

## Healthcare Connect Fund (HCF) Program

## FCC Form 463 Guide

How to submit the FCC Form 463 (Invoice and Request for Disbursement) as a health care provider (HCP).

Please note that invoicing is a joint process between you and your service provider. The health care provider (HCP) will complete the FCC Form 463 and submit it to USAC. The service provider will receive an email directing them to RHC Connect to review the FCC Form 463. The service provider will then review, certify, and submit the form to USAC for review. **NOTE: The FCC Form 463 is not considered submitted to USAC until the service provider reviews, certifies, and submits the form to USAC.**

## General Information Tab

- **HCP or Consortium Number** - The HCP Number is the unique identifier assigned by USAC to the HCP seeking funding. Select the HCP or Consortium HCP number you are submitting the FCC Form 463 for.
- **FCC Form 462 Selection** - Select the FCC Form 462 form the drop-down menu.
- **RHC Invoice Number** is a prepopulated field. The RHC Invoice Number is the unique identifier for each FCC Form 463. USAC will generate this number.
- **Site/Consortium Name** is prepopulated with the consortium or HCP name associated with the above HCP Number.
- **Funding Year** is prepopulated with the Funding Year(s) associated with the FCC Form 462 application above.
- **Nickname** is a nickname for the form that should be entered to easily identify this form in the future.
- **SPIN/498 ID** is a prepopulated field. This number is the Service Provider Identification Number (SPIN) associated with the FCC Form 462 application entered above.
- **Vendor Name** is prepopulated with the Vendor Name associated with the above SPIN/498 ID.

## Invoice Line Items Tab

Note: Under **Advanced Features**, on the right side of the screen, click **Generate Template** to access an Excel template rather than entering data manually. Open the Excel spreadsheet and save it on your computer. Enter all information and click **Upload Completed Template**. To enter data manually, click the **Ready** hyperlink in the **Status** column to add each line item to the FCC Form 463.

- **Billing Account Number (BAN)** is optional. If provided on the FCC Form 462, this field will be automatically prepopulated. If it was not provided on the FCC Form 462, the applicant should enter the BAN associated with the selected line item upon the submission of the first invoice for that line item. The applicant typically can find the BAN on the vendor's bill. Contact the vendor with any questions regarding the appropriate BAN to enter in this field.
- **HCP Number** is a prepopulated field. This is the HCP number of the site associated with the selected line item.
- **Site Name** is prepopulated with the name of the site submitted on the FCC Form 460. This name must match the name on record for the HCP Number listed for this line item.
  - Note: The site name is tied to the information on the latest approved FCC Form 460 when the FCC Form 462 was created. If the name has since changed, it will not be reflected here.
- **Expense Category** is prepopulated based on the information selected on the FCC Form 462.
- **Expense Type** is prepopulated based on the information selected on the FCC Form 462.
- **Expense Frequency** is prepopulated based on the information selected on the FCC Form 462.
- **Bandwidth** is prepopulated based on the information selected on the FCC Form 462.
- **Total Cost Remaining to Invoice** is the total remaining balance on the line item minus amounts already disbursed.
- **Service Start Date** is a required field. The date will pre-populate for health care providers (HCPs) that already have an approved invoice for the FRN. If the information is not prepopulated, use the drop-down calendar to enter the actual



date the broadband service was started, the network equipment was shipped to the customer, or the last day of work was completed, as applicable.

- Note: If the date is after the Funding Start Date, as found on the FCL, a pop-up will appear warning the applicant that if the FCC Form 463 is submitted with the date selected, they will not be able to change to an earlier date. This will result in a lower commitment amount. The applicant will not be able to invoice for dates before the date entered in this field, even on future invoices.
- **Billing Period Start Date** is a required field. Use the drop-down calendar to enter the first date of the billing period for this invoice, if applicable. If the eligible expense is for a non-recurring expense, enter "N/A." The billing period start date is the first day for which funding is being requested on this FCC Form 463.
  - Note: An applicant may only select dates that are on an approved FCL. Payment cannot be requested for future service dates and should only be selected for services already rendered.
- **Billing Period End Date** is a required field. Use the drop-down calendar to enter the last date of the billing period for this invoice. If the eligible expense is for a non-recurring expense, enter "N/A." The billing period end date is the last date for which funding is being requested on this FCC Form 463.
  - Note: An applicant may only select dates that are on an approved FCL. Payment cannot be requested for future service dates and should only be selected for services already rendered.
- **Maximum Amount for Chosen Period** is a prepopulated field that is calculated from the billing period start and end date. This is the maximum amount that can be invoiced for the expense item, based on the monthly recurring amount from the FCL and the billing period dates entered.
- **Total Cost Invoiced (Undiscounted)** is a required field.
  - The applicant should enter the actual cost of the service as seen on their bill, more or less than the commitment amount. If less than the commitment amount, the form calculates accordingly. If more than the commitment amount, the form caps this amount to the amount committed. If prices from the service provider were lowered during the billing period, the applicant is expected to calculate that and enter this amount into this editable field.
- **Show Calculations** displays the calculation for the line-item based on applicant entered data.

## Supporting Documentation Tab

- Uploading supporting documentation is optional. Applicants may, if they so choose, upload, and submit supporting documentation including, but not limited to, a copy of the bill(s) and proof of payment for the line item(s) being submitted on this FCC Form 463.
  - Note: A vendor invoice and proof of payment documents are required and must be produced if requested during the review of the FCC Form 463.
- To upload supporting documentation, click the hyperlink titled **Add Document**. Once a new document has been uploaded, select the **Document Type** from the drop-down menu or select **Other** and fill out the **Description** box explaining what type of document is uploaded.

## Certifications Tab

- Certifications are required fields. All five certifications must be checked to move forward.

## Signature Tab

- **Name, Email, Phone, Employer, Title, and Employer's FCC RN** are all prepopulated fields that are derived from the FCC Form 460.
- **Certifier's Full Name** is a prepopulated field based on the individual who is logged in and submitting the FCC Form 463.



## Rural Health Care (RHC) Program

- To electronically sign and submit the form, enter the Certifier's full name password in the **Digital Signature** field, and then click **Certify & Submit** to submit the form to USAC.