## STATE OF ALASKA CHILD CARE ASSISTANCE PROGRAM

## **BILLING REPORT INSTRUCTIONS**

correct figure neatly above it, and initial the correction. Do not use correction fluid or erase on Please complete this form in ink. If you make a mistake cross it out with a single line, put the

- Check the box to indicate whether this is the Initial Billing Report or an Amended Billing
- 2. Write in the month and year services were provided.
- ω Business License, mailing address, city, zip and phone number. Write in: the owner/provider's name and the facility's name as it appears on the Alaska
- 4 Approved Provider or an Approved Relative. Indicate whether this facility is a Licensed Center; Licensed Group Home, Licensed Home,
- S you the number. Write the ICCIS number and PVN number. Your local child care assistance office will give
- တ first, at "P" Enter the child's full name, last name first at "C"; enter the parent's full name, last name
- 7 Preschool (37 mo. thru 6 yrs.) or School Age (7 yrs. thru 12 yrs.). Circle one: I, T, P, or S to indicate Infant (birth thru 18 mo.), Toddler (19 mo. thru 36 mo.),
- $\infty$ report for any charges outside of what is authorized column. Rates entered here must be on the provider rate sheet. Do not use this billing Enter provider rates for the care being billed and enter the total charge in the TOTAL
- ဖ Enter the family's contribution (co-pay) from the authorization.
- 0. State are using different units because of different rates, enter the type of units needed in order for each rate to be calculated. If care is provided on a holiday, indicate "P" or "F" for the child attended the facility. Only enter attendance for eligible periods that are authorized. FOR ALL AUTHORIZATIONS. In the boxes below the child's name, enter a "P" (part-time is up to and including 5 hours of care) or an "F" (full-time is over 5 hours of care) for each day You must bill the parent separately for attendance not authorized. If the provider and the
- Note in this section: Alaska-In Supplemental and if an unscheduled closure occurred
- provider must notify the local child care assistance office that the parent has not paid paid or made arrangements to pay the full amount owed. If the parent has not paid, a copy of a financial agreement must be on file with the local child care assistance office, or the In signing, the provider certifies that all information is true and correct and that parents have
- will be denied. For months May and June, this form must be submitted no later than July 31st or payment will be denied. (7 AAC 41.250 Billing statements; payment.) within 90 days after the last day of the month child care services were provided or payment In signing, the provider understands that from July through April, this form must be submitted
- Enter the page number and total number of pages on each page of the billing report