

Child Care Services Payment Discrepancy Form

This form is to be completed by the Provider to report payment discrepancies related to Child Care Services. Please complete all required fields and provide supporting documentation within 5 business days.

Provider Information

Provider Name:

License Number:

Contact Person:

Email Address:

Phone Number:

Discrepancy Details

Payment ID:

Family ID:

Parent Name:

Child(ren) Name:

Timeframe in Question:

Type of Discrepancy (check all that apply):

Missing Payment

Incorrect Rate

Incorrect Authorization Type (Full-time/Part-time/Blended)

Underpayment

Notice of Communication

Other: _____

Explanation of Discrepancy

Please describe the discrepancy in detail. Include relevant context such as child attendance records, rate changes, or system issues.

Explanation:

Supporting Documentation

List any relevant documentation such as attendance records, payment reports, or communication logs you plan to provide. Ensure that all documents are clearly labeled and referenced in your explanation above.

Signature: _____ Date:

Resolution

This section is to be completed by Child Care Services to explain the findings and actions taken.

Curantis Staff Signature

Date Completed