



IMPROPER PAYMENT DISPUTE

TO: \_\_\_\_\_ ELIGIBILITY DEPARTMENT
FROM: \_\_\_\_\_
SUBJECT: PAYMENT DISPUTE
DATE: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Month/Year Disputed: \_\_\_\_\_ Amount Disputed: \_\_\_\_\_
Dispute Explanation: \_\_\_\_\_

SUPPORTING DOCUMENTATION ATTACHED:
[ ] Copy of Attendance Roster for Disputed Time Period
[ ] Copy of Sign In/Sign Out Sheet for Disputed Time Period
[ ] Copy of Provider Reimbursement Transmittal for Disputed Time Period
[ ] Excessive Absence Proof
[ ] Other Documentation

Early Learning Provider Name: \_\_\_\_\_
Authorized Representative's Name (please print): \_\_\_\_\_
Authorized Representative's Signature and Date: \_\_\_\_\_

Please note that you have sixty (60) days from the receipt of the Reimbursement Transmittal to dispute an underpayment of services. If there is a payback due to the Coalition, the amount will automatically be withheld from your next reimbursement.

Eligibility Department

Date Received: \_\_\_\_\_
Dispute Decision:
[ ] Dispute Fully Awarded
[ ] Dispute Partially Awarded - Amount Awarded \$ \_\_\_\_\_
[ ] Dispute Denied

Explanation of award decision: \_\_\_\_\_

Eligibility Specialist's Name \_\_\_\_\_ Eligibility Specialist's Signature \_\_\_\_\_ Date \_\_\_\_\_

Improper Payment Dispute Memo Original: Coalition Finance Department Copy: Provider Reimbursement Packet

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