

# UNDERSTANDING YOUR REMITTANCE ADVICE FOR RETROACTIVE PAYMENTS

Provider ID: 000000123  
 Phone Number: (860)555-5555  
 For services during: 00-0000  
 Invoice Number: 000000000  
 Issue Number: 000012345  
 Issue Amount: \$116.00  
 Issue Date: 09/30/14

**PROVIDER ABC**  
**KIDSVILLE USA**  
**1234 MAIN STREET**  
**ROCKY HILL, CT 06067**

Total amount of all retroactive payments included.

Month/Year of previous payment with old rates.

Child			Payment Calculation							
Child Name	Certificate Number **-----** Family ID Number	Child with Special Needs?	Care 4 Kids Basic Rate per Month	Payment from Other Sources (-) 1	Additional Hours Supplement (+)	Supplemental Special Needs Payment (+) 2	Family Fee	Adjustment (-/+) 3	Net State Payment for Child	Incentive Payment to Provider 4
INV AMOUNT FEB 14 ORIGINAL	ORIGINAL INV 00123456								350.00	
ADJUSTMENET FEB 14 RATE	ORIGINAL INV 00123456							116.00		

Amount due based on new rates.

Amount of original invoice payment for month listed.

Invoice # from original payment (\$350)

**Sub Totals: \$116.00**

**A. Total payments for children in care:** \$116.00  
 Quality Bonus and Reimbursement for Underpayments \$0.00  
 Deductions (e.g., liens, recoupment due to provider error, etc.) \$0.00  
**B. Total other provider payment adjustment (if applicable):** \$0.00  
**C: NET PAYMENT:** \$116.00

- 1 If Applicable, payments from other sources are outside funds paid to the provider for the care of the child (e.g. child support payments)
- 2 If Applicable, these are supplemental special needs payments to provide services for the child. These may be ongoing or for this month only
- 3 If Applicable, this includes child related adjustments due to overpayments/underpayments. These adjustments apply to the child for a previous month of care.
- 2 If Applicable, includes incentive payments per child for providers that are accredited with NAEYC, NSACCA, NAFCO, CASFC.

Total amount of all retroactive payments included.

## Electronic Payment Summary

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