

Submitting the FCC Form 463 in RHC Connect (Service Providers)

Rural Health Care (RHC) program

Revised July 2025

RHC Connect User Guide – FCC Form 463

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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.

Contents

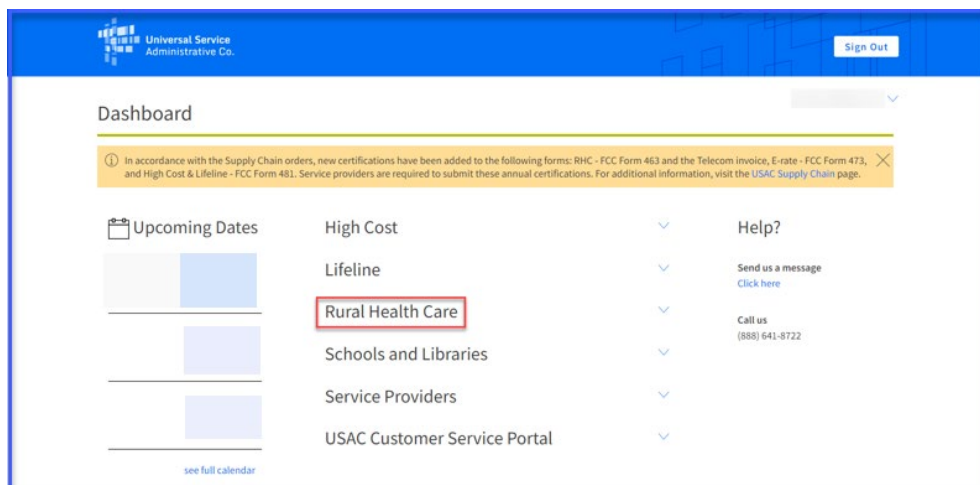
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RHC Connect for Service Providers – User Management

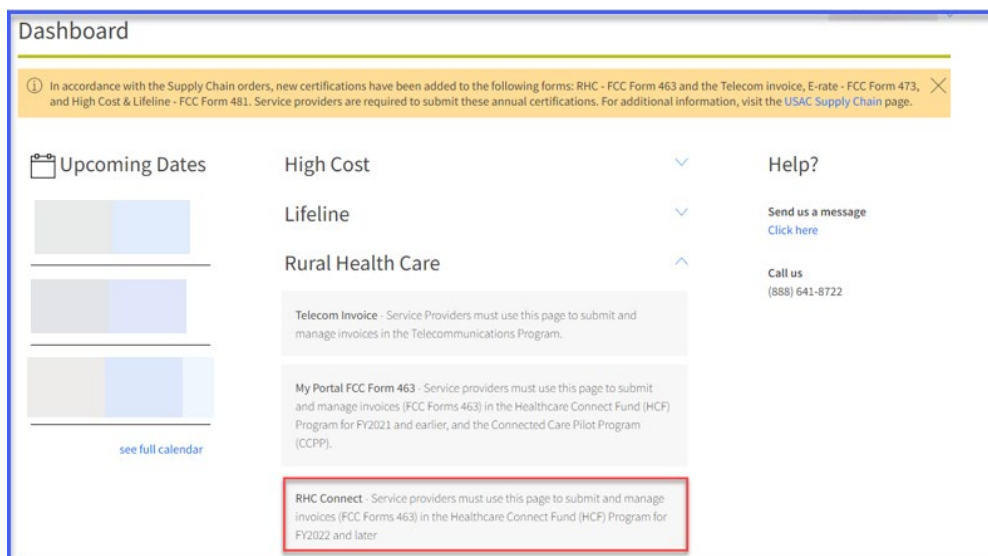
NOTE: If you are having trouble accessing RHC Connect, it may be a result of outdated information on the FCC Form 498 (Service Provider and Billed Entity Identification Number and General Contact Information Form). To correct the issue, please update your FCC Form 498 as soon as possible. For more information, please visit the [Manage Your 498 ID](#) webpage on the USAC website.

The person listed as the **General Contact** on the FCC Form 498 will be able to add users and update existing users in RHC Connect.

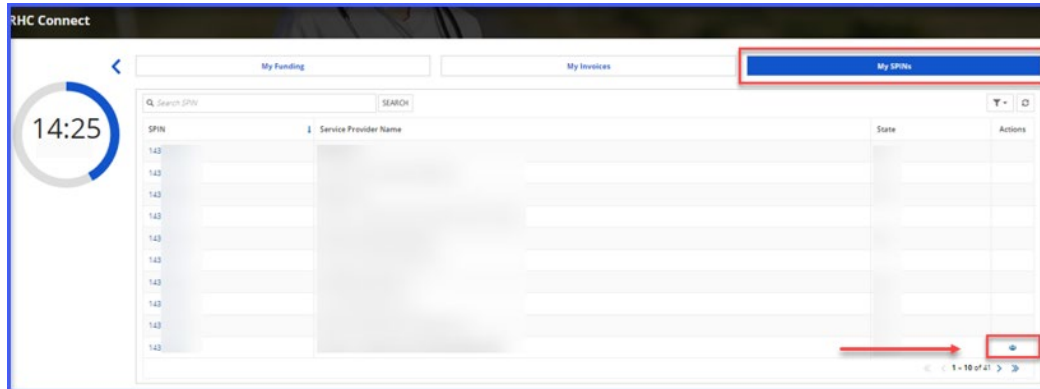
Step 1: Log in to My Portal and click **Rural Health Care**.



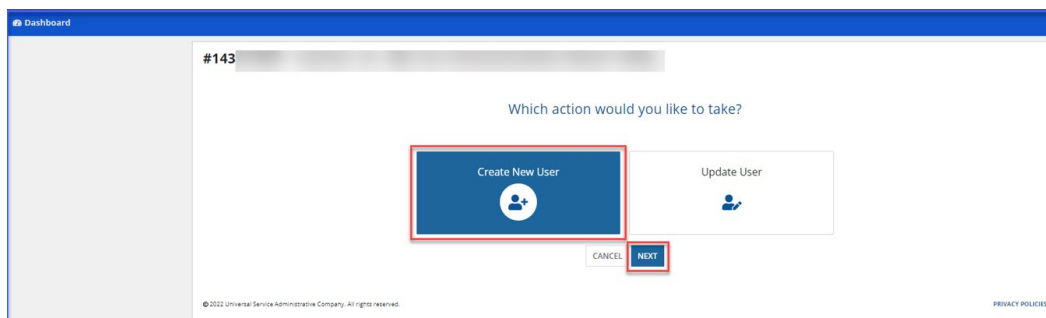
Step 2: Click **RHC Connect**.



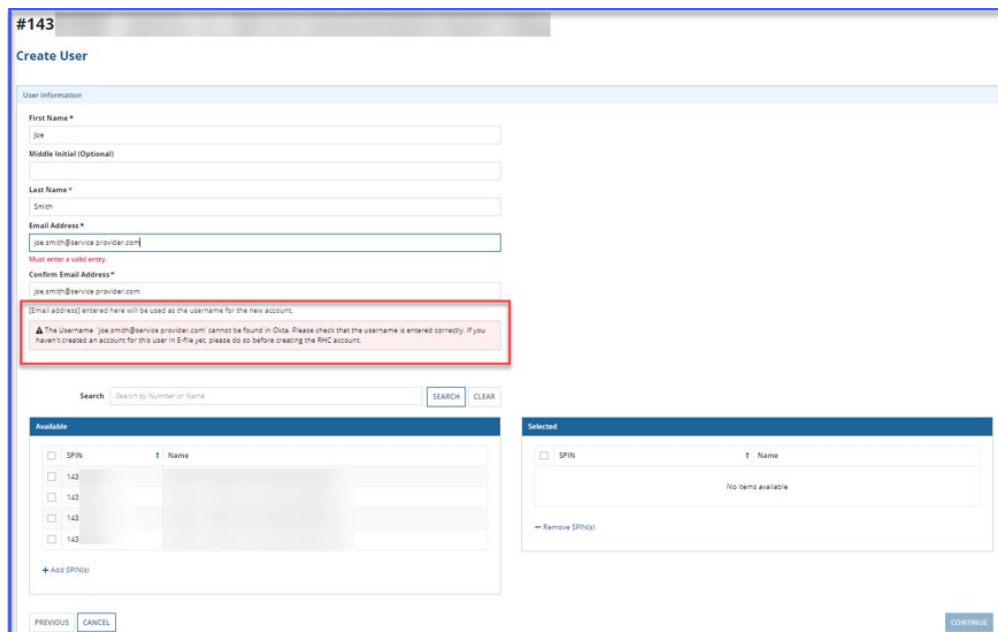
Step 3: Click the **My SPINs** tab and click the **Manage Users** icon under **Actions**.



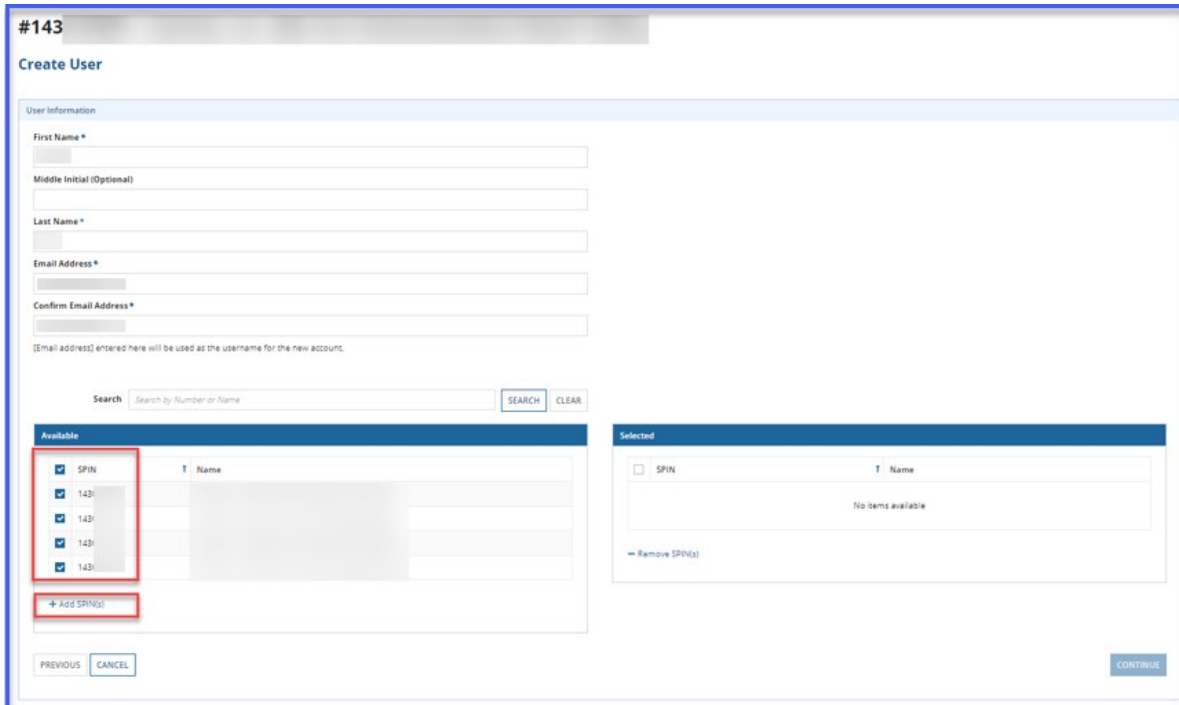
Step 4: Click **Create New User** or you can update information for an existing user by clicking **Update User**. Then click **Next**.



Step 5: Error message will display if the user entered is not registered in E-File.



Step 6: Enter information about the user. Then click box beside each SPIN for which the user should have access. Click the box next to **SPIN** to select all. Then Click **+Add SPIN(s)**.



#143

Create User

User Information

First Name *

Middle Initial (Optional)

Last Name *

Email Address *

Confirm Email Address *

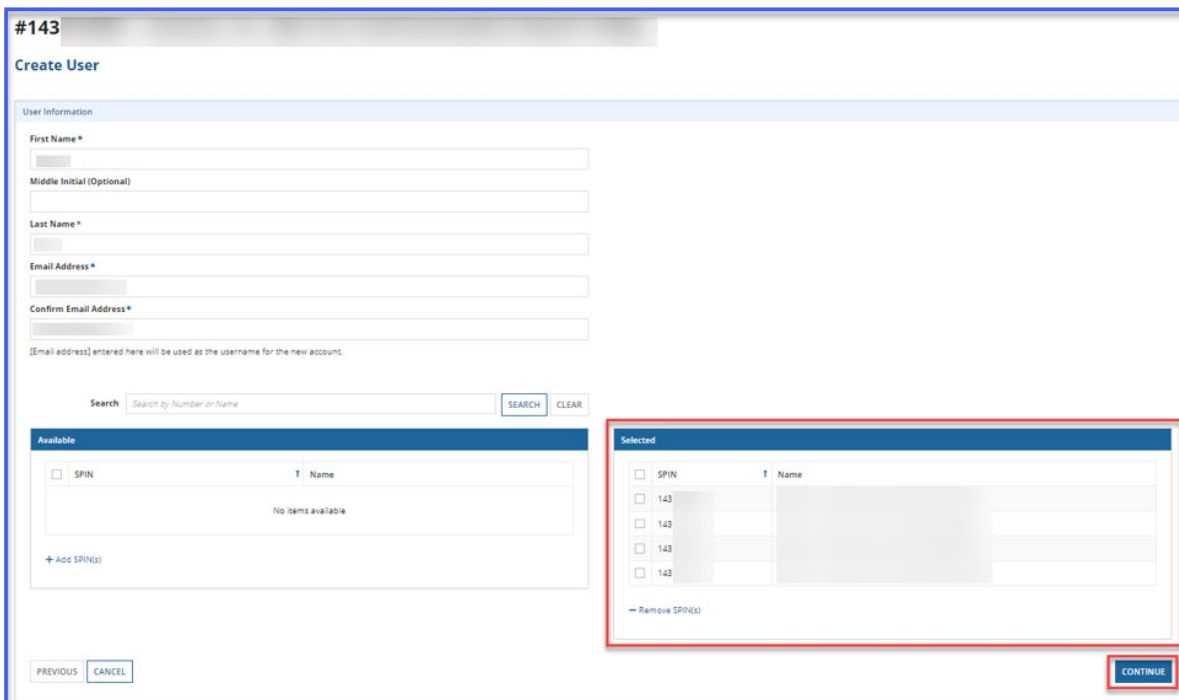
[(Email address) entered here will be used as the username for the new account.]

Search Search by Number or Name

Available	
<input checked="" type="checkbox"/> SPIN	Name
<input checked="" type="checkbox"/> 143	
<input checked="" type="checkbox"/> 143	
<input checked="" type="checkbox"/> 143	
<input checked="" type="checkbox"/> 143	

Selected	
<input type="checkbox"/> SPIN	Name
No items available	

Step 7: Confirm all SPINs selected are moved to **Selected** column. Click **Continue**.



#143

Create User

User Information

First Name *

Middle Initial (Optional)

Last Name *

Email Address *

Confirm Email Address *

[(Email address) entered here will be used as the username for the new account.]

Search Search by Number or Name

Available	
<input type="checkbox"/> SPIN	Name
No items available	

Selected	
<input type="checkbox"/> SPIN	Name
<input type="checkbox"/> 143	
<input type="checkbox"/> 143	
<input type="checkbox"/> 143	
<input type="checkbox"/> 143	

Step 8: Confirm information entered and selected SPINs are correct. Click **Save**.

#143

Confirmation

User Information

First Name

Middle Initial (Optional)

Last Name

Email Address

Selected

SPIN	Name
143	
143	
143	
143	

PREVIOUS

CANCEL

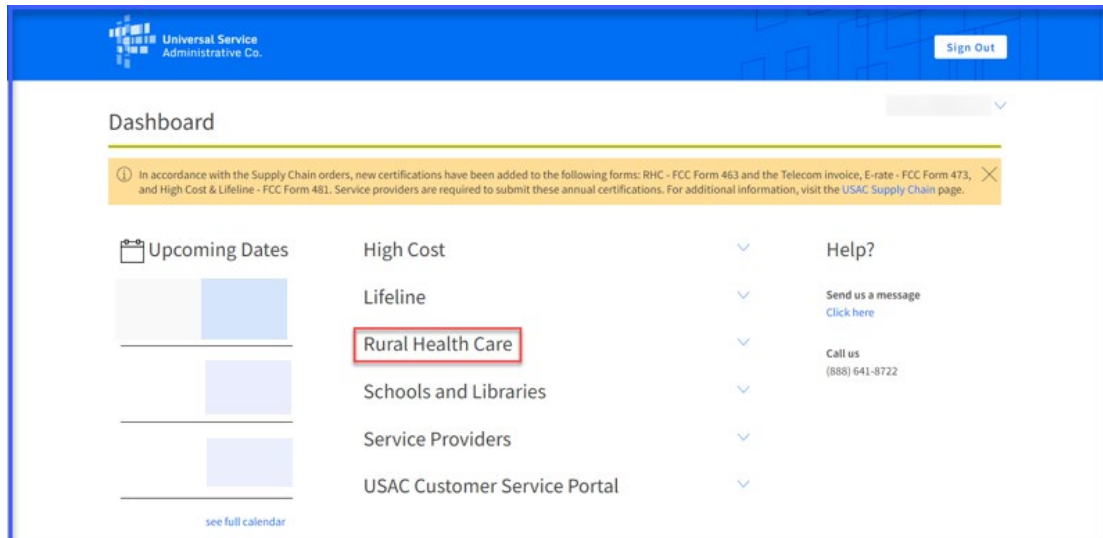
SAVE

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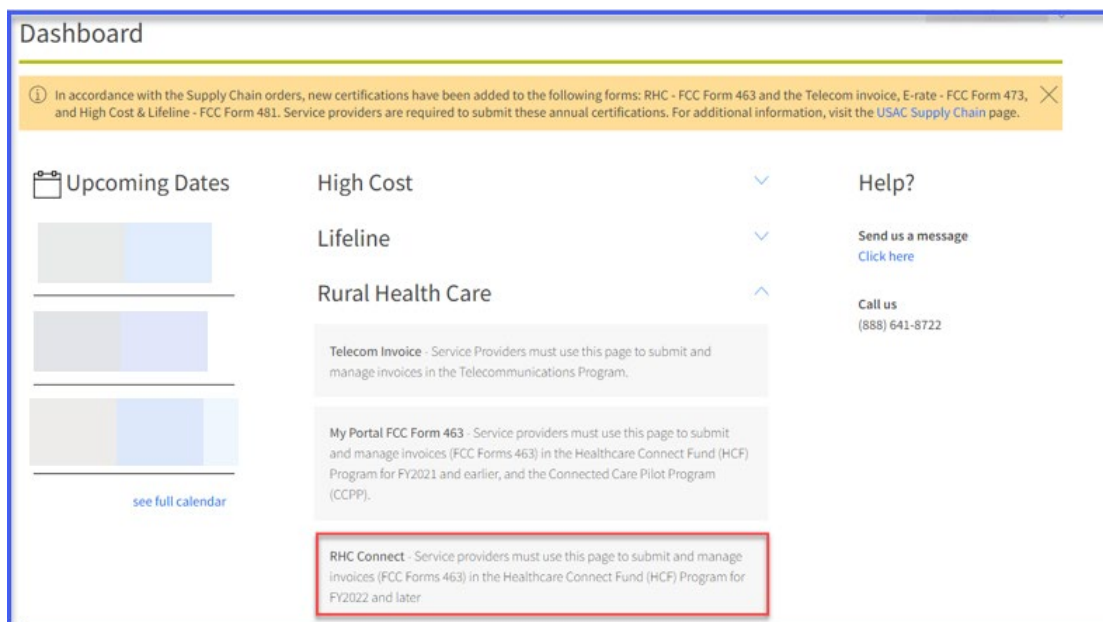
PRIVACY POLICIES


RHC Connect for Service Providers – Submitting the FCC Form 463

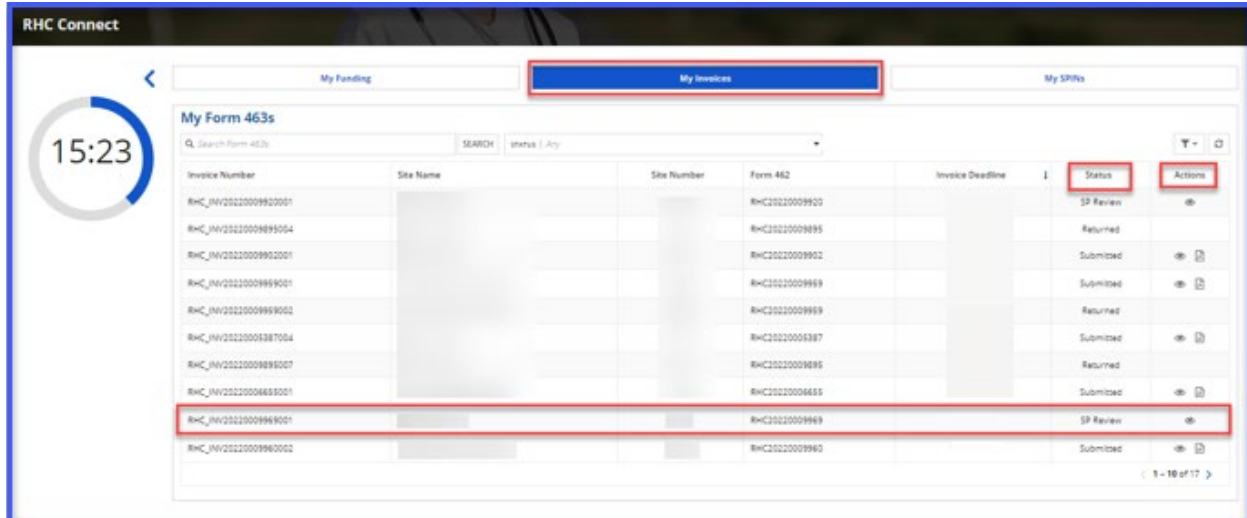
Step 1: Log in to My Portal and click **Rural Health Care**.



Step 2: Click **RHC Connect**.



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 Pending **My Invoices** My SPRs

My Form 463s

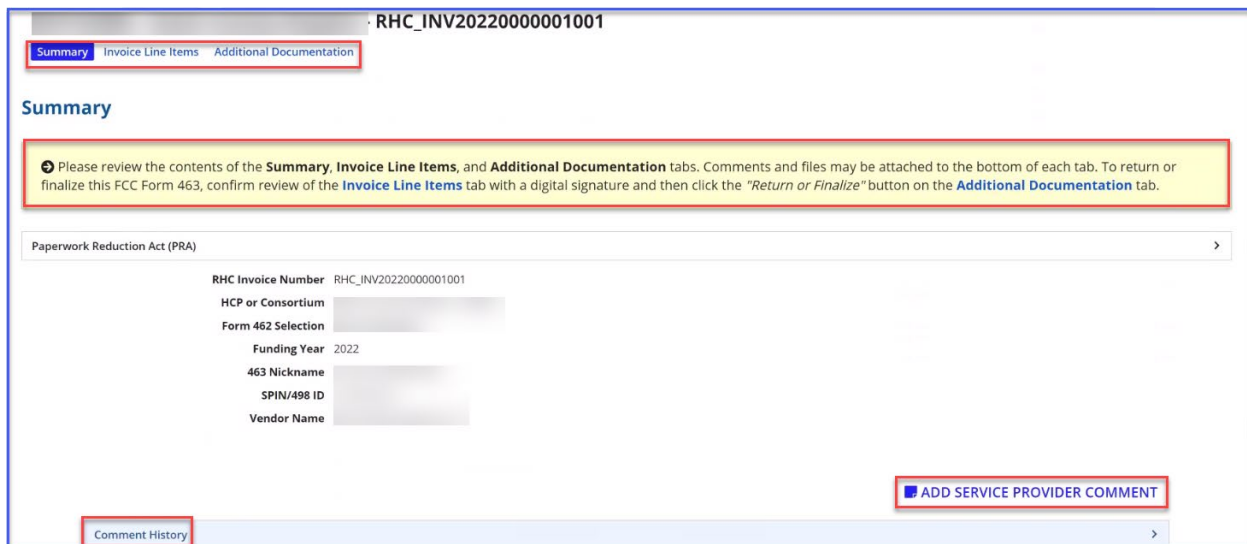
15:23

SEARCH status: Any

Invoice Number	Site Name	Site Number	Form 462	Invoice Deadline	Status	Actions
RHC_INV20220000000001			RHC20220009900		SP Review	
RHC_INV20220000000004			RHC20220009900		Returned	
RHC_INV20220000000001			RHC20220009900		Submitted	
RHC_INV20220000000001			RHC20220009900		Submitted	
RHC_INV20220000000002			RHC20220009900		Returned	
RHC_INV20220000000004			RHC20220009900		Submitted	
RHC_INV20220000000007			RHC20220009900		Returned	
RHC_INV20220000000001			RHC20220009900		Submitted	
RHC_INV20220000000001			RHC20220009900		SP Review	
RHC_INV20220000000002			RHC20220009900		Submitted	

1 - 10 of 17

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 note 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_INV20220000001001

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 RHC_INV20220000001001

HCP or Consortium

Form 462 Selection

Funding Year 2022

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_INV2022000001001

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

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

RHC_INV20220009969001

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

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

Service Start Date
12/1/2021

Billing Period Start Date
12/1/2021

Billing Period End Date
12/31/2021

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 2060-0804

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PRIVACY POLICIES

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

RHC_INV20220009969001 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

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

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 HCF 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).

BACK

ADD SERVICE PROVIDER COMMENT (Optional)

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_INV20220009969001 RETURN OR FINALIZE

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

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)

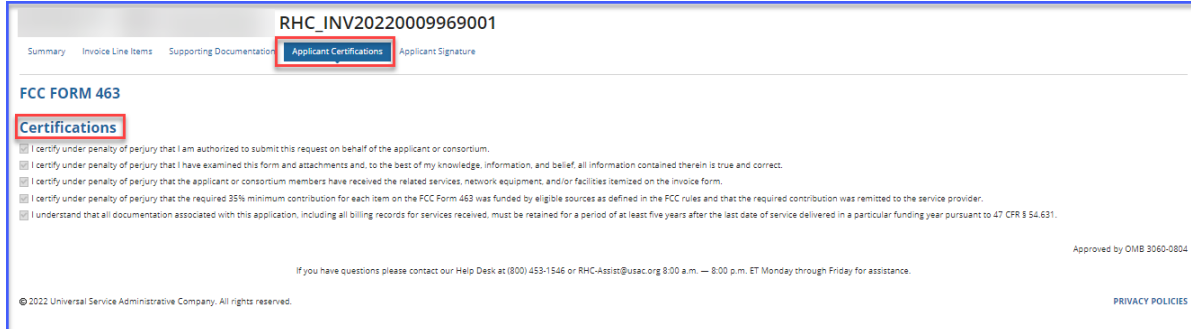
Comment History
No comment history available

Approved by OMB 3060-0804

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



RHC_INV20220009969001

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.

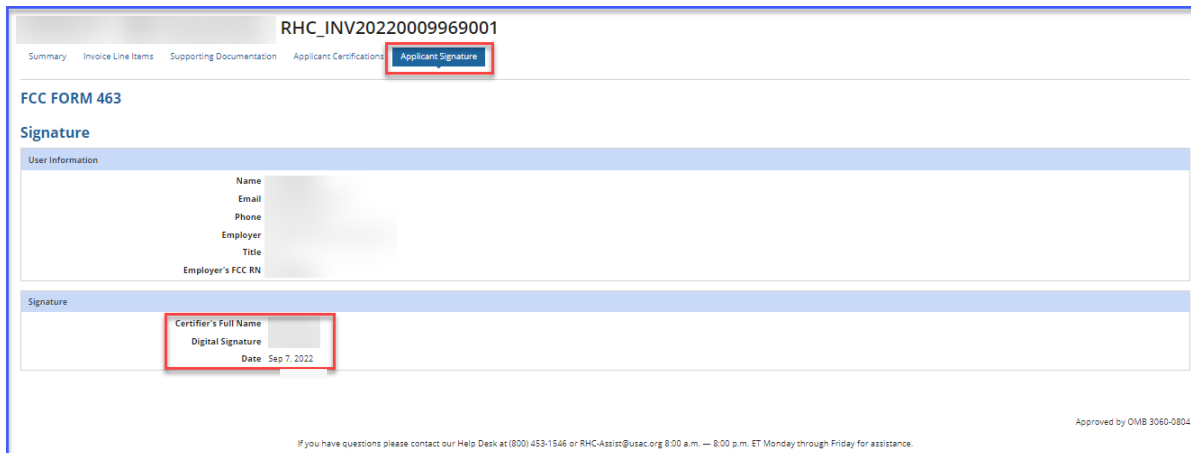
☐ I understand that all documentation associated with this application, including all billing records for services received, must be retained for a period of at least five years after the last date of service delivered in a particular funding year pursuant to 47 CFR § 54.631.

Approved by OMB 3060-0804

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



RHC_INV20220009969001

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

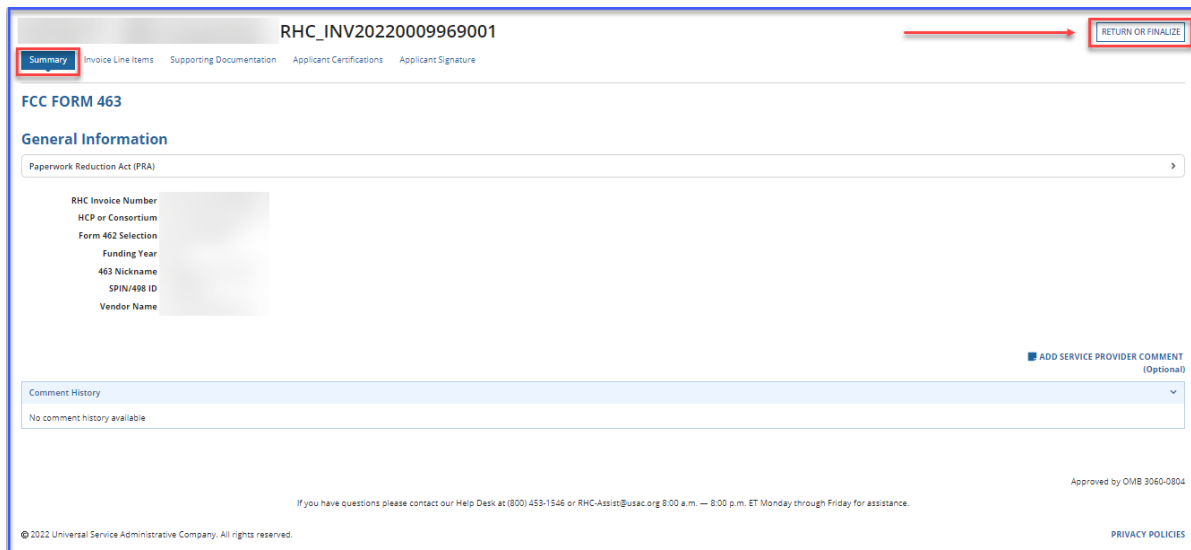
Signature

Certifier's Full Name
Digital Signature
Date Sep 7, 2022

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_INV20220009969001

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 462 Selection
Funding Year
463 Nickname
SPIN/498 ID
Vendor Name

[ADD SERVICE PROVIDER COMMENT \(Optional\)](#)

Comment History
No comment history available

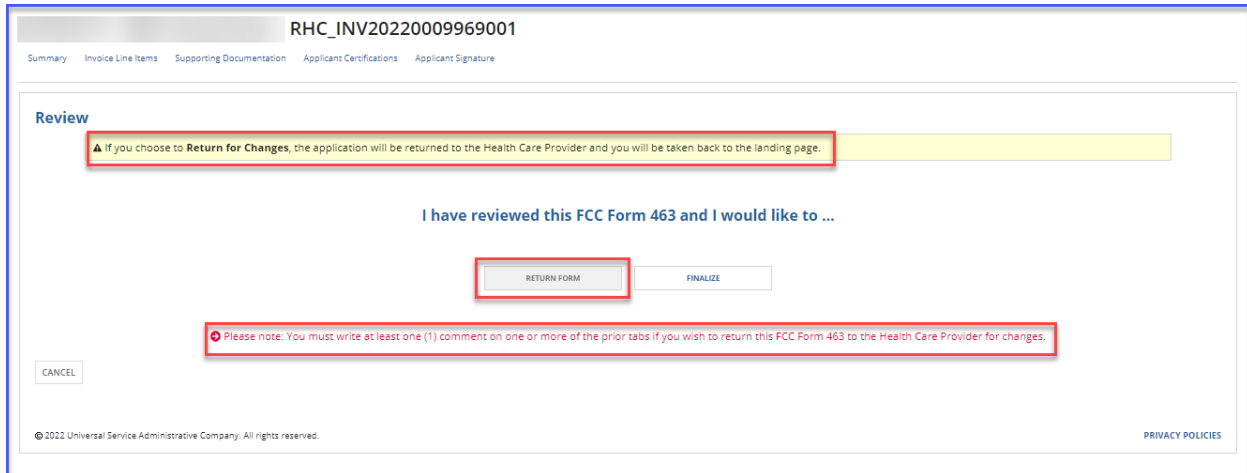
Approved by OMB 3060-0804

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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[RETURN OR FINALIZE](#)

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_INV20220009969001

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 ...

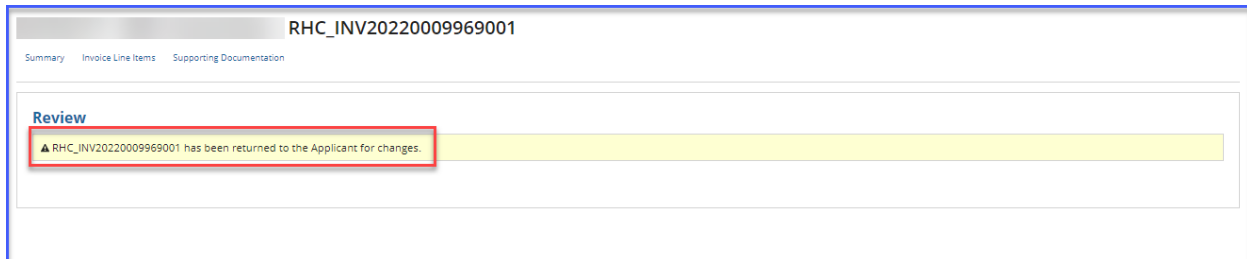
RETURN FORM FINALIZE

● 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'll see this notice on the screen.



RHC_INV20220009969001

Summary Invoice Line Items Supporting Documentation

Review

▲ RHC_INV20220009969001 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_INV20220009969001

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


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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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 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_INV20220009969001

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

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

(Optional)

Comment History

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

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

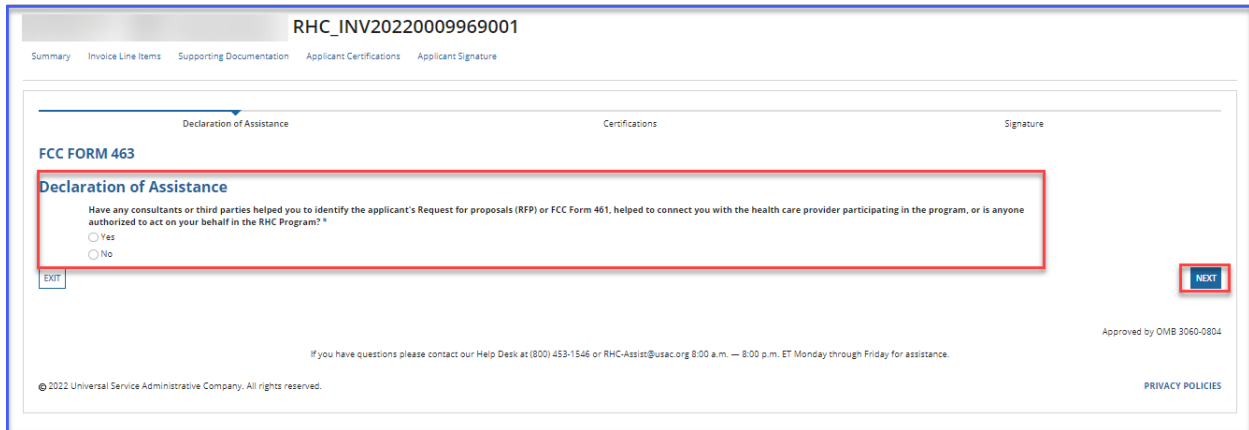
Showing 1 - 2 of 2

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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_INV20220009969001

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

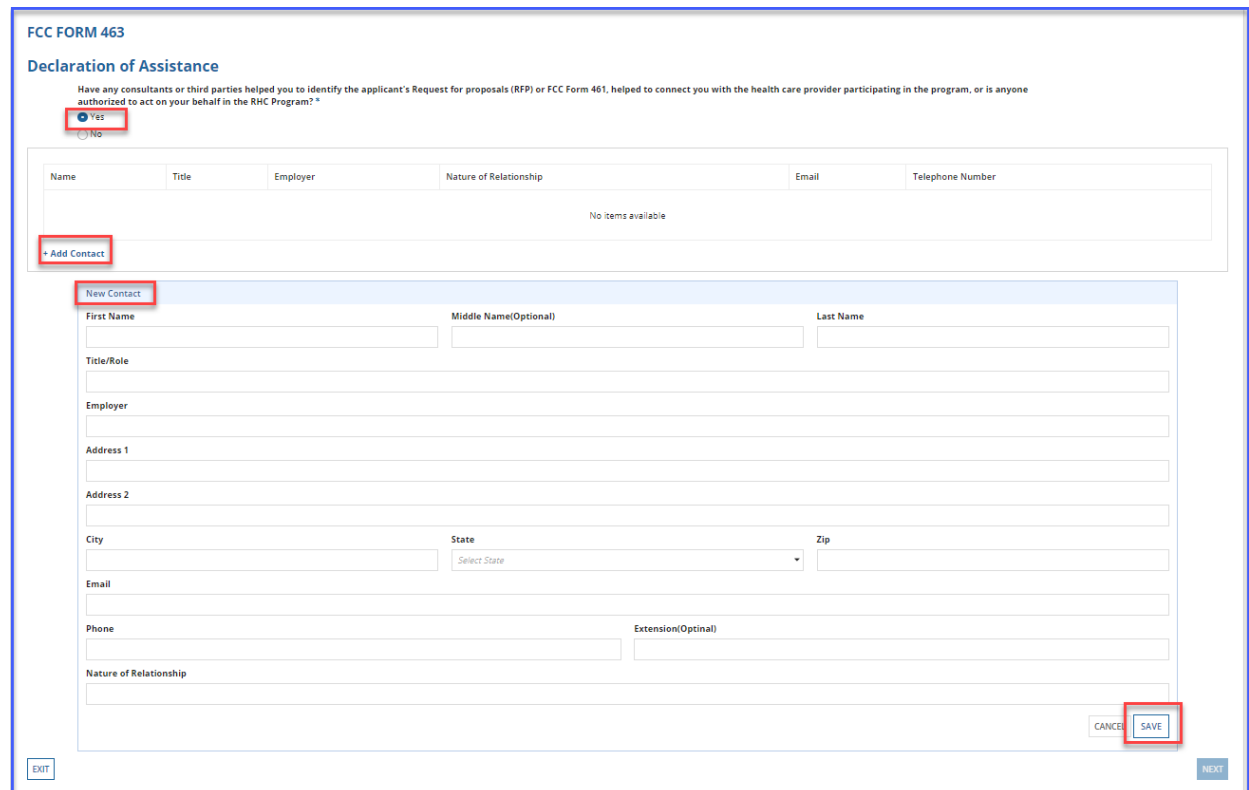
EXIT NEXT

Approved by OMB 3060-0804

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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

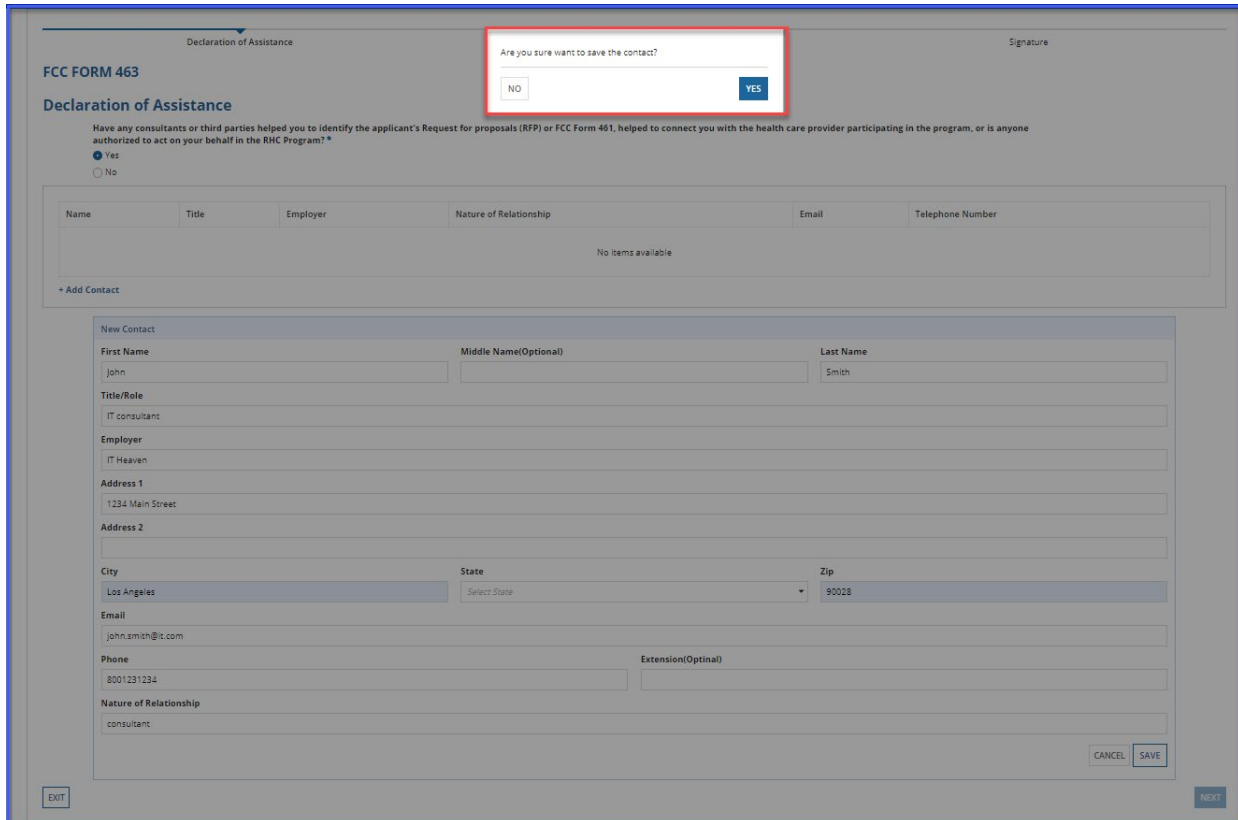
Email

Phone Extension(Optional)

Nature of Relationship

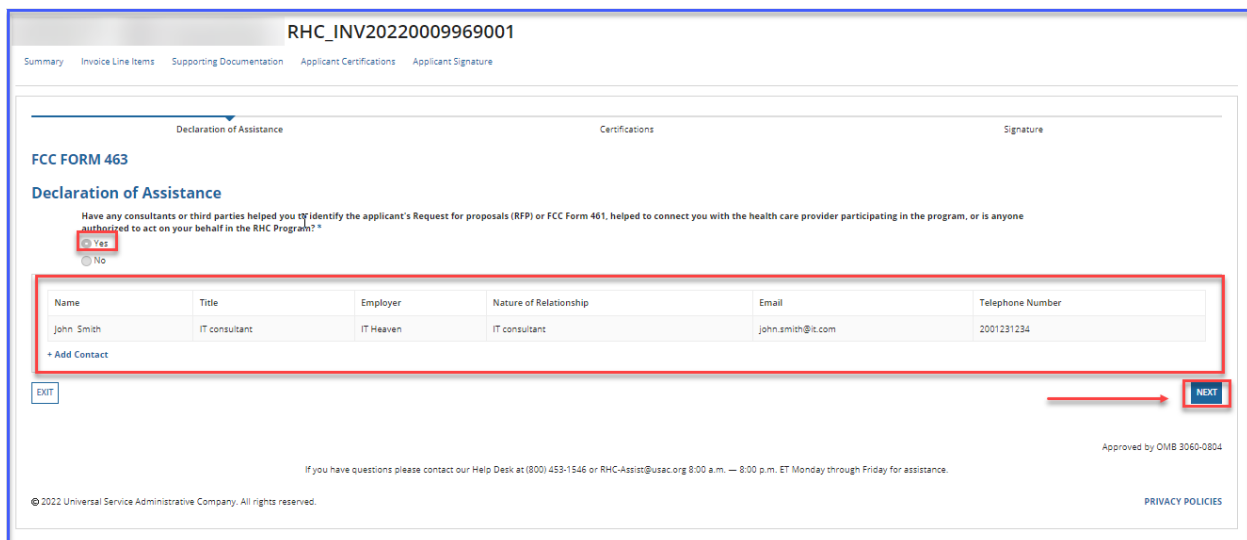
EXIT CANCEL SAVE NEXT

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.



The screenshot shows the 'FCC FORM 463 Declaration of Assistance' screen. A red-bordered pop-up window is centered on the screen, asking 'Are you sure you want to save the contact?'. It has 'NO' and 'YES' buttons. The background form is partially visible, showing a table for contact information with columns: Name, Title, Employer, Nature of Relationship, Email, and Telephone Number. Below the table is a '+ Add Contact' button. The form also includes fields for First Name, Middle Name (Optional), Last Name, Title/Role, Employer, Address 1, Address 2, City, State, Zip, Email, Phone, and Extension (Optional). The 'Nature of Relationship' dropdown is set to 'consultant'. At the bottom right of the form are 'CANCEL' and 'SAVE' buttons. At the bottom left is an 'EXIT' button and at the bottom right is a 'NEXT' button.

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



The screenshot shows the 'RHC_INV20220009969001' screen. The top navigation bar includes 'Summary', 'Invoice Line Items', 'Supporting Documentation', 'Applicant Certifications', and 'Applicant Signature'. The main content area is titled 'FCC FORM 463 Declaration of Assistance'. It includes the same question as in Step 18, with the 'Yes' radio button selected. Below this is a table displaying the saved contact information:

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

Below the table is a '+ Add Contact' button. At the bottom left is an 'EXIT' button and at the bottom right is a 'NEXT' button, which is highlighted with a red arrow. The footer includes the text '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.', '© 2022 Universal Service Administrative Company. All rights reserved.', and 'PRIVACY POLICIES'.

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

RHC_INV20220009969001

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

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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PRIVACY POLICIES

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

RHC_INV20220009969001

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 consultant) 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 designation.

☒ 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

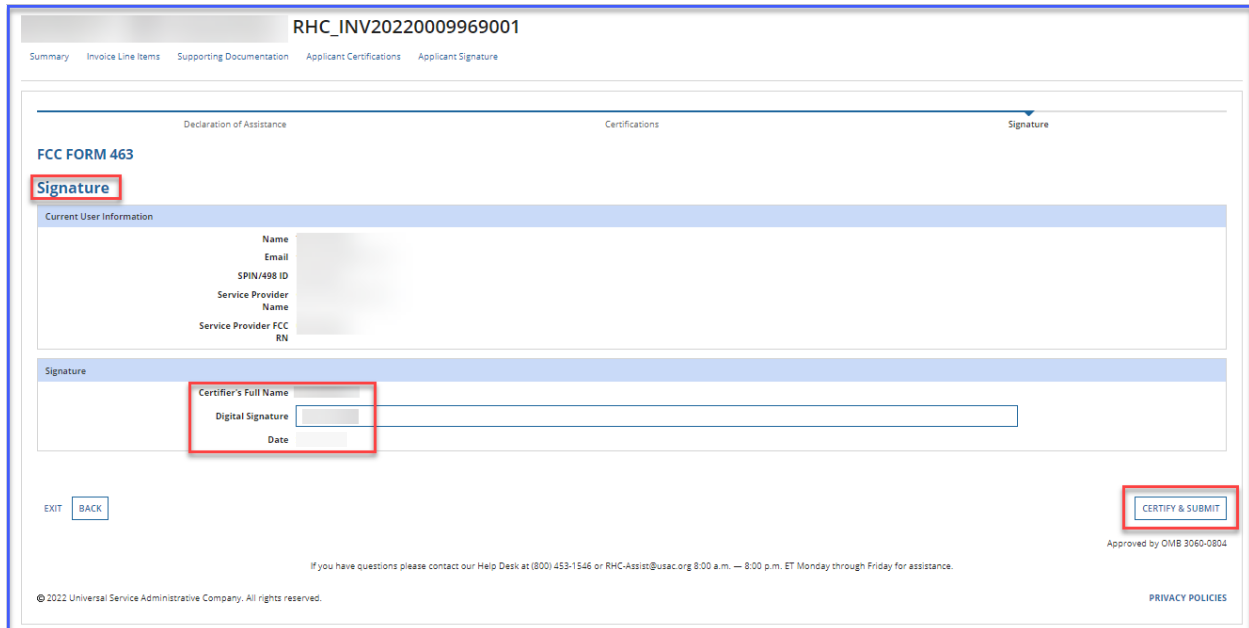
Approved by OMB 3060-0804

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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PRIVACY POLICIES

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



RHC_INV20220009969001

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

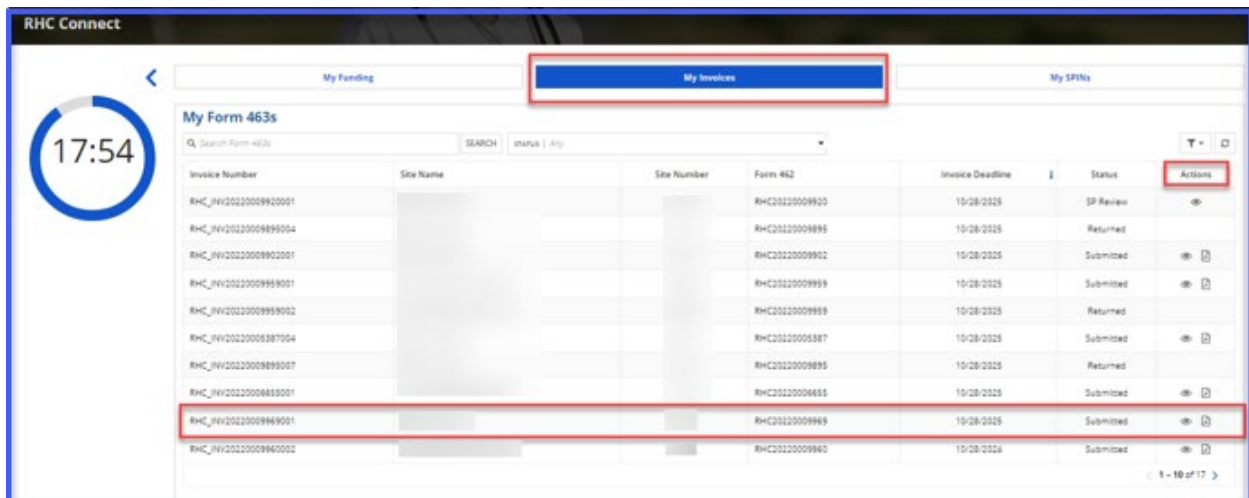
Certifier's Full Name
Digital Signature
Date

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 on the **My Invoices** tab. 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

My Form 463s

SEARCH status Any

Invoice Number	Site Name	Site Number	Form 462	Invoice Deadline	Status	Actions
RHC_INV20220009920001			RHC20220009920	10/28/2025	SP Review	
RHC_INV20220009890004			RHC20220009895	10/28/2025	Returned	
RHC_INV20220009902001			RHC20220009902	10/28/2025	Submitted	
RHC_INV20220009999001			RHC20220009999	10/28/2025	Submitted	
RHC_INV20220009999002			RHC20220009999	10/28/2025	Returned	
RHC_INV20220009887004			RHC20220009887	10/28/2025	Submitted	
RHC_INV20220009899007			RHC20220009895	10/28/2025	Returned	
RHC_INV2022000665001			RHC20220006655	10/28/2025	Submitted	
RHC_INV20220009969001			RHC20220009969	10/28/2025	Submitted	
RHC_INV20220009960002			RHC20220009960	10/28/2026	Submitted	

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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 FY2022 and future funding years. Applicants who participate in the Telecom Program will begin submitting the FCC Form 466 in RHC Connect in FY2024. CCPP projects are not impacted unless they also participate in the Healthcare Connect Fund (HCF) Program.

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.