



Provider PPA Request Form

Provider Name: _____ **Date:** _____ **Date Reimb. Rec'd:** _____ **Phone Number:** _____

The provider agrees to notify ELC-FG in writing within fifteen (15) days of reimbursement regarding any discrepancies requiring resolution and/or adjusted reimbursement payment. The provider agrees that no adjustments will be submitted for payment after thirty (30) days. Any request(s) for adjustments beyond fifteen (15) days, not to exceed thirty(30) days, must be pre-approved by the Executive Director or designee.

Provider Signature

Reason Code for Prior Period Adjustment(PPA)

Use the number beside the appropriate reason in the table below

- | | | |
|------------------------------------|------------------------------------|-------------------|
| 1. Did Not Receive Pay | 3. Child Added to Attendance Sheet | 5. Incorrect Rate |
| 2. Child Left off Attendance Sheet | 4. Incorrect Schedule Paid | 6. Overpaid |

Child's Name	PPA Reason Code	Billing Group	Date(s) In Question	Total # of Days	Corrected Rate	Approved ELC USE ONLY	Denied ELC USE ONLY

Reason for Denial

1. Excessive absences w/no proper docs
2. Child not enrolled
3. Child Terminated /Not Re-determined(date)_____
4. Exceeded allowed holidays/vacation
5. Other

ELC-FG Office Use Only: **Entered in Reporting System** **Approved by Executive Director** (over 1-30 day limit)

Data Entered by: _____ Date _____

Approved by ED or designee: _____ Date _____