

Service Provider Name	
SPIN	
Service Provider Invoice Number	
Invoice Date to RHCD (mm/dd/yy)	
Total Invoice Amount	

	Funding Year (yyyy)	HCP #	Funding Request #	HCP Entered Billing Account #
1				
2				
3				
4				

PROVIDER INVOICE STATUS REPORT

FOI

RHCD Processed Date
Number of Records
Number of Records Approved
RHCD Approved Total Amount

Multiple Months (Y or N)	Support Date (mmyyyy)	Support Amount to be Paid by USAC

R RHCD USE ONLY

Code

A - Approved

A - Approved

A - Approved

A - Approved