

RHCD SERVICE PR

| | |
|---------------------------------|--|
| 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