MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILD CARE PROVIDER CLAIM TRANSMITTAL

INSTRUCTIONS

PURPOSE: Use to transmit to the Division of Finance and Administrative Services (DFAS) any claims repayment or reduction made to the child care provider's claims. The Division of Finance and Administrative Services will reconcile the payments received with the amounts show on the Child Care providers

Each Child Care Provider Claim Transmittal providers spacing for submitting up to 10 separate payments or for submitting compiling payments up to 10 claims per provider. If more payments are received or combined on more than 10 claims, a new Child Care Provider Claim Transmittal is to be completed.

Complete the Child Care Provider Claim Transmittal by the last working day of each month and mail it to the Division of Finance and Administrative Services. The preparer should retain a copy of the child care provider's file.

Complete this form carefully to ensure that it is accurate and complete. This information and payments submitted with the form must reconcile. IF there is a discrepancy, DFAS will contact the preparer.

Supervisory approval is required on all Child Care Provider Claim Transmittal. The person who approves the Child Care Provider Claim Transmittal cannot be the person who prepared the Child Care Provider Claim Transmittal.

If the provider does not specify to which claim the payment is to be posted. The CARS system will post the claim based on system generated hierarchy.

Provider Name/Facility Name: Enter the provider name or Facility Name.

Departmental Vendor Number (DVN): Enter the provider's nine digit Departmental Vendor Number.

Provider Mailing Address: Enter the provider's mailing address.

City, State, Zip Code: Enter the provider's city, state and zip code.

Provider County: Enter the Child Care Provider's county of where the facility is located.

Program: Enter the appropriate program code.

Date Claim Established: Enter the date the claim was established.

Transaction Type: Enter the transaction type which designates the type of transaction submitted.

Credit Amount: Enter the amount of repayment or adjustment which corresponds with the action being recorded on this line.

Check Number: Enter the check number, money order number etc. This will enable the reconciliation of the payments with form.

Reverse Transaction. No:
  This field is only us by the Division of Finance and Administrative Services. No entry should be made in this field by local field staff.

Prepared By: Provide the signature of the person completing the Child Care Provider Payment Transmittal.

Date: Enter the month, day and year the Child Care Provider Transmittal was completed.

Approved By: Provide signature of the supervisor approving the Child Care Provider Payment Transmittal.

Date: Enter the month, date, and year the supervisor signs the Child Care Provider Payment Transmittal.