

**COVID-19 TELEHEALTH PROGRAM REQUEST FOR REIMBURSEMENT FORM****INSTRUCTIONS****Purpose of the Form**

This Request for Reimbursement Form serves as the request to the Commission for disbursement of funding under the COVID-19 Telehealth Program for the eligible services and/or connected devices set forth by an applicant that received a funding commitment notification (funding recipient). Service providers or vendors will bill eligible health care providers directly for services and/or connected devices that they have provided participating eligible health care providers under the COVID-19 Telehealth Program. Under the COVID-19 Telehealth Program, disbursements will be issued directly to participating health care providers rather than to the service providers or vendors that have provided the eligible services and/or connected devices to participating health care providers. Any funding received by an applicant on behalf of eligible health care provider(s) shall be provided to such health care provider(s) to reimburse them for their respective costs incurred under the COVID-19 Telehealth Program.

Following the eligible health care provider's receipt of eligible services and/or connected devices, and payment for the services and/or devices provided, in order to receive a reimbursement, funding recipients must on at least a monthly basis:

- (1) Invoice the Commission for services and/or connected devices eligible for COVID-19 Telehealth Program funding through the U.S. Department of the Treasury's Bureau of the Fiscal Service Invoice Processing Platform (IPP); and
- (2) Upload the following documents as "Attachments" to their invoice submission in the IPP:
  - (a) at a minimum, an invoice from its service provider or vendor showing receipt of the service and/or connected devices identifying the eligible services and/or connected devices purchased and received, and price paid (Note: a purchase order, vendor quote, or other similar documentation does not demonstrate payment for the services and/or connected devices);
  - (b) a Request for Reimbursement Form;
  - (c) if applicable, a Letter of Authorization for those applicants that received a funding commitment on behalf of other eligible health care provider sites; and
  - (d) any additional documentation supporting reimbursement for the eligible cost of the services and/or connected devices.

If you received and paid for non-recurring services, you can invoice for those services in one monthly invoice. The Request for Reimbursement Form can be found at <https://www.fcc.gov/sites/default/files/covid-19-telehealth-request-for-reimbursement-form.pdf> and a sample Letter of Authorization at <https://us-fcc.app.box.com/v/LetterOfAuthorization>.

All of these steps must be completed in order for eligible health care providers to receive reimbursement for expenses incurred under the COVID-19 Telehealth Program.

For more information regarding the COVID-19 Telehealth Program invoicing process and how to submit an invoice and the Request for Reimbursement Form (including supporting documentation) through the IPP, please see the Commission's webpage at <https://www.fcc.gov/covid-19-telehealth-program> and the Wireline Competition Bureau's and the Office of Managing Director's Public Notice (DA 20-425) released on April 17, 2020.

#### Filing Instructions

All funding recipients, those filing on behalf of other health care provider sites, and those filing individually, must use the Request for Reimbursement Form to seek reimbursement where eligible health care providers have incurred costs for services and/or connected devices eligible under the COVID-19 Telehealth Program. For individual funding commitments, the "funding recipient" is also the eligible health care provider. The Request for Reimbursement Form and Instructions can be accessed on the Commission's COVID-19 Telehealth Program webpage at <https://www.fcc.gov/covid-19-telehealth-program>.

Funding disbursements under the COVID-19 Telehealth Program will ultimately be made to the entity listed on the funding commitment notification. All applicants that have received funding commitment notifications under the COVID-19 Telehealth Program must therefore refer to their "Funding Commitment Number" on their funding commitment notifications during the invoice process.

Payment is made directly to the funding recipient for which the funding commitment was issued. For applicants that received funding on behalf of eligible health care provider(s), any reimbursements shall be provided to such health care provider(s) to reimburse them for their respective costs incurred under the COVID-19 Telehealth Program.

Be sure to complete the form in its entirety. All funding recipients must provide the required documentation, make the required certifications, and submit a complete COVID-19 Telehealth Program Request for Reimbursement Form by uploading these documents as "Attachments" to the invoices in the IPP. The attachments are required for the Commission to process the invoice(s). If you do not provide the information requested on this form, provide the required supporting documentation, and submit the invoice(s) through the IPP, the Commission may delay processing the invoice(s). The Commission's hand-delivery filing location is closed and cannot be used to submit Request for Reimbursement Forms for the COVID-19 Telehealth Program.

#### Supporting Documentation

All supporting documentation must be submitted as "Attachments" to the invoice submission in the IPP. Please be advised that the IPP will not allow more than 10 MB in size per document and 25 attachments.

*Invoices* - All funding recipients must submit, at a minimum, an invoice that identifies the eligible services and/or connected devices purchased and received, and price paid for the services and/or connected devices. A purchase order, vendor quote, or other similar documentation does not demonstrate payment for the services and/or connected devices. If you received and paid for non-recurring services, you can invoice for those services in one monthly invoice. If an invoice from the service provider or vendor includes ineligible items, be sure to clearly indicate in your invoice submission the items on the invoice that are eligible (e.g., by crossing out the ineligible items on the invoice). On

the Request for Reimbursement Form, use the column “Description of Service/Device(s) Purchased” and indicate where on the invoice the reviewer can find the relevant information for that line item.

*Letter(s) of Authorization* – For applicants receiving funding on behalf of eligible health care provider sites, funding recipients must include authorization documentation (e.g., letter) from each participating eligible health care provider that authorizes the funding recipient to receive funding on their behalf and provide such funding to the eligible health care providers to reimburse them for their respective costs incurred under the COVID-19 Telehealth Program. Please see the sample Letter of Authorization on the Commission’s webpage at <https://us-fcc.app.box.com/v/LetterOfAuthorization>. Due to the size limitations of the IPP, attach one pdf with the letters scanned, especially if there are going to be a number of letters. As indicated above, the IPP will not allow more than 10 MB in size per document and 25 attachments.

*Other Supporting Documentation* - Funding recipients may also submit any other supporting documents to support their Request for Reimbursement Form.

#### Certifications

An authorized person, generally the primary contact for the application, is required to provide all required certifications and signatures on this form on behalf of the health care provider(s) included in this application prior to submitting the form. These include, but are not limited to, an acknowledgement and certification under penalty of perjury that the documentation associated with this form must be retained for a period of at least three years and are subject to audit. All certifications must be made to ensure that COVID-19 Telehealth Program funds are being used for their intended purpose.

#### Additional Information

For more information about the COVID-19 Telehealth Program, refer to the Commission’s website at <https://www.fcc.gov/covid-19-telehealth-program>. Questions specific to your Request for Reimbursement Form and submission of invoices should be directed to [TelehlthInvoicSupp@fcc.gov](mailto:TelehlthInvoicSupp@fcc.gov).

**FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

Part 54 of the Federal Communications Commission's (FCC) rules authorize the FCC to collect the information in this form. Responses to the questions herein are required to obtain the benefits sought by this form. Failure to provide all requested information will delay the processing of this form. Information requested by this form will be available for public inspection. The information provided will be used to determine whether approving the request is in the public interest.

We have estimated that your response to this collection of information will take 1 hour. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Paperwork Reduction Act Project (3060-1271), Washington, DC 20554. We will also accept your comments via the Internet if you send them to [PRA@fcc.gov](mailto:PRA@fcc.gov). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.

Remember – you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1271.

**THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.**