

Rural Health Care Program Electronic Remittance Statement Sample Guideline

Rural Health Care Disbursements without Adjustment

143000xxx|Company
x|johndoe@companyx.com|usacstatement@universalservice.org|2|\$159.00|Rural
Health Care|As of November 6, 2015
Telecom|Invoice x|062014|14903|Health Care Provider x|21774|\$100.00
Pilot|Invoice x|062009|14904|Health Care Provider x|21775|\$59.00

Your Total Actual Disbursement: \$159.00.

Description of Fields on an Electronic Remittance Statement:

Summary Line:

FCC Form 498 ID #|Customer Name|Customer Email Address
|usacstatement@universalservice.org|# of Disbursements|Sum of Total Disbursements|

Detail Line:

Fund Type| Customer Invoice #|Fund Year| Health Care Provider #|Health Care
Provider Name| Funding Request #|Disbursement Amount

Actual Disbursement:

Your Total Actual Disbursement: *Amount Disbursed.*

Rural Health Care Disbursements with Adjustment for Elective Offsetting on FCC Form 498

143000xxx|Company
x|johndoe@companyx.com|usacstatement@universalservice.org|2|\$159.00|Rural
Health Care|As of November 6, 2015
Telecom|Invoice x|062014|14903|Health Care Provider x|21774|\$100.00
Pilot|Invoice x|062009|14904|Health Care Provider x|21775|\$59.00

*Please be advised the Disbursements are netted as follows:Disbursement netted against Contributor obligation for Filer ID 8xxxxxx pursuant to Offsetting option elected on its FCC Form 498 in the amount of \$100.00 on 11/06/15.

Therefore, Your Total Actual Disbursement: \$59.00.

Description of Fields on an Estatement:

Summary Line:

FCC Form 498 ID #|Customer Name|Customer Email Address
|usacstatement@universalservice.org|# of Disbursements|Sum of Total Disbursements|

Detail Line:

Fund Type| Customer Invoice #|Fund Year| Health Care Provider #|Health Care Provider Name| Funding Request #|Disbursement Amount

Adjustments:

*Please be advised the Disbursements are netted as follows:Disbursement netted against Contributor obligation for Filer ID 8xxxxx pursuant to Offsetting option elected on its FCC Form 498 in the amount of \$Amount on MM/DD/YYYY.

Actual Disbursement:

Therefore, Your Total Actual Disbursement: Amount Disbursed.

Rural Health Care Disbursement with Adjustment for Offsetting due to Red Light Rule

143000xxx|Company
x| johndoe@companyx.com|usacstatement@universalservice.org|2|\$159.00|Rural Health Care|As of November 6, 2015
Telecom|Invoice x|062014|14903|Health Care Provider x|21774|\$100.00
Pilot|Invoice x|062009|14904|Health Care Provider x|21775|\$59.00

* Please be advised the Disbursements are netted as follows: Disbursement offset to Filer ID 8xxxxx against Contributor obligation pursuant to Red Light Rule in the amount of \$100.00 on 10/21/15.

Therefore, Your Total Actual Disbursement: \$59.00.

Description of Fields on an Estatement:

Summary Line:

FCC Form 498 ID #|Customer Name|Customer Email Address
|usacstatement@universalservice.org|# of Disbursements|Sum of Total Disbursements|

Detail Line:

Fund Type| Customer Invoice #|Fund Year| Health Care Provider #|Health Care Provider Name| Funding Request #|Disbursement Amount

Adjustments:

* Please be advised the Disbursements are netted as follows: Disbursement offset to Filer ID 8xxxxx against Contributor obligation pursuant to Red Light Rule in the amount of \$Amount on MM/DD/YYYY.

Actual Disbursement:

Therefore, Your Total Actual Disbursement: Amount Disbursed.