

NON-CERTIFIED RELATIVE PROVIDER BILLING REPORT

Provider Name & Address:

Provider ID #: _____

Billing Month: _____

Phone #: _____

Return Original to:

DCC PAYMENT UNIT
PO BOX 6123, MD 85J1
PHOENIX, AZ 85005

PARENT/GUARDIAN VERIFICATION: I certify that the services listed on this report were rendered on behalf of the child(ren) named and that the information in the report is true and accurate.

Calendar Date	PARENT/GUARDIAN SIGNATURE	FIRST NAME, LAST ID	FIRST NAME, LAST ID	FIRST NAME, LAST ID	Calendar Date
1		D	D	D	1
2		D	D	D	2
3		D	D	D	3
4		D	D	D	4
5		D	D	D	5
6		D	D	D	6
7		D	D	D	7
8		D	D	D	8
9		D	D	D	9
10		D	D	D	10
11		D	D	D	11
12		D	D	D	12
13		D	D	D	13
14		D	D	D	14
15		D	D	D	15
16		D	D	D	16
17		D	D	D	17
18		D	D	D	18
19		D	D	D	19
20		D	D	D	20
21		D	D	D	21
22		D	D	D	22
23		D	D	D	23
24		D	D	D	24
25		D	D	D	25
26		D	D	D	26
27		D	D	D	27
28		D	D	D	28
29		D	D	D	29
30		D	D	D	30
31		D	D	D	31
TOTALS		D =	D =	D =	

PROVIDER CERTIFICATION: I certify that the services listed on this statement were rendered on behalf of the above-named person; that this claim constitutes the full and complete charge for said services described above; that I will make no further claim for payment of these services; that these services have been provided without discrimination based upon age, race, color, creed, sex or national origin; that the statement is subject to Federal and State audit or review.

Provider's Signature: _____

Date: _____

Completion Instructions for CCA-0048A NON-CERTIFIED RELATIVE PROVIDER BILLING REPORT

- Column #1 & 6 The Calendar Date: These columns refer to the actual calendar dates.
- Column #2 The parent or guardian of the children must sign this form each day when one or more of the children are in care.
- Column #3 The first child listed on the "Certificate of Authorization"; if not preprinted, copy the child's name and AZCCATS ID here.
- Column #4 The second child listed on the "Certificate of Authorization"; if not preprinted, copy the child's name and AZCCATS ID here.
- Column #5 The third child listed on the "Certificate of Authorization"; if not preprinted, copy the child's name and AZCCATS ID here.

Note: If you are caring for children of more than one family, use a separate form for each family.

Under each child's name, you will see a box labeled "D". At the end of the day, if the child is in your care for 15 minutes or more, the parent or guardian should check the "D" box. If the child is in your care for less than 15 minutes the parent or guardian should not check the "D" box. Then the parent or guardian signs that line. Below is a sample of a form with two children, Joshua and Sarah Smith.

1. Joshua goes to school from 8:00 a.m. to 2:15 p.m. The provider cares for him from 7:15 a.m. to 8:00 a.m. which is 45 minutes. The parent or guardian would check the "D" box.
2. Sarah is in care from 7:15 a.m. to 5:15 p.m., a total of 10 hours. The parent would check the "D" box.
3. Parent or guardian signs the line for that date.

Here is an example: Joshua and Sarah were in care on the 15th, 16th, 18th, 19th and 20th. This is the way the parent or guardian would complete the form.

Calendar Date	PARENT/GUARDIAN SIGNATURE	FIRST NAME, LAST Joshua Smith ID 000 0000 00000	FIRST NAME, LAST Sarah Smith ID 000 0000 00000	FIRST NAME, LAST ID	Calendar Date
15	<i>Mary Smith</i>	<input checked="" type="checkbox"/> D	<input checked="" type="checkbox"/> D		15
16	<i>Mary Smith</i>	<input checked="" type="checkbox"/> D	<input checked="" type="checkbox"/> D		16
17		<input type="checkbox"/> D	<input type="checkbox"/> D		17
18	<i>Mary Smith</i>	<input checked="" type="checkbox"/> D	<input checked="" type="checkbox"/> D		18
19	<i>Mary Smith</i>	<input checked="" type="checkbox"/> D	<input checked="" type="checkbox"/> D		19
20	<i>Mary Smith</i>	<input checked="" type="checkbox"/> D	<input checked="" type="checkbox"/> D		20

At the end of the month, count the number of "D" boxes checked in each column, and enter the totals on the total line, as per the example below.

TOTALS	D = 5	D = 5	D =
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REMEMBER

RECOUNT THE TOTALS OF "Ds"

D= The daily rate and will be paid when the child receives 15 minutes or more of child care per day.

BE SURE THE PARENT OR GUARDIAN HAS SIGNED ON EACH LINE WHEN A CHILD WAS IN YOUR CARE.

The provider signs and dates the bottom of the form and mails the **yellow copy** to:

DCC Payment Unit
P.O. Box 6123, MD 85J1
Phoenix, Arizona 85005

The **pink copy** is retained by the provider. The DCC Payment Unit will furnish mailing labels upon request.