



CLAIMS PROCESSING DEPARTMENT PROVIDER PAYMENT REQUEST (PPR) INSTRUCTION CHECKLIST

Please refer to this quick and easy instruction checklist, along with your PPR, to submit a "Payment Ready" Claim.

- Complete using an **ink pen**.
- Do not use whiteout** if you make an error on your PPR. If you need to make a correction, cross out the mistake and initial.
- Day Time Hours** (6:00 a.m. to 6:00 p.m. / Monday through Friday)
 - Write the total number of hours you cared for this child during each week of the month in the first column.
 - Write the total number of days the child was in care that week (0 up to 5 days).
 - Do not count the days and hours the child was absent.
 - If there were no Day Time Hours that week, enter "0".
 - Example: Care for child on Monday, Wednesday and Friday, 8:00 a.m. to 4:00 p.m.**
 - **8 hours per day for 3 days (8x3=24) 24 hours per week / 3 days per week**
- Evening Hours** (6:01 p.m. to 5:59 a.m. / Monday through Friday)
 - Write the total number of evening hours you care for this child during each week of the month in the second column.
 - Write the total number of evenings/early mornings the child was in care that week (0 up to 5 days).
 - If there were no Evening Hours that week, enter "0".
 - Example: Care for child on Monday through Friday, 3:00 p.m. to 11:00 p.m.**
 - **Day Time Hours (3:00 p.m.-6:00 p.m.)**
 - **3 hours per day for 5 days (3x5=15) 15 hours per week / 5 days per week**
 - **Evening Hours (6:01 p.m.-11:00p.m.)**
 - **5 hours per day for 5 days (5x5=25) 25 hours per week/ 5 days per week**
- Saturday and/or Sunday Care**
 - Write the total number of Saturday hours the child was in your care that week in the Saturday Column box.
 - Write the total number of Sunday hours the child was in your care that week in the Sunday Column box.
 - If there were no Saturday and/or Sunday Care that week, enter "0".
- Continue to fill in each of the column boxes for each week of the month.**
- If you are paid by the *hour*, the *day* or the *week*, enter the "**Amount Provider is Claiming**" for each week
- If you are paid by the *month*, skip the boxes for each week and write in the grand total for the month in the "**Total**" box at the bottom.
- The parent and provider must **sign and date** the PPR on the last day that child care was rendered.
- Enclose an **Employment, Training or Counseling Schedule** for parents approved on a variable schedule.
- Absences, Holidays, Vacations**
 - List and record specific reasons for all absences, holidays, and vacations in the table listed on the back of the PPR.
 - The parent must record their full signature for verification for each absence, holiday, or vacation listed in the table.

Once completed, your PPR may be mailed to our **PO Box Address** or placed in the drop box located inside each office lobby or in the **drop boxes** located on the corner of Fairfax and Goldleaf Circle, in our special turn-around area.

Payments for all payment ready claims will be issued within 10 business days from receipt.

Please call the following numbers if you have questions:

- Payment Related Questions (323) 421-1035 English (323) 421-2485 Spanish
- Approval Related Questions (323) 421-1038 English (323) 421-2481 Spanish