

UNDERSTANDING YOUR REMITTANCE ADVICE FOR RETROACTIVE PAYMENTS

Provider ID: 00000123
 Phone Number: (860)555-5555
 For services during: 00-0000
 Invoice Number: 000000000
 Issue Number: 000012345
 Issue Amount: \$109.01
 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 | | |
| DUES DEDUCTION FEB 14 UNION | | | | 6.99 | | | | | | |
| | | | Sub Totals: \$109.01 | | | | | | | |

Amount due based on new rates.

Dues deduction is original payment (\$350) + retroactive payment (\$116) x 1.5% (union dues).

Invoice # from original payment (\$350)

Retroactive payment (\$116) - dues deduction (\$6.99).

A. Total payments for children in care: \$109.01
 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: \$109.01

- 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 onl
- 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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