

Submitting the FCC Form 463 in RHC Connect

Rural Health Care (RHC) program

Revised July 2025

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About RHC Connect for the FCC Form 463

RHC Connect is the web-based system that hosts the FCC Form 463. Although the look of the application has changed, the FCC Form 463 did not. To submit your FCC Form 463, you will be asked the same questions and are required to provide the same information as in years past. No preparation for this change is required by you.

For more information about funding years and filing windows, visit the [Funding Year Overview](#) on the USAC website.

Please Note: The red boxes and arrows in the screenshots that follow do not actually appear in RHC Connect.

RHC Connect Walkthrough for HCPs

Step 1: Log in to My Portal and click **RHC Connect**.

Dashboard

i In accordance with the Supply Chain orders, new certifications have been added to the following forms: RHC - FCC Form 463 and the and High Cost & Lifeline - FCC Form 481. Service providers are required to submit these annual certifications. For additional informat

Upcoming Dates

07/07
2022

New Filer ID
Basics Webinar

08/01
2022

Quarterly Filing
due August 1

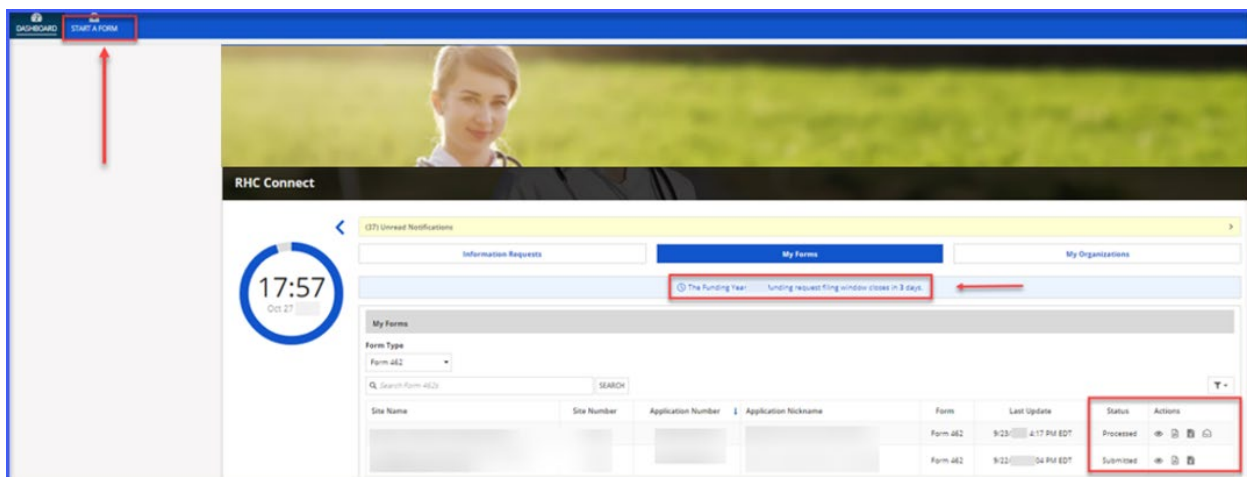
Rural Health Care

RHC Connect - Health care providers must use this section to create and submit required forms for the Healthcare Connect Fund (HCF) Program for all required forms other than the FCC Form 460 for FY2022 and later.

RHC My Portal - Health care providers must use this section to create and submit required forms for the Telecommunications (Telecom) Program, the Connected Care Pilot Program (CCPP), and the Healthcare Connect Fund (HCF) Program for the FCC Form 460 and all required forms for FY2021 and earlier.

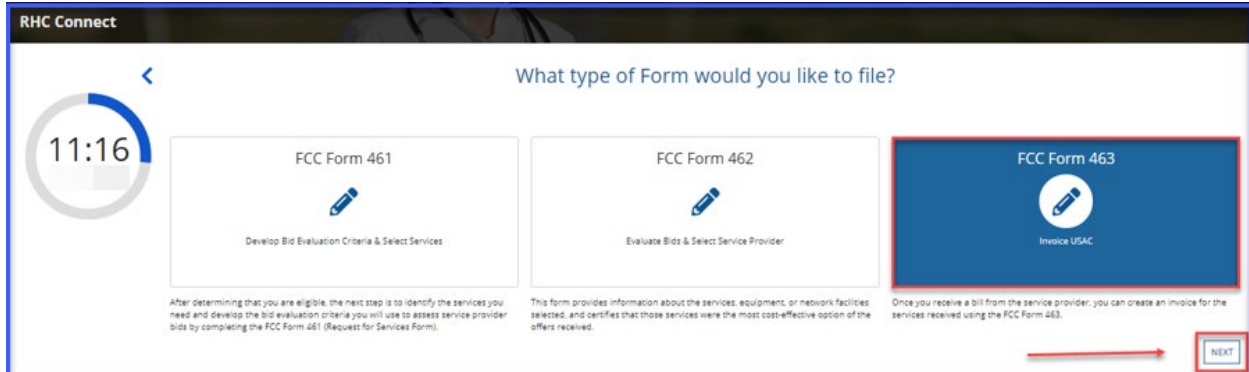
Connected Care Pilot Program - Health care providers must use this form to complete and submit their original Connected Care Pilot Program proposal application directly to FCC.

Step 2: Click **START A FORM**.



The screenshot shows the RHC Connect dashboard. In the top left corner, there is a button labeled "START A FORM" with a red arrow pointing to it. Below this, there is a section titled "My Forms" with a table of forms. The table has columns for "Form Type", "Form Number", "Site Name", "Site Number", "Application Number", "Application Nickname", "Form", "Last Update", "Status", and "Actions". The "Status" column shows "Processed" and "Submitted" with corresponding icons. In the bottom right corner of the table, there is a "Next" button with a red arrow pointing to it.

Step 3: Click the box titled **FCC Form 463** and then click **Next** in the lower right-hand corner of the page.



RHC Connect

11:16

What type of Form would you like to file?

FCC Form 461

Develop Bid Evaluation Criteria & Select Services

After determining that you are eligible, the next step is to identify the services you need and develop the bid evaluation criteria you will use to assess service provider bids by completing the FCC Form 461 (Request for Services Form).

FCC Form 462

Evaluate Bids & Select Service Provider

This form provides information about the services, equipment, or network facilities selected, and certifies that those services were the most cost-effective option of the offers received.

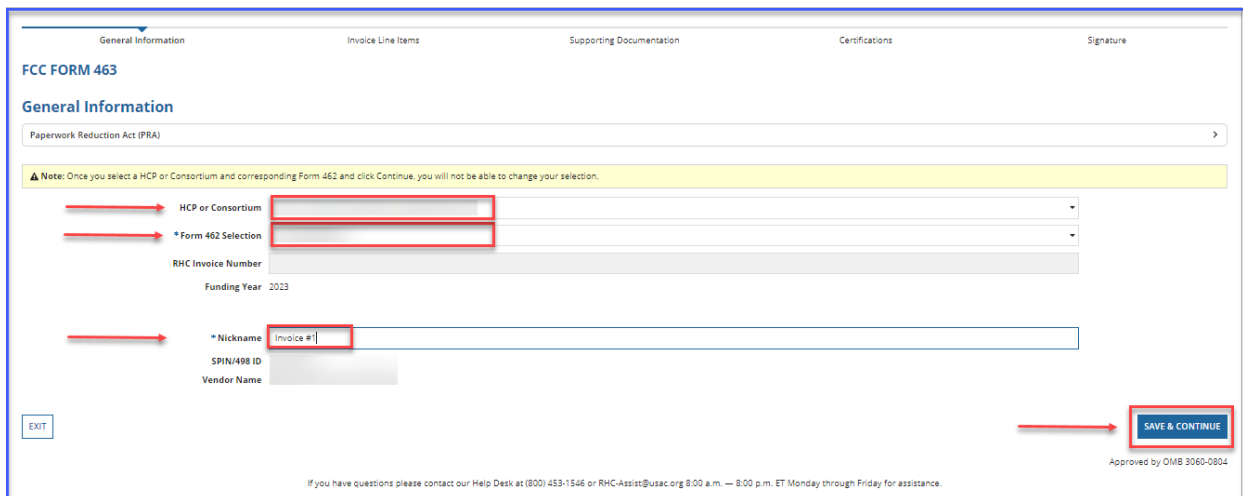
FCC Form 463

Invoice USAC

Once you receive a bill from the service provider, you can create an invoice for the services received using the FCC Form 463.

NEXT

Step 4: Select the Health Care Provider (HCP) or consortium from the drop-down menu and then select the FRN associated with the invoice being submitted. Enter a **Nickname** for the FCC Form 463. Click **Save & Continue** in the lower right-hand corner of the page.



General Information Invoice Line Items Supporting Documentation Certifications Signature

FCC FORM 463

General Information

Paperwork Reduction Act (PRA)

▲ Note: Once you select a HCP or Consortium and corresponding Form 462 and click Continue, you will not be able to change your selection.

HCP or Consortium

* Form 462 Selection

RHC Invoice Number

Funding Year 2023

* Nickname Invoice #

SPIN/498 ID

Vendor Name

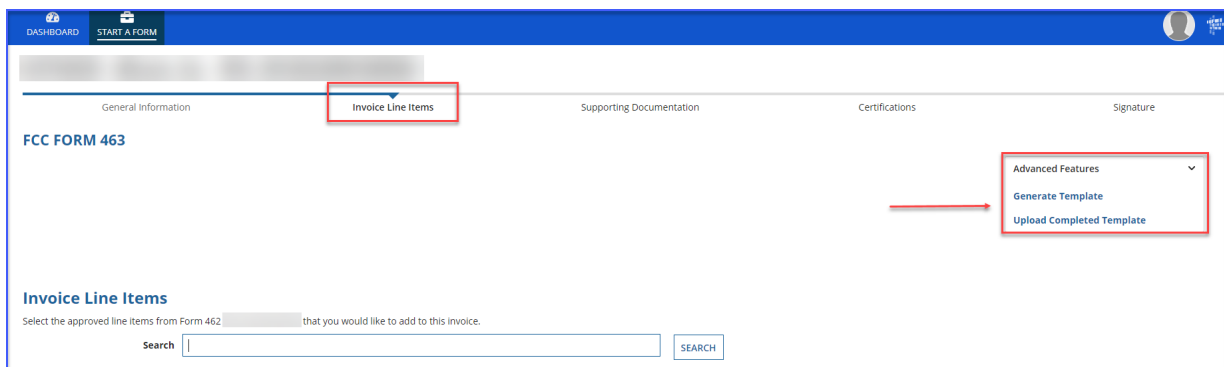
EXIT

SAVE & CONTINUE

Approved by OMB 3060-0804

If you have questions please contact our Help Desk at (800) 453-1546 or RHC-Assist@usac.org 8:00 a.m. — 8:00 p.m. ET Monday through Friday for assistance.

Step 5: To use an Excel template to enter the information, navigate to the **Invoice Line Items** tab in the FCC Form 463. Under **Advanced Features**, on the right side of the screen, click on **Generate Template**. Open Excel spreadsheet and save it on your computer. Enter all information. Click **Upload Completed Template**.



DASHBOARD START A FORM

General Information Invoice Line Items Supporting Documentation Certifications Signature

FCC FORM 463

Advanced Features

Generate Template

Upload Completed Template

Invoice Line Items

Select the approved line items from Form 462 that you would like to add to this invoice.

Search

SEARCH

Step 6: To enter information manually, click the **Ready** hyperlink under the **Status** column for the first line item you would like to invoice.

RHC_INV202

General Information Invoice Line Items Supporting Documentation Certifications Signature

FCC FORM 463

Invoice Line Items

Select the approved line items from Form 462 RHC20220009920 that you would like to add to this invoice.

Search

| Line Item # | Billing Account Number | HCP Number | Site Name | Expense Category | Expense Type | Expense Frequency | Bandwidth (Upload/Download) | Total Cost Remaining to Invoice | Today's Cost Invoiced | Today's Potential Reimbursement | Status |
|-------------|------------------------|------------|-----------|------------------|--|-------------------|-----------------------------|---------------------------------|-----------------------|---------------------------------|--------|
| 1 | | | | Installation | Installation of Recurring Services | One Time | | \$12,500.00 | | | Ready |
| 2 | | | | Equipment | Channel Service Unit / Data Service Unit (CSU/DSU) and Switches (leased) | Monthly | | \$600,000.00 | | | Ready |
| 3 | | | | Installation | Installation of Recurring Services | One Time | | \$12,500.00 | | | Ready |
| 4 | 555 | | | Equipment | Fiber Network Transport Equipment | One Time | | \$12,500.00 | \$4,166.67 | \$2,708.33 | Added |

Step 7: If this is the first FCC Form 463 submission, enter the **Service Start Date** using the drop-down calendar. Please note, once you enter a date, the date cannot be changed in subsequent FCC Forms 463. Be sure the service start date, on the first FCC Form 463 you submit, is correct and submit invoices in chronological order. Enter the **Billing Period Start Date** and the **Billing Period End Date** using the drop-down calendar. Enter **Total Cost Invoiced (Undiscounted)** and click **Add to 463** when complete.

RHC_INV202

General Information Invoice Line Items Supporting Documentation Certifications Signature

FCC FORM 463

Invoice Line Items

Select the approved line items from Form 462 RHC20220009920 that you would like to add to this invoice.

Search

| Line Item # | Billing Account Number | HCP Number | Site Name | Expense Category | Expense Type | Expense Frequency | Bandwidth (Upload/Download) | Total Cost Remaining to Invoice | Today's Cost Invoiced | Today's Potential Reimbursement | Status |
|-------------|------------------------|------------|-----------|------------------|--|-------------------|-----------------------------|---------------------------------|-----------------------|---------------------------------|--------|
| 1 | | | | Installation | Installation of Recurring Services | One Time | | \$12,500.00 | | | Ready |
| 2 | | | | Equipment | Channel Service Unit / Data Service Unit (CSU/DSU) and Switches (leased) | Monthly | | \$600,000.00 | | | Ready |
| 3 | | | | Installation | Installation of Recurring Services | One Time | | \$12,500.00 | | | Ready |
| 4 | 555 | | | Equipment | Fiber Network Transport Equipment | One Time | | \$12,500.00 | \$4,166.67 | \$2,708.33 | Added |

LINE ITEM: 2 | Monthly Expense

Total Cost Remaining to Invoice \$600,000.00

Billing Account Number

Item Quantity Invoiced

Maximum Amount for Chosen Period \$50,000.00

Service Start Date

Billing Period Start Date

Billing Period End Date

Total Cost Invoiced (Undiscounted)

Today's Potential Reimbursement

Show Calculations

Step 8: Click **Show Calculations** to show the calculation based on entered information.

RHC_INV202

General Information Invoice Line Items Supporting Documentation Certifications Signature

FCC FORM 463

Invoice Line Items

Select the approved line items from Form 462 RHC2022009920 that you would like to add to this invoice.

Search

| Line Item # | Billing Account Number | HCP Number | Site Name | Expense Category | Expense Type | Expense Frequency | Bandwidth (Upload/Download) | Total Cost Remaining to Invoice | Today's Cost Invoiced | Today's Potential Reimbursement | Status |
|-------------|------------------------|------------|-----------|------------------|--|-------------------|-----------------------------|---------------------------------|-----------------------|---------------------------------|--------|
| 1 | | | | Installation | Installation of Recurring Services | One Time | | \$12,500.00 | | | Ready |
| 2 | | | | Equipment | Channel Service Unit / Data Service Unit (CSU/DSU) and Switches (leased) | Monthly | | \$600,000.00 | | | Ready |
| 3 | | | | Installation | Installation of Recurring Services | One Time | | \$12,500.00 | | | Ready |
| 4 | 555 | | | Equipment | Fiber Network Transport Equipment | One Time | | \$12,500.00 | \$4,166.67 | \$2,708.33 | Added |

LINE ITEM: 2 | Monthly Expense

Total Cost Remaining to Invoice \$600,000.00

Billing Account Number 12345 Service Start Date Billing Period Start Date Billing Period End Date

Item Quantity Invoiced 1

Maximum Amount for Chosen Period \$50,000.00

Total Cost Invoiced (Undiscounted) \$50,000.00

Today's Potential Reimbursement \$32,500.00

Show Calculations

Total Undiscounted Cost From Approved FCC Form 462 \$600,000.00

Total Commitment From Approved FCC Form 462 \$390,000.00

The total commitment from your approved FCC Form 462 includes all reduction factors, including the percent eligible for support, the 65 percent HCP program discount, commitment capping, and proration.

Today's Cost Invoiced (Undiscounted) \$50,000.00

Today's Potential Reimbursement \$32,500.00

You're Invoicing for 8.33% of the line item's total cost (\$50,000.00/\$600,000.00).

Your Potential Reimbursement of \$32,500.00 is 8.33% of your Commitment Amount (\$390,000.00).

Follow steps 5-8 above for each line item to be added to the FCC Form 463 or use the Excel template.

Step 9: Use the **Upload** button to upload supporting documentation including an invoice from the vendor and a proof of payment document at minimum. If there are more documents to add, click **Add Documents** and use the upload button for each document. Select the line item for the associated document. Click **Save & Continue**.

General Information Invoice Line Items Supporting Documentation Certifications Signature

FCC FORM 463

Supporting Documentation

You are required to upload an Invoice and Proof of Payment.

| Document Type | Description | Upload File | Line Items |
|------------------|--------------------------------------|--|------------|
| Invoice | <i>Describe if Other is selected</i> | <input type="button" value="UPLOAD"/> Drop file here | Select |
| Proof of Payment | <i>Describe if Other is selected</i> | <input type="button" value="UPLOAD"/> Drop file here | Select |

<< Showing 1-2 of 2 >>

Note: On this screen only, error messages may persist even after errors have been fixed. After fixing errors, please select save and continue.

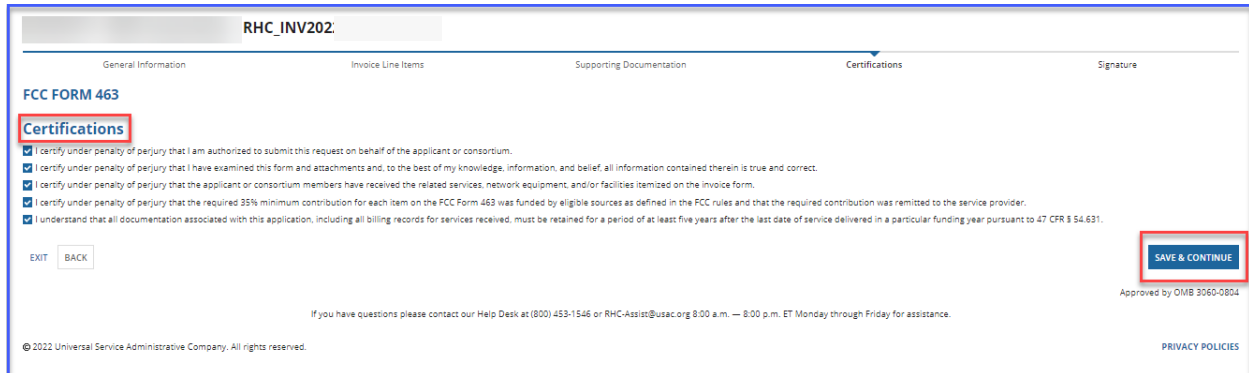
EXIT

If you have questions please contact our Help Desk at (800) 453-1546 or RHC-Assist@usac.org 8:00 a.m. — 8:00 p.m. ET Monday through Friday for assistance.

Approved by OMB 3060-0804

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Step 10: Read and click all certifications. You will be unable to move forward until all certifications are clicked. Click **Save & Continue**.



RHC_INV202:

General Information Invoice Line Items Supporting Documentation **Certifications** Signature

FCC FORM 463

Certifications

- ☒ I certify under penalty of perjury that I am authorized to submit this request on behalf of the applicant or consortium.
- ☒ I certify under penalty of perjury that I have examined this form and attachments and, to the best of my knowledge, information, and belief, all information contained therein is true and correct.
- ☒ I certify under penalty of perjury that the applicant or consortium members have received the related services, network equipment, and/or facilities itemized on the invoice form.
- ☒ I certify under penalty of perjury that the required 35% minimum contribution for each item on the FCC Form 463 was funded by eligible sources as defined in the FCC rules and that the required contribution was remitted to the service provider.
- ☒ I understand that all documentation associated with this application, including all billing records for services received, must be retained for a period of at least five years after the last date of service delivered in a particular funding year pursuant to 47 CFR § 54.631.

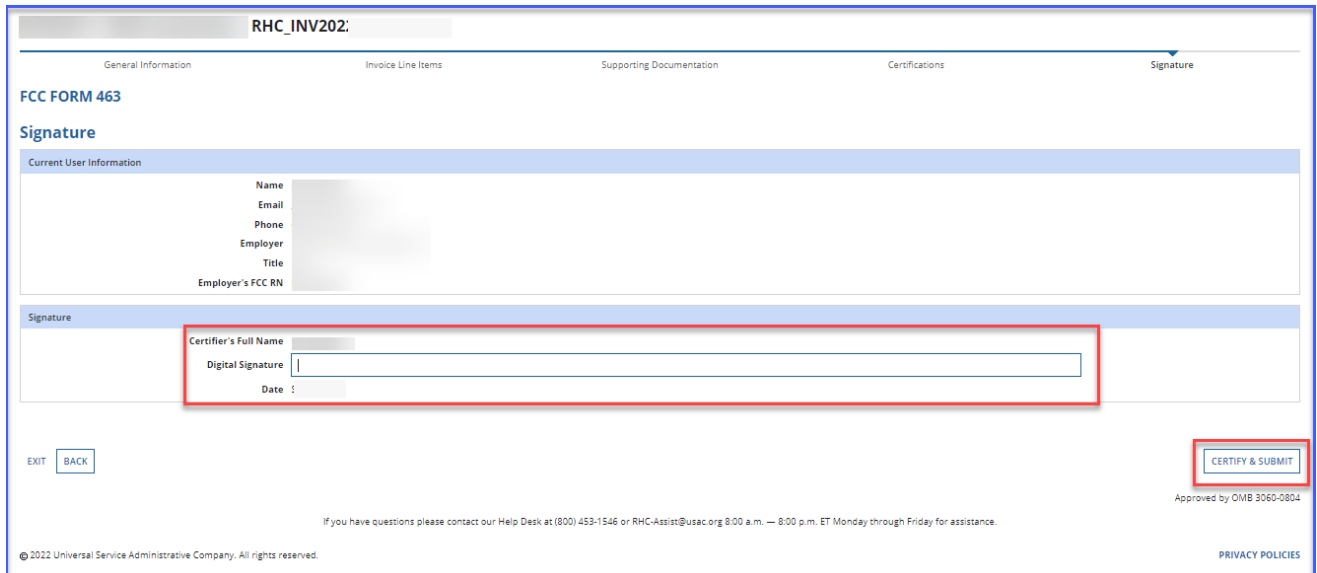
EXIT BACK **SAVE & CONTINUE**

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Step 11: Type your full name, as it appears in RHC Connect, into the **Digital Signature** field and then click **Certify & Submit**.



RHC_INV202:

General Information Invoice Line Items Supporting Documentation Certifications **Signature**

FCC FORM 463

Signature

Current User Information

Name
Email
Phone
Employer
Title
Employer's FCC RN

Signature

Certifier's Full Name
Digital Signature
Date

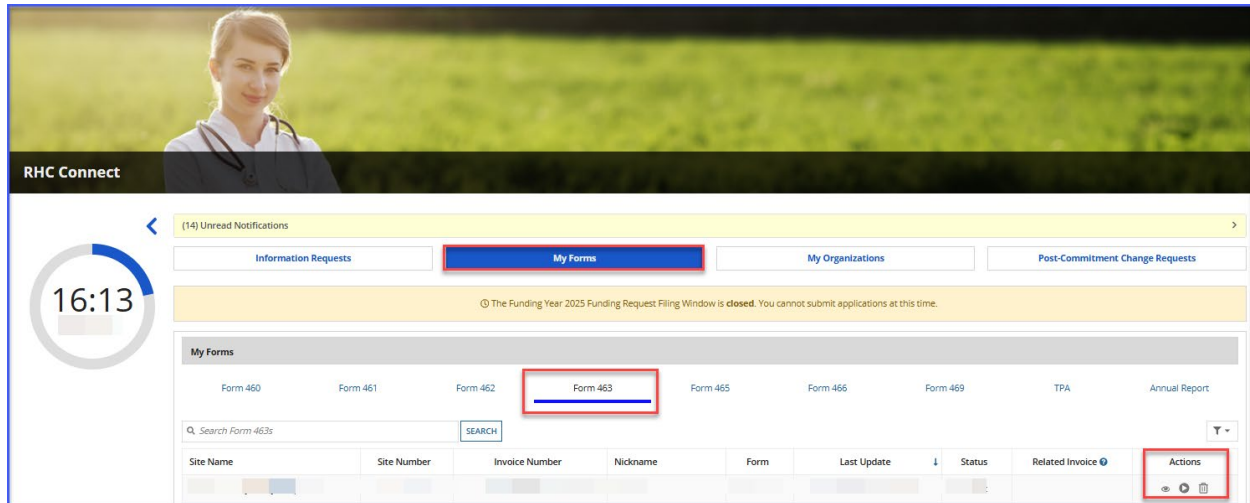
EXIT BACK **CERTIFY & SUBMIT**

If you have questions please contact our Help Desk at (800) 453-1546 or RHC-Assist@usac.org 8:00 a.m. — 8:00 p.m. ET Monday through Friday for assistance.

Approved by OMB 3060-0804

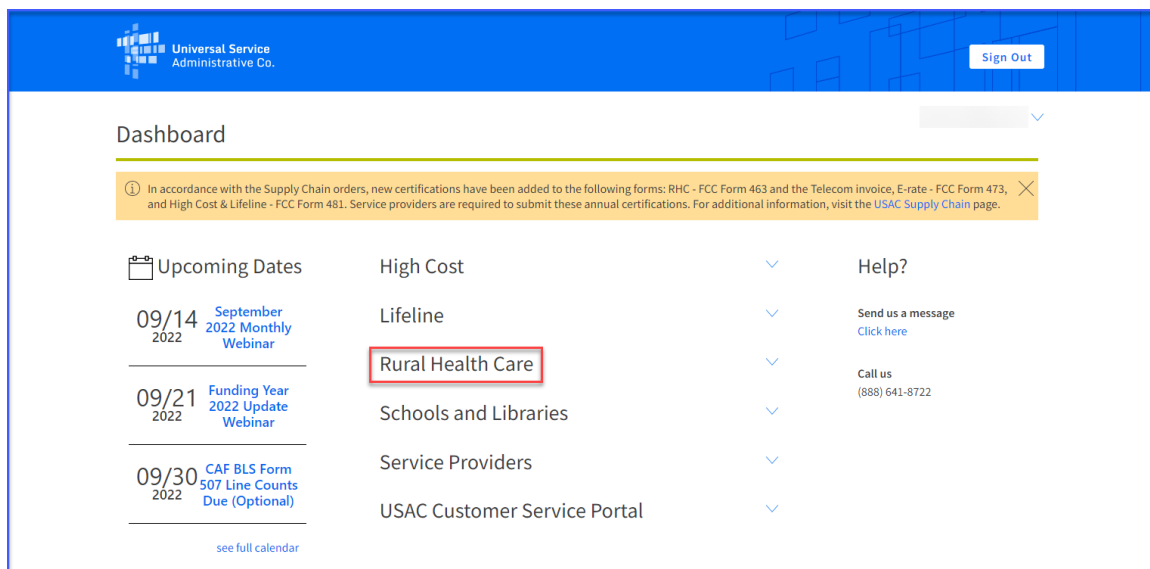
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Step 12: RHC Connect will direct you back to the Dashboard. Return to the **My Forms** section of the Dashboard to make sure your FCC Form 463 was submitted. To view the submitted FCC Form 463, click on the icon under **Actions**. In the **Status** column, **SP Review** indicates that the service provider has been notified that the FCC Form 463 is awaiting their review.



RHC Connect Walkthrough for Service Providers

Step 1: Log in to My Portal and click **Rural Health Care**.



Step 2: Click **RHC Connect**.

Dashboard

In accordance with the Supply Chain orders, new certifications have been added to the following forms: RHC - FCC Form 463 and the Telecom invoice, E-rate - FCC Form 473, and High Cost & Lifeline - FCC Form 481. Service providers are required to submit these annual certifications. For additional information, visit the [USAC Supply Chain](#) page.

Upcoming Dates

09/14 September 2022 Monthly Webinar

09/21 Funding Year 2022 Update Webinar

09/30 CAF BLS Form 507 Line Counts Due (Optional)

[see full calendar](#)

High Cost

Lifeline

Rural Health Care

Telecom Invoice - Service Providers must use this page to submit and manage invoices in the Telecommunications Program.


My Portal FCC Form 463 - Service providers must use this page to submit and manage invoices (FCC Forms 463) in the Healthcare Connect Fund (HCF) Program for FY2021 and earlier, and the Connected Care Pilot Program (CCPP).

RHC Connect - Service providers must use this page to submit and manage invoices (FCC Forms 463) in the Healthcare Connect Fund (HCF) Program for FY2022 and later

Help?

[Send us a message](#)
[Click here](#)











Call us
(888) 641-8722

Step 3: Click the **My Invoices** tab and locate invoice. Status will be **SP Review**. Under **Actions** column, click on **view** icon ().

RHC Connect

My Form 463s

SEARCH status: Any

| Invoice Number | Site Name | Site Number | Form 462 | Invoice Deadline | Status | Actions |
|----------------|-----------|-------------|----------|------------------|-----------|---|
| | | | | 10/28/2025 | Submitted |  |
| | | | | 10/28/2025 | Processed |  |
| | | | | 10/28/2025 | Processed |  |
| | | | | 10/28/2025 | Processed |  |
| | | | | 10/28/2025 | Processed |  |
| | | | | 10/28/2025 | Processed |  |
| | | | | 10/28/2025 | Processed |  |
| | | | | 10/28/2025 | Processed |  |
| | | | | 10/28/2025 | Processed |  |
| | | | | 10/28/2025 | Processed |  |

31 - 40 of 73

Step 4: Review information in the **Summary** section. You can move to each section by clicking the hyperlinks at the top of the page. Please not the instructions in the yellow box. Click **Add service provider comment** at the bottom of each tab if you want to add a comment or if anything in the form is incorrect.

RHC_INV202

Summary Invoice Line Items Additional Documentation

Summary

Please review the contents of the **Summary**, **Invoice Line Items**, and **Additional Documentation** tabs. Comments and files may be attached to the bottom of each tab. To return or finalize this FCC Form 463, confirm review of the **Invoice Line Items** tab with a digital signature and then click the "Return or Finalize" button on the **Additional Documentation** tab.

Paperwork Reduction Act (PRA) >

RHC Invoice Number
HCP or Consortium
Form 462 Selection
Funding Year
463 Nickname
SPIN/498 ID
Vendor Name

ADD SERVICE PROVIDER COMMENT

Comment History >

Step 5: All expense items are displayed in the **Invoice Line Items** section. An overview of each line item is displayed. Click on each line item to review the data entered by the applicant.

RHC_INV202

Summary **Invoice Line Items** Additional Documentation

Advanced Option ⓘ
Download an Excel Document Version

Search SEARCH

| Line Item # | Billing Account Number | HCP Number | Site Name | Expense Category | Expense Type | Expense Frequency | Bandwidth (Upload/Download) | Total Cost Remaining to Invoice ⓘ | Today's Cost Invoiced ⓘ | Today's Potential Reimbursement ⓘ |
|-------------|------------------------|------------|-----------|------------------|--------------------|-------------------|-----------------------------|-----------------------------------|-------------------------|-----------------------------------|
| 1 | 859563233 | | | Equipment | Hardware | One-Time | 1200/800 Mbps | \$15,000.00 | \$10,500.00 | \$8,000.00 |
| 5 | 866563233 | | | Service | High Speed Service | Monthly | 1200/800 Mbps | \$12,000.00 | \$2,300.40 | \$1,403.44 |
| 7 | 915263233 | | | Equipment | Hardware | One-Time | 1200/800 Mbps | \$14,000.00 | \$5,403.33 | \$2,402.00 |
| 10 | 859562223 | | | Service | High Speed Service | Monthly | 1200/800 Mbps | \$20,000.00 | \$18,034.04 | \$15,394.99 |
| 16 | 859863233 | | | Equipment | Infrastructure | Quarterly | 1200/800 Mbps | \$22,000.00 | \$17,402.94 | \$14,293.88 |
| 18 | 492563233 | | | Equipment | Hardware | One-Time | 1200/800 Mbps | \$18,500.00 | \$12,394.22 | \$10,300.22 |
| 21 | 253563233 | | | Equipment | Hardware | One-Time | 1200/800 Mbps | \$9,000.00 | \$6,400.22 | \$4,984.88 |

RETURN OR FINALIZE

Step 6: Review all of the information entered on this page.

RHC_INV2022001

RETURN OR FINALIZE

Summary

Invoice Line Items

Supporting Documentation

Applicant Certifications

Applicant Signature

FCC FORM 463

Invoice Line Items

Select the approved line items from Form 462 RHC20220009969 that you would like to add to this invoice.

Search

SEARCH

| Line Item # | Billing Account Number | HCP Number | Site Name | Expense Category | Expense Type | Expense Frequency | Bandwidth (Upload/Download) | Total Cost Remaining to Invoice | Today's Cost Invoiced | Today's Potential Reimbursement |
|-------------|------------------------|------------|-----------|------------------|---|-------------------|-----------------------------|---------------------------------|-----------------------|---------------------------------|
| 1 | 123456 | | | Construction | HCP Owned Network Costs - Cable, Copper | Monthly | 444 Kbps/77 Kbps | \$7,132,639.54 | \$135,000.00 | \$87,750.00 |

LINE ITEM: 1 | Monthly Expense

Total Cost Remaining to Invoice

\$7,132,639.54

Billing Account Number

123456

Service Start Date

Jul 30, 2022

Billing Period Start Date

Aug 1, 2022

Billing Period End Date

Aug 31, 2022

Item Quantity Invoiced

44

Maximum Amount for Chosen Period

\$208,164.00

Total Cost Invoiced (Undiscounted)

\$135,000.00

Today's potential Reimbursement

\$87,750.00

Show Calculations

BACK

ADD SERVICE PROVIDER COMMENT (Optional)

Comment History

No comment history available

If you have questions please contact our Help Desk at (800) 453-1546 or RHC-Assist@usac.org 8:00 a.m. — 8:00 p.m. ET Monday through Friday for assistance.

Approved by OMB 3060-0804

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Step 7: Click on the **Show Calculations** section to see how the system is calculating support for each line item.

RHC_INV2022001

RETURN OR FINALIZE

Summary

Invoice Line Items

Supporting Documentation

Applicant Certifications

Applicant Signature

FCC FORM 463

Invoice Line Items

Select the approved line items from Form 462 RHC20220009969 that you would like to add to this invoice.

Search

SEARCH

| Line Item # | Billing Account Number | HCP Number | Site Name | Expense Category | Expense Type | Expense Frequency | Bandwidth (Upload/Download) | Total Cost Remaining to Invoice | Today's Cost Invoiced | Today's Potential Reimbursement |
|-------------|------------------------|------------|-----------|------------------|---|-------------------|-----------------------------|---------------------------------|-----------------------|---------------------------------|
| 1 | 123456 | | | Construction | HCP Owned Network Costs - Cable, Copper | Monthly | 444 Kbps/77 Kbps | \$7,132,639.54 | \$135,000.00 | \$87,750.00 |

LINE ITEM: 1 | Monthly Expense

Total Cost Remaining to Invoice

\$7,132,639.54

Billing Account Number

123456

Service Start Date

Jul 30, 2022

Billing Period Start Date

Aug 1, 2022

Billing Period End Date

Aug 31, 2022

Item Quantity Invoiced

44

Maximum Amount for Chosen Period

\$208,164.00

Total Cost Invoiced (Undiscounted)

\$135,000.00

Today's potential Reimbursement

\$87,750.00

Show Calculations

BACK

ADD SERVICE PROVIDER COMMENT (Optional)

Comment History

No comment history available

Total Undiscounted Cost From Approved FCC Form 462

\$7,132,639.54

Total Commitment From Approved FCC Form 462

\$4,636,215.70

The total commitment from your approved FCC Form 462 includes all reduction factors, including the percent eligible for support, the 65 percent HCP program discount, commitment capping, and proration.

Today's Cost Invoiced (Undiscounted)

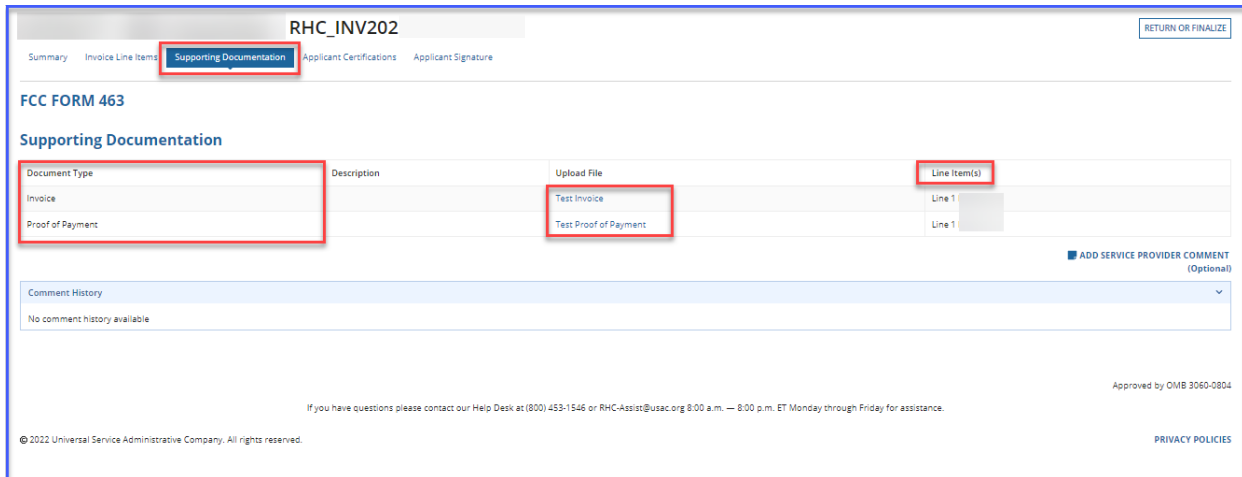
\$135,000.00

Today's Potential Reimbursement

\$87,750.00

You're invoicing for 1.89% of the line item's total cost (\$135,000.00/\$7,132,639.54).
Your Potential Reimbursement of \$87,750.00 is 1.89% of your Commitment Amount (\$4,636,215.70).

Step 8: Click on the **Supporting Documentation** tab to review submitted documents. Applicants must upload, at minimum, invoice and proof of payment documentation. Click on the hyperlink under the **Upload File** column to review the submitted document. The relevant line item is displayed on the right.



RHC_INV202

Summary Invoice Line Items **Supporting Documentation** Applicant Certifications Applicant Signature

RETURN OR FINALIZE

FCC FORM 463

Supporting Documentation

| Document Type | Description | Upload File | Line Item(s) |
|------------------|-------------|-----------------------|--------------|
| Invoice | | Test Invoice | Line 1 |
| Proof of Payment | | Test Proof of Payment | Line 1 |

ADD SERVICE PROVIDER COMMENT (Optional)

Comment History

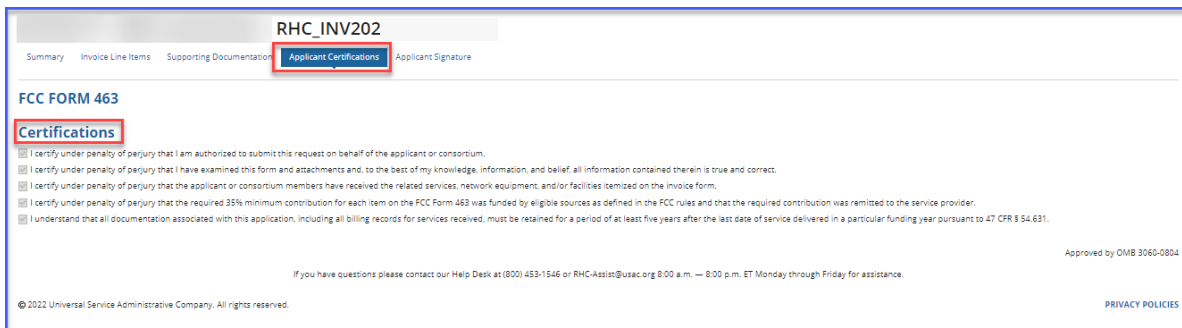
No comment history available

Approved by OMB 3060-0804

If you have questions please contact our Help Desk at (800) 453-1546 or RHC-Assist@usac.org 8:00 a.m. — 8:00 p.m. ET Monday through Friday for assistance.

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Step 9: The **Applicant Certifications** section displays the applicant's certifications.



RHC_INV202

Summary Invoice Line Items Supporting Documentation **Applicant Certifications** Applicant Signature

FCC FORM 463

Certifications

☐ I certify under penalty of perjury that I am authorized to submit this request on behalf of the applicant or consortium.

☐ I certify under penalty of perjury that I have examined this form and attachments and, to the best of my knowledge, information, and belief, all information contained therein is true and correct.

☐ I certify under penalty of perjury that the applicant or consortium members have received the related services, network equipment, and/or facilities itemized on the invoice form.

☐ I certify under penalty of perjury that the required 35% minimum contribution for each item on the FCC Form 463 was funded by eligible sources as defined in the FCC rules and that the required contribution was remitted to the service provider.


☐ I understand that all documentation associated with this application, including all billing records for services received, must be retained for a period of at least five years after the last date of service delivered in a particular funding year pursuant to 47 CFR § 54.631.

Approved by OMB 3060-0804

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Step 10: The **Applicant Signature** displays the applicant's signature.



RHC_INV202

Summary Invoice Line Items Supporting Documentation Applicant Certifications **Applicant Signature**

FCC FORM 463

Signature

User Information

| | |
|-------------------|--|
| Name | |
| Email | |
| Phone | |
| Employer | |
| Title | |
| Employer's FCC RN | |

Signature

| | |
|-----------------------|--|
| Certifier's Full Name | |
| Digital Signature | |
| Date | |

Approved by OMB 3060-0804

If you have questions please contact our Help Desk at (800) 453-1546 or RHC-Assist@usac.org 8:00 a.m. — 8:00 p.m. ET Monday through Friday for assistance.

Step 11: Navigate back to the **Summary** page to return the form to the HCP or finalize and submit the FCC Form 463.



RHC_INV202

Summary Invoice Line Items Supporting Documentation Applicant Certifications Applicant Signature

FCC FORM 463

General Information

Paperwork Reduction Act (PRA)

RHC Invoice Number
HCP or Consortium
Form 463 Selection
Funding Year
463 Nickname
SPIN/498 ID
Vendor Name

ADD SERVICE PROVIDER COMMENT (Optional)

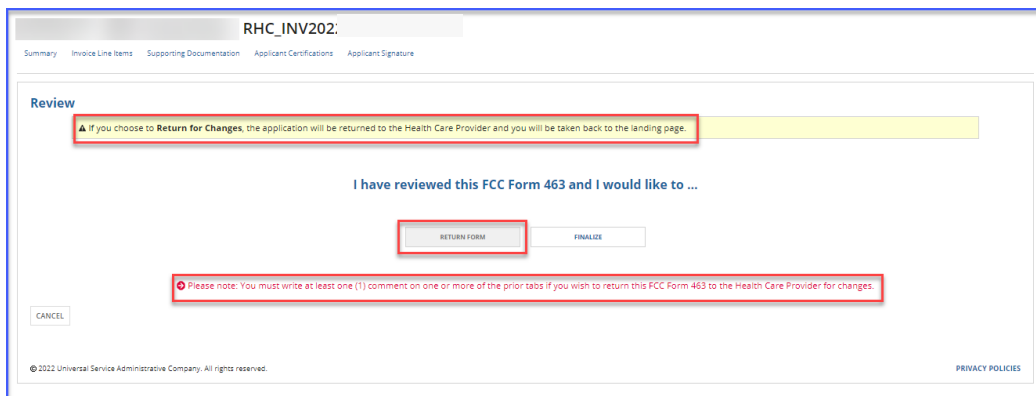
Comment History
No comment history available

If you have questions please contact our Help Desk at (800) 453-1546 or RHC-Assist@usac.org 8:00 a.m. — 8:00 p.m. ET Monday through Friday for assistance.

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Step 12: If the FCC Form 463 has incorrect information entered, return the form to the HCP. You must leave comments for the HCP, directing them to the incorrect information. You must leave at least one comment before the **Return Form** button is activated.



RHC_INV202

Summary Invoice Line Items Supporting Documentation Applicant Certifications Applicant Signature

Review

▲ If you choose to **Return for Changes**, the application will be returned to the Health Care Provider and you will be taken back to the landing page.

I have reviewed this FCC Form 463 and I would like to ...

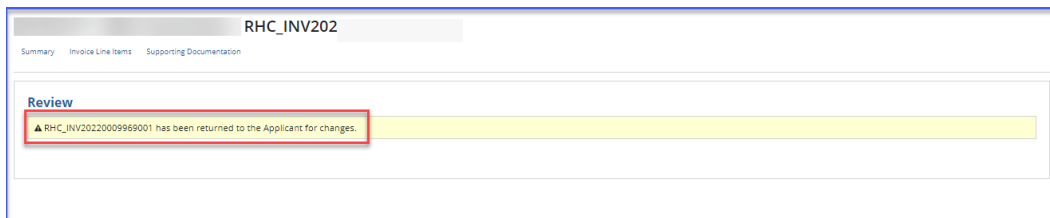
RETURN FORM FINALIZE

ⓘ Please note: You must write at least one (1) comment on one or more of the prior tabs if you wish to return this FCC Form 463 to the Health Care Provider for changes.

CANCEL

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Step 13: Once the FCC Form 463 has been returned, you will see this notice on the screen.



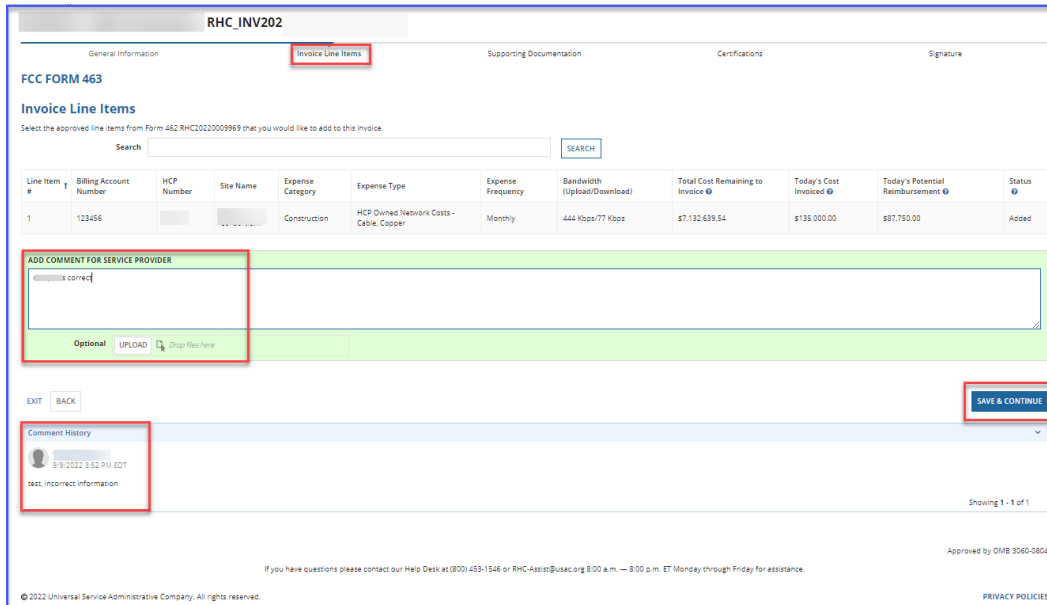
RHC_INV202

Summary Invoice Line Items Supporting Documentation

Review

▲ RHC_INV202009999001 has been returned to the Applicant for changes.

Step 14: When the HCP account holder logs back into RHC Connect, they will see the service provider's comments and make corrections. They will be required to re-certify the FCC Form 463 before submitting it. Once the HCP submits the Form 463, the service provider will be notified.



RHC_INV202

General Information **Invoice Line Items** Supporting Documentation Certifications Signature

FCC FORM 463

Invoice Line Items

Select the approved line items from Form 462 RHC2022009969 that you would like to add to this invoice.

Search

| Line Item # | Billing Account Number | HCP Number | Site Name | Expense Category | Expense Type | Expense Frequency | Bandwidth (Upload/Download) | Total Cost Remaining to Invoice | Today's Cost Invoiced | Today's Potential Reimbursement | Status |
|-------------|------------------------|------------|-----------|------------------|---|-------------------|-----------------------------|---------------------------------|-----------------------|---------------------------------|--------|
| 1 | 123456 | | | Construction | HCP Owned Network Costs - Cable, Copper | Monthly | 444 Kbps/77 Kbps | \$7,132,639.54 | \$135,000.00 | \$87,750.00 | Added |

ADD COMMENT FOR SERVICE PROVIDER

Optional

EXIT

Comment History

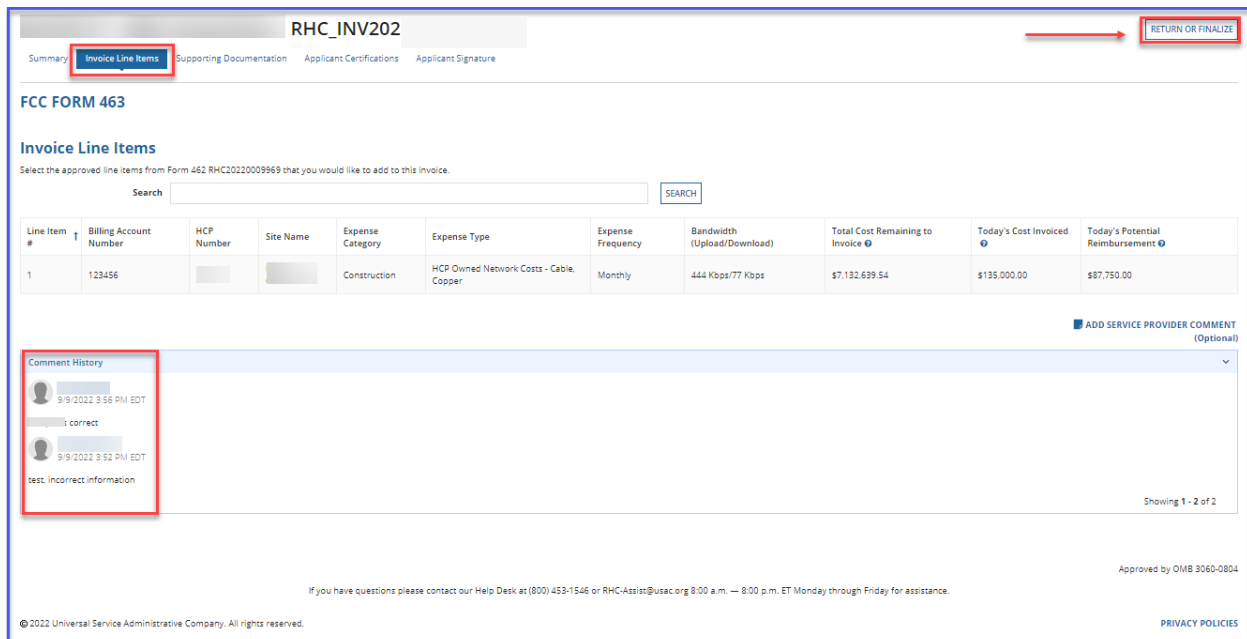
9/9/2022 3:52 PM EDT
test, incorrect information

Showing 1 - 1 of 1

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Step 15: Follow steps 1-3 above to log back into RHC Connect to review the corrections. All comments are recorded and are displayed under the **Comment History** section. Click **Return or Finalize**.



RHC_INV202

Summary **Invoice Line Items** Supporting Documentation Applicant Certifications Applicant Signature

FCC FORM 463

Invoice Line Items

Select the approved line items from Form 462 RHC2022009969 that you would like to add to this invoice.

Search

| Line Item # | Billing Account Number | HCP Number | Site Name | Expense Category | Expense Type | Expense Frequency | Bandwidth (Upload/Download) | Total Cost Remaining to Invoice | Today's Cost Invoiced | Today's Potential Reimbursement |
|-------------|------------------------|------------|-----------|------------------|---|-------------------|-----------------------------|---------------------------------|-----------------------|---------------------------------|
| 1 | 123456 | | | Construction | HCP Owned Network Costs - Cable, Copper | Monthly | 444 Kbps/77 Kbps | \$7,132,639.54 | \$135,000.00 | \$87,750.00 |

ADD SERVICE PROVIDER COMMENT (Optional)

Comment History

9/9/2022 3:56 PM EDT
is correct

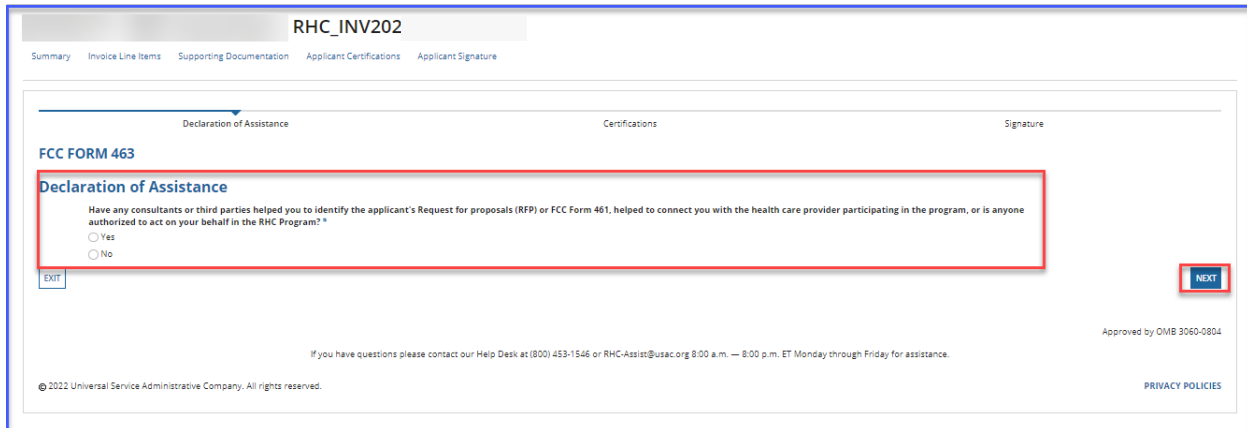
9/9/2022 3:52 PM EDT
test, incorrect information

Showing 1 - 2 of 2

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Step 16: Click the correct radio button to indicate whether any third parties were involved during the competitive bidding process. Then click **Next**.



RHC_INV202

Summary Invoice Line Items Supporting Documentation Applicant Certifications Applicant Signature

Declaration of Assistance Certifications Signature

FCC FORM 463

Declaration of Assistance

Have any consultants or third parties helped you to identify the applicant's Request for proposals (RFP) or FCC Form 461, helped to connect you with the health care provider participating in the program, or is anyone authorized to act on your behalf in the RHC Program? *

☐ Yes

☐ No

EXIT

NEXT

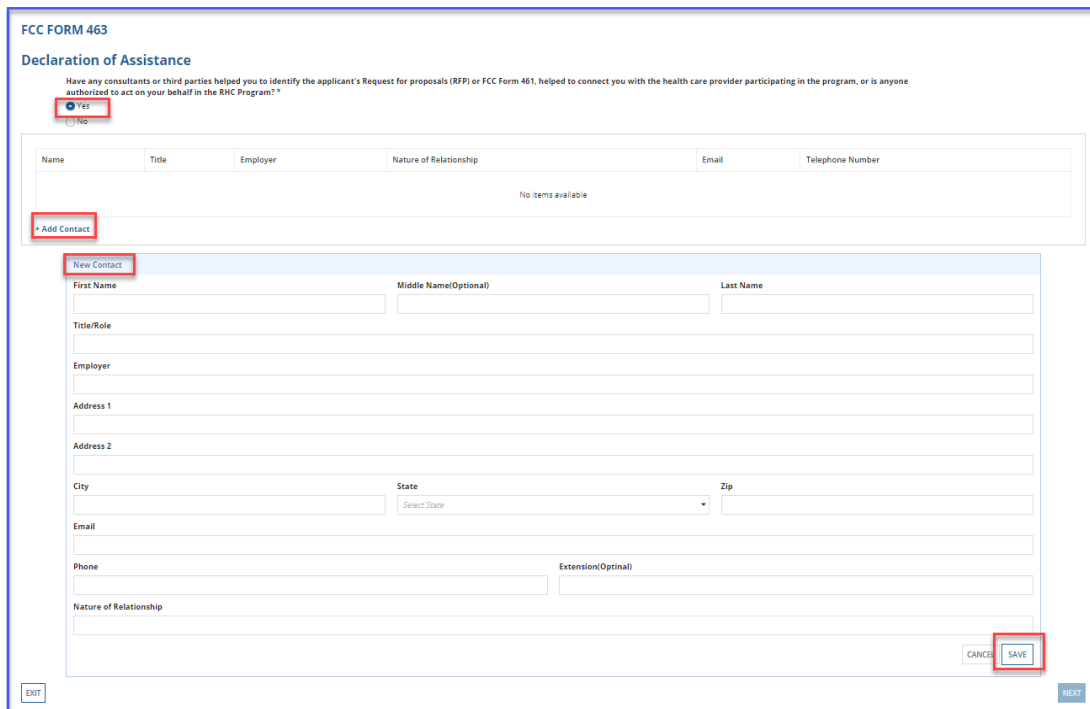
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If you have questions please contact our Help Desk at (800) 453-1546 or RHC-Assist@usac.org 8:00 a.m. — 8:00 p.m. ET Monday through Friday for assistance.

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Step 17: If you click **Yes**, you will be directed to click the **Add Contact** hyperlink and enter information about the third party who assisted you with any of the described activities. Once all fields are complete, click **Save** to continue.



FCC FORM 463

Declaration of Assistance

Have any consultants or third parties helped you to identify the applicant's Request for proposals (RFP) or FCC Form 461, helped to connect you with the health care provider participating in the program, or is anyone authorized to act on your behalf in the RHC Program? *

☒ Yes

☐ No

Name Title Employer Nature of Relationship Email Telephone Number

No items available

+ Add Contact

New Contact

First Name Middle Name(Optional) Last Name

Title/Role

Employer

Address 1

Address 2

City State Zip

Select State

Email

Phone Extension(Optional)

Nature of Relationship

CANCEL SAVE

EXIT

NEXT

Step 18: Once you click **“Save,”** a pop-up window will appear asking if you are sure you want to save the contact information. Click **“Yes”** to save the information.

Declaration of Assistance

FCC FORM 463

Declaration of Assistance

Have any consultants or third parties helped you to identify the applicant's Request for proposals (RFP) or FCC Form 461, helped to connect you with the health care provider participating in the program, or is anyone authorized to act on your behalf in the RHC Program? *

☒ Yes
☐ No

| Name | Title | Employer | Nature of Relationship | Email | Telephone Number |
|--------------------|-------|----------|------------------------|-------|------------------|
| No items available | | | | | |

+ Add Contact

New Contact

First Name: John, Middle Name(Optional):, Last Name: Smith

Title/Role: IT consultant

Employer: IT Heaven

Address 1: 1234 Main Street

Address 2:

City: Los Angeles, State: Select State, Zip: 90028

Email: john.smith@ic.com

Phone: 8001231234, Extension(Optional):

Nature of Relationship: consultant

CANCEL SAVE

EXIT NEXT

Step 19: Once the information is saved, it will be displayed on the screen. Click **Next** to continue.

RHC_INV202

Summary Invoice Line Items Supporting Documentation Applicant Certifications Applicant Signature

Declaration of Assistance

FCC FORM 463

Declaration of Assistance

Have any consultants or third parties helped you to identify the applicant's Request for proposals (RFP) or FCC Form 461, helped to connect you with the health care provider participating in the program, or is anyone authorized to act on your behalf in the RHC Program? *

☒ Yes
☐ No

| Name | Title | Employer | Nature of Relationship | Email | Telephone Number |
|------------|---------------|-----------|------------------------|-------------------|------------------|
| John Smith | IT consultant | IT Heaven | IT consultant | john.smith@ic.com | 2001231234 |

+ Add Contact

EXIT NEXT

If you have questions please contact our Help Desk at (800) 453-1546 or RHC-Assist@usac.org 8:00 a.m. — 8:00 p.m. ET Monday through Friday for assistance.

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Step 20: If you select **No**, click **Next** to continue.

RHC_INV202

Summary Invoice Line Items Supporting Documentation Applicant Certifications Applicant Signature

Declaration of Assistance Certifications Signature

FCC FORM 463

Declaration of Assistance

Have any consultants or third parties helped you to identify the applicant's Request for proposals (RFP) or FCC Form 461, helped to connect you with the health care provider participating in the program, or is anyone authorized to act on your behalf in the RHC Program? *

☐ Yes
☒ No

EXIT NEXT

If you have questions please contact our Help Desk at (800) 453-1546 or RHC-Assist@usac.org 8:00 a.m. — 8:00 p.m. ET Monday through Friday for assistance.

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Step 21: Read and click all certifications. You will be unable to move forward until all certifications are clicked. Click **Save & Continue**.

RHC_ 69001

Summary Invoice Line Items Supporting Documentation Applicant Certifications Applicant Signature

Declaration of Assistance Certifications Signature

FCC FORM 463

Certifications

☒ I certify under penalty of perjury that I am authorized to submit this request on behalf of the service provider.

☒ I understand that the service provider must apply the amount submitted, approved, and paid by USAC to the billing account of the applicant(s) and FRN/FRN ID listed on this invoice.

☒ I certify under penalty of perjury that I have examined this form and attachments and that, to the best of my knowledge, information, and belief, the date, quantities, and costs provided are true and correct.

☒ I certify under penalty of perjury that I have abided by all RHC Program requirements and procedures, including all applicable Commission rules.

☒ I certify under penalty of perjury that I charged only for eligible services delivered or provided to the applicant prior to submitting the invoice form and accompanying documentation.

☒ I certify under penalty of perjury that I have not offered or provided a gift or any other thing of value to the applicant (or to the applicant's personnel, including its consultants) for which it will provide services.

☒ I certify under penalty of perjury that the consultants or third parties hired do not have an ownership interest, sales commission arrangement, or other financial stake in the service provider chosen to provide the requested services, and that they have otherwise complied with RHC Program rules, including the Commission's rules requiring fair and open competitive bidding.

☒ I certify under penalty of perjury, as a condition of receiving support, that I will provide to the health care providers, on a timely basis, all information and documents regarding supported equipment, facilities, or services that are necessary for the applicant to submit required forms or respond to Commission or Administrator inquiries.

☒ I understand that all documentation associated with this application, including all billing records for services received, must be retained for a period of at least five years after the last day of the delivery of supported services, equipment or facilities pursuant to 47 CFR § 54.631.

☒ I certify under penalty of perjury that no universal service support has been or will be used to purchase, obtain, maintain, improve, modify, or otherwise support any equipment or services produced or provided by any company designated by the Federal Communications Commission as posing a national security threat to the integrity of communications networks or the communications supply chain since the effective date of the designations.

☒ I certify under penalty of perjury that no Federal subsidy made available through a program administered by the Commission that provides funds to be used for the capital expenditures necessary for the provision of advanced communications services has been or will be used to purchase, rent, lease, or otherwise obtain, any covered communications equipment or service, or maintain any covered communications equipment or service previously purchased, rented, leased, or otherwise obtained, as required by 47 C.F.R. § 54.10.

EXIT BACK SAVE & CONTINUE

If you have questions please contact our Help Desk at (800) 453-1546 or RHC-Assist@usac.org 8:00 a.m. — 8:00 p.m. ET Monday through Friday for assistance.

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Step 22: Type your full name as it appears in RHC Connect into the **Digital Signature** field and then click **Certify & Submit**.

RHC_INV202.

Summary Invoice Line Items Supporting Documentation Applicant Certifications Applicant Signature

Declaration of Assistance Certifications **Signature**

FCC FORM 463

Signature

Current User Information

Name
Email
SPIN/498 ID
Service Provider Name
Service Provider FCC RN

Signature

Certifier's Full Name
Digital Signature
Date

EXIT BACK CERTIFY & SUBMIT

If you have questions please contact our Help Desk at (800) 453-1546 or RHC-Assist@usac.org 8:00 a.m. — 8:00 p.m. ET Monday through Friday for assistance.

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Step 23: Navigate back to the **Dashboard**. The invoice should appear as **Submitted** under the **Status** column. Under the **Actions** column, you can view the submitted FCC Form 463 or download a PDF copy of the form.

RHC Connect

My Funding My Invoices My SPINs

17:11

My Form 463s

Search Form 463s SEARCH status Any

| Invoice Number | Site Name | Site Number | Form 462 | Invoice Deadline | Status | Actions |
|----------------|-----------|-------------|----------|------------------|-----------|---------|
| | | | | 10/28/2025 | Submitted | |
| | | | | 10/28/2025 | Processed | |
| | | | | 10/28/2025 | Processed | |
| | | | | 10/28/2025 | Processed | |
| | | | | 10/28/2025 | Processed | |
| | | | | 10/28/2025 | Processed | |
| | | | | 10/28/2025 | Processed | |
| | | | | 10/28/2025 | Processed | |
| | | | | 10/28/2025 | Processed | |
| | | | | 10/28/2025 | Processed | |

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Frequently Asked Questions

What changes were made to RHC Connect?

RHC Connect has a new look and feel that is more intuitive and user-friendly. It is easier to navigate the form for submission, and it is easier for RHC program reviewers to review and approve forms.

Did the FCC Form 463 change?

No, the FCC Form 463 itself did not change—only the look and feel has changed. The questions on the form and the information required of applicants remain the same.

Who is impacted by this change?

RHC Connect is used for funding year (FY) 2022 and future funding years. Applicants who participate in the Telecom Program began submitting the FCC Form 466 in RHC Connect in FY2024.

Resources

For more information, visit the [Welcome to RHC Connect – FCC Form 463](#) webpage.

For questions about the Rural Health Care program, contact RHC-Assist@usac.org or the RHC Customer Service Center at (800) 453-1546 from 8 a.m. – 8 p.m. ET Monday through Friday for assistance. Use the [RHC Customer Service Center Tip Sheet](#) to learn about what the RHC Customer Service Center can and cannot help you with.