed through to the Customer at then current shipping rates.    |
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Purchase Notations:

* Devices are owned by the purchasing provider
* Devices can be reassigned or used for other clients.
* Devices do not need to be returned when they are no longer needed.
* Lost devices do not incur a fee and providers are responsible for replacing.

Please report a device failure to Customer Care (855) 940-4915 for troubleshooting.