



# STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR  
KIM REYNOLDS, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
CHARLES M. PALMER, DIRECTOR  
SERVICE AREA MANAGER

Dear

Our office has received your Child Care Provider Claim form.

In processing your claim, corrections have been made or need to be made so you can receive proper payment. Please see below.

We were able to process your claim for the following children. Payment has been made for \_\_\_\_\_.

We have processed your claim. However, your claim had some errors on it. To ensure timely payments in the future, please see the highlighted sections on the copy of the claim to bill correctly in the future.

- Provider agreement number
- Child's case number
- Incorrect math
- Co-pay
- Incorrect units
- Unit cost
- Child's name
- Service code
- Other:

We were unable to process your claim, so it is being returned to you. Please complete the items listed below and return the claim so it can be processed.

- Provider must sign the form in ink
- A Child Care Attendance Sheet is required
- Provider and/or client must sign the attendance sheet
- Other:

Your claim exceeded the number of units approved for this child on the Notice of Decision. If the family needs additional units approved, they should discuss this with their caseworker. The number of units approved on the Notice of Decision has been

Enclosure: Claim attached



paid. You will need to submit a new claim for these units once information is received from the family to verify the need for additional units.

We were unable to process your claim for the following reasons. Your claim form is attached. You must fill out a NEW claim form to correct these issues so your claim can be processed.

- Billing period for child care provided
- Provider agreement number
- Unit cost is missing
- Child's case number
- Child's name
- Other:

We were unable to process your claim for the following reasons. Your claim is attached.

- You are not an approved provider. Please bill the Department if/when you are approved.
- The children, \_\_\_\_\_, you are billing for are not eligible for child care assistance.

Sincerely,

Enclosure: Claim attached