

# VPK Payment Correction Request



Date: \_\_\_\_\_

Provider/Program Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Parent's Name \_\_\_\_\_

**OR** Classroom  (Check here to indicate correction for a whole class)

Month that needs to be corrected: \_\_\_\_\_

### Reason for Correction:

\_\_\_\_ Delayed Enrollment    \_\_\_\_ Left off roster    \_\_\_\_ Incomplete file

\_\_\_\_ Late documentation of absence(s)    \_\_\_\_ Certificate of Eligibility submitted late

\_\_\_\_ Other (please explain) \_\_\_\_\_

### FINDINGS (To be completed by ECS VPK Reimbursement Staff Only)

\_\_\_\_ Payable, see attached payment detail

\_\_\_\_ Not payable because: \_\_\_\_\_

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*A copy of this letter including our findings will be included with your next reimbursement. If a payment correction request is sent to ECS more than 60 days from the original due date of the VPK roster, ECS may not be able to reimburse you for that care.*