Universal Service Administrative Co.

Payment Quality Assurance Program

Rural Health Care – CONFIRMATION LETTER

DATE: _____

Recently you received a notice from the Universal Service Administrative Company (USAC) indicating that a discount you received from the federal Universal Service Rural Health Care Program was being assessed for compliance with program rules. USAC, as administrator of the program on behalf of the Federal Communications Commission (FCC) and pursuant to its authority under Sections 54.619, 54.648 and 54.707 of the FCC's rules, has selected this payment for assessment under the Payment Quality Assurance (PQA) program. The purpose of the PQA program is to prevent waste, fraud and abuse of Universal Service funds by determining if payments made from the Rural Health Program were accurate, properly documented and in compliance with FCC rules as set forth in Title 47, Part 54 of the Code of Federal Regulations.

Please enter all the requested information describing the payment under examination. You can find this information in the letter notifying you of selection for PQA assessment.

Case ID: _____
HCP #: _____
HCP: _____
FRN: _____
SPIN: _____
Service Provider: _____
Funding Year: _____
Disbursement Amount: $_____
Disbursement Date: _____

Please complete the Beneficiary Confirmation section below and return the original signed and dated version to USAC within 10 days of the date of this letter. Failure to accurately and fully provide all of the information requested in this letter by the due date may result in suspension or cancellation of current and future funding requests and/or recovery of funds previously paid under the Rural Health Care Program pursuant to 47 C.F.R. § 54.707.

Sincerely,

USAC

Case ID: _____

Beneficiary Confirmation

In connection with this assessment, we would appreciate your cooperation in confirming the following information:

	Yes	No
1. All of the goods and/or services for the above FRN were received and utilized within the funding year.	☐	☐
2. All of the goods and/or services for the above FRN were used only by an eligible entity. If not, the healthcare provider will provide a method of cost allocation.	☐	☐
3. The health care provider, requested, and funds were disbursed, only for eligible goods and/or services.	☐	☐
4. The health care provider did not request and/or receive funding for the same service(s) in both the Telecommunication Program and Health Care Connect Fund (HCF) or the Schools and Libraries E-Rate Program.	☐	☐

If you did not check a box, selected "no" for any of the above, or wish to provide additional information, please provide a detailed explanation on separate sheets of paper, and include with the signed and dated version of the letter you are returning to USAC. The additional information you are providing on separate sheet(s) is made a part of this letter, and the certification you are providing covers the information on the separate sheet(s).

I am a duly authorized officer of the Health Care Provider that received the federal Universal Service Rural Health Care Program funding listed above and I certify that the information provided is true and correct.

Printed name of the person completing this form: _____

Signature: _____

Title: _____ Date: _____