

SEAS INVOICE ERROR CHECKLIST INSTRUCTIONS:

PURPOSE:

This form is to be used by the County Payment Designee to communicate information to providers regarding errors found on the CS-65A, which could not be resolved by a telephone contact.

NUMBER OF COPIES AND DISPOSITION:

This is a two-part self-carboning form. The original will be sent to the provider with the CS-65A or CS-65A "Correction Copy," when it is necessary to return this form for additional information or correction. The second copy will be retained in the county business office or provider file as the office record of the information requested.

INSTRUCTIONS FOR COMPLETION:

This form may be typed or clearly handwritten.

INVOICE NUMBER: Enter the invoice number from the CS-65A.

DATE: Enter the date the form is completed and sent to the provider.

TO: Enter the provider's name and address.

FROM: Enter the County Payment Designee's name, and county office address.

CHECKLIST AND ACTION NEEDED: Check the appropriate invoice error, filling in any necessary identifying information. If a problem exists with any particular line item the client name and service description will be necessary to identify the specific line in question.

Fill in the action necessary to correct the invoice, so it may be resubmitted requesting payment. In some situations no action by the provider will be necessary, as DFS will be unable to pay for the services. Specify information such as:

- the necessity to eliminate a particular line, and then correct column totals;
- to correct the number of units within a particular line item, and correct column totals;
- to submit quarterly reports, as payment will not be allowed without their receipt;

- no payment allowable as invoice submitted after time limitations;
- no payment allowable as provider's contract or license was not valid during period of time payment requested.

Use "Other" and describe, as needed, for a problem not otherwise addressed.

EXPLANATION: Fill in any additional explanation, instructions, or clarifying information, which may be required to allow payment of the invoice or line item in question.

TELEPHONE NO.: Enter the telephone number of the County Payment Designee.

SIGNATURE: The form is to be signed by the County Director or County Payment Designee.

INSTRUCTIONS FOR RETENTION:

A copy of this form should remain with the CS-65A, to which it refers, for a period of five years, in the county provider file.

MEMORANDA HISTORY CS87-58