



CHILD CARE ASSISTANCE PROGRAM PASS II and PASS III MONTHLY BILLING REPORT FORM

1 Initial Billing
 Amended Billing

2 For services provided during the month of: _____

3 Owner/Provider Name: _____

4 Licensed Center
 Licensed Group Home
 Licensed Home
 Approved Provider
 Approved Relative

5 ICCIS# _____

Facility Name: _____

Mailing Address: _____
 Address changes will not be made from this billing form. Contact your Child Care Assistance office.

PVN: _____

City: _____ Zip: _____ Phone: _____

DO NOT USE CORRECTION FLUID OR ERASE ON THIS FORM

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12 I certify that the information provided on this form is true and correct and that the parents listed on this form have agreed upon arrangements.

Authorized Signature

Date:

Total To Pay: \$ _____

By: _____

Date: _____

STATE OF ALASKA
CHILD CARE ASSISTANCE PROGRAM

BILLING REPORT INSTRUCTIONS

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

1. Check the box to indicate whether this is the Initial Billing Report or an Amended Billing Report.
2. Write in the month and year services were provided.
3. Write in: the owner/provider's name and the facility's name as it appears on the Alaska Business License, mailing address, city, zip and phone number.
4. Indicate whether this facility is a Licensed Center; Licensed Group Home, Licensed Home, Approved Provider or an Approved Relative.
5. Write the ICCIS number and PVN number. Your local child care assistance office will give you the number.
6. Enter the child's full name, last name first at "C"; enter the parent's full name, last name first, at "P".
7. Circle one: I, T, P, or S to indicate Infant (birth thru 18 mo.), Toddler (19 mo. thru 36 mo.), Preschool (37 mo. thru 6 yrs.) or School Age (7 yrs. thru 12 yrs.).
8. Enter provider rates for the care being billed and enter the total charge in the TOTAL column. Rates entered here must be on the provider rate sheet. Do not use this billing report for any charges outside of what is authorized.
9. Enter the family's contribution (co-pay) from the authorization.
10. 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 the child attended the facility. Only enter attendance for eligible periods that are authorized. You must bill the parent separately for attendance not authorized. If the provider and the 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 units of care.
11. Note in this section: Alaska-In Supplemental and if an unscheduled closure occurred.
12. In signing, the provider certifies that all information is true and correct and that parents have 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 provider must notify the local child care assistance office that the parent has not paid.

In signing, the provider understands that from July through April, this form must be submitted within 90 days after the last day of the month child care services were provided or payment 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.)
13. Enter the page number and total number of pages on each page of the billing report.