

## RHC Connect User Guide – FCC Form 463

**Updated as of May 2023**

### Contents

About RHC Connect for the FCC Form 463 .....	2
RHC Connect Walkthrough for Health Care Providers (HCPs).....	3
RHC Connect Walkthrough for Service Providers (SPs).....	9
Frequently Asked Questions.....	21
Resources .....	21

## About RHC Connect for the FCC Form 463

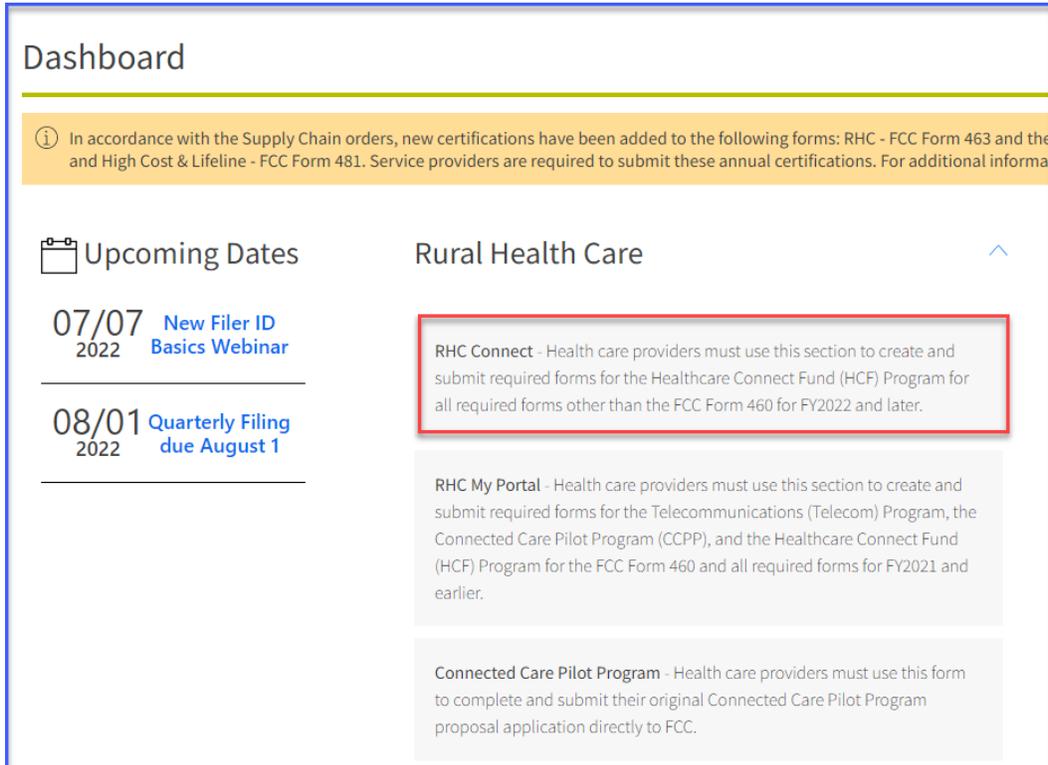
**RHC Connect** is the web-based system that will host the FCC Form 463 beginning in funding year (FY) 2022. Although the look of the application has changed, the FCC Form 463 did not. To submit your FCC Form 463, you will be asked the same questions and are required to provide the same information as in years past. No preparation for this change is required by you.

**RHC program applicants can submit their FCC Forms 463 for approved FY2022 funding requests (FCC Forms 462). Applicants will continue to use My Portal to submit invoices for all prior year funding commitments.** Applicants will use RHC Connect to submit the FCC Form 463 beginning in FY2022. Forms for the Telecom Program or the Connected Care Pilot Program (CCPP) are not currently affected. Please continue to access My Portal for FCC Forms 460 and 463 for funding years prior to FY2022. You can also access FCC Forms 461 and 462 submitted prior to FY2022.

**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**

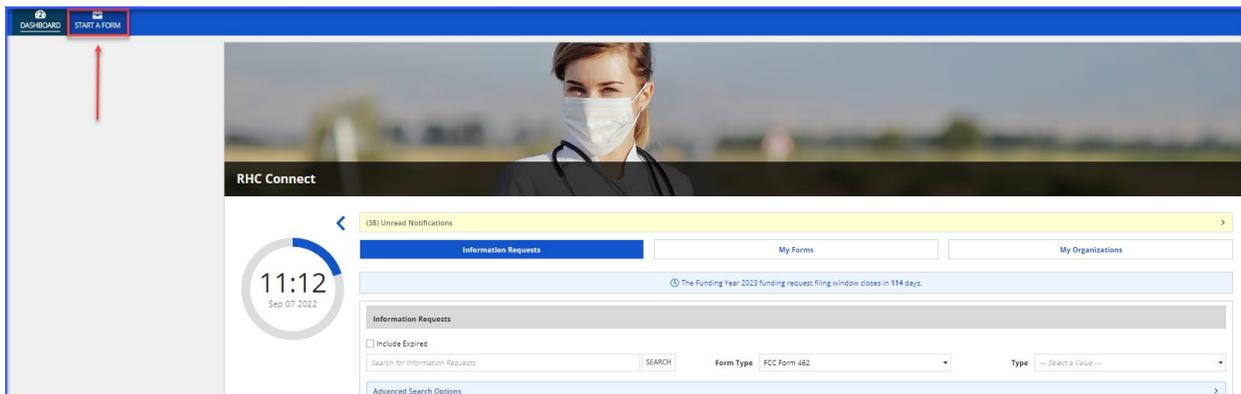
**Rural Health Care**

**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.**”



**START A FORM**

**RHC Connect**

11:12  
Sep 07 2022

Information Requests

My Forms

My Organizations

The Funding Year 2023 funding request filing window closes in 114 days.

Information Requests

Include Expired

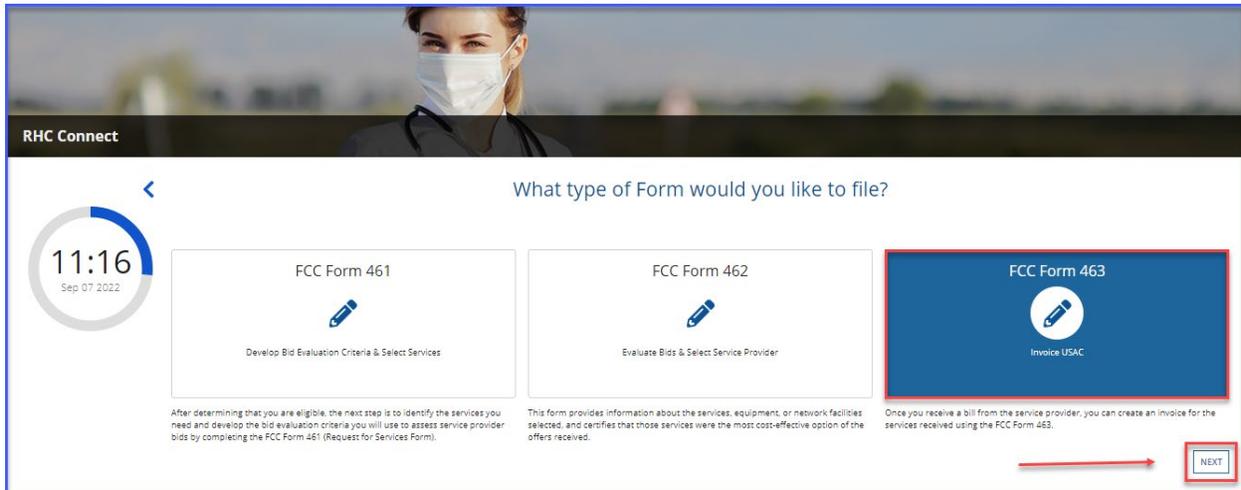
Search for information Requests SEARCH

Form Type FCC Form 462

Type -- Select a Value --

Advanced Search Options

**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  
Sep 07 2022

What type of Form would you like to file?

FCC Form 461  
Develop Bid Evaluation Criteria & Select Services

FCC Form 462  
Evaluate Bids & Select Service Provider

FCC Form 463  
Invoice USAC

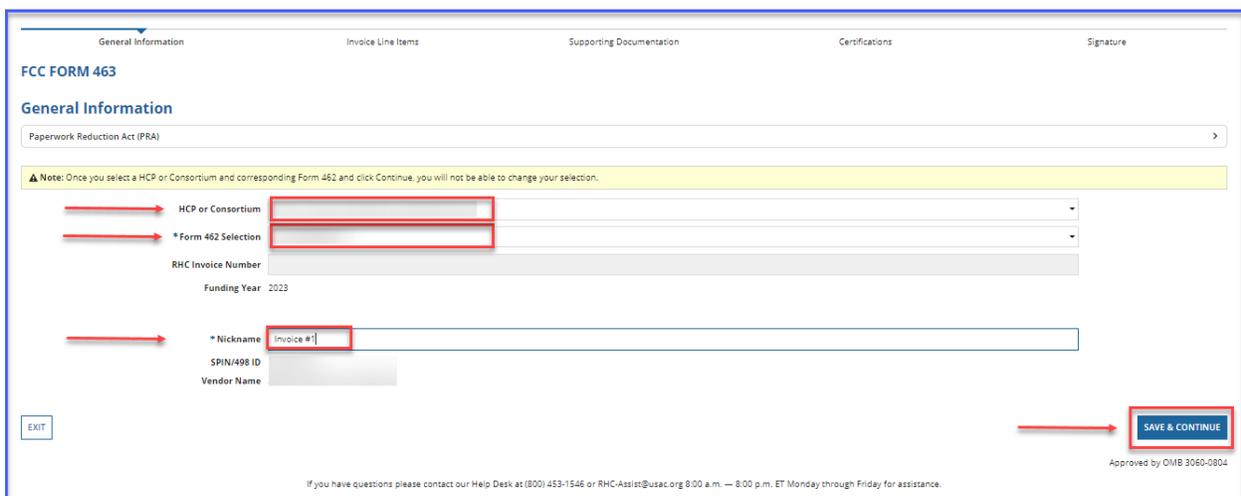
After determining that you are eligible, the next step is to identify the services you need and develop the bid evaluation criteria you will use to assess service provider bids by completing the FCC Form 461 (Request for Services Form).

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.

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 dropdown 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

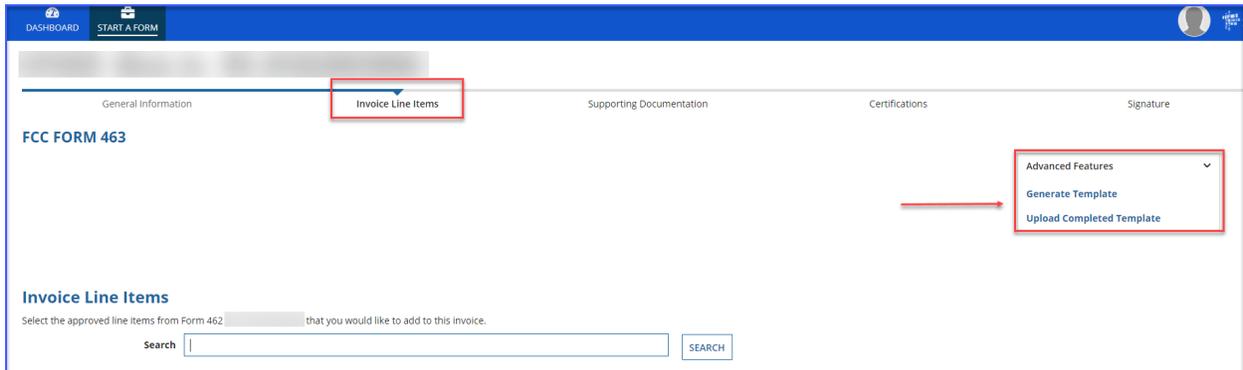
EXIT

SAVE & CONTINUE

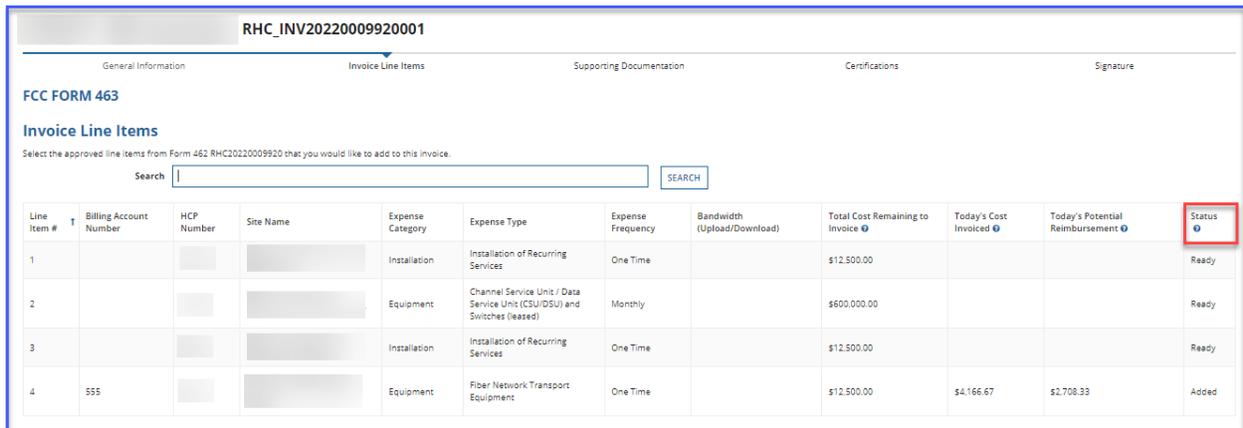
Approved by OMB 3060-0804

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.”**



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



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\_INV20220009920001

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  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 07/01/2022

Billing Period Start Date 07/01/2022

Billing Period End Date 08/31/2022

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

CANCEL ADD TO 463

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

RHC\_INV20220009920001

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  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 07/01/2022

Billing Period Start Date 07/01/2022

Billing Period End Date 08/31/2022

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>	UPLOAD Drop file here	Select
Proof of Payment	<i>Describe if Other is selected</i>	UPLOAD Drop file here	Select

Add Documents

<< 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 BACK **SAVE & CONTINUE**

Approved by OMB 3060-0804

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

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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\_INV20220009922003

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.

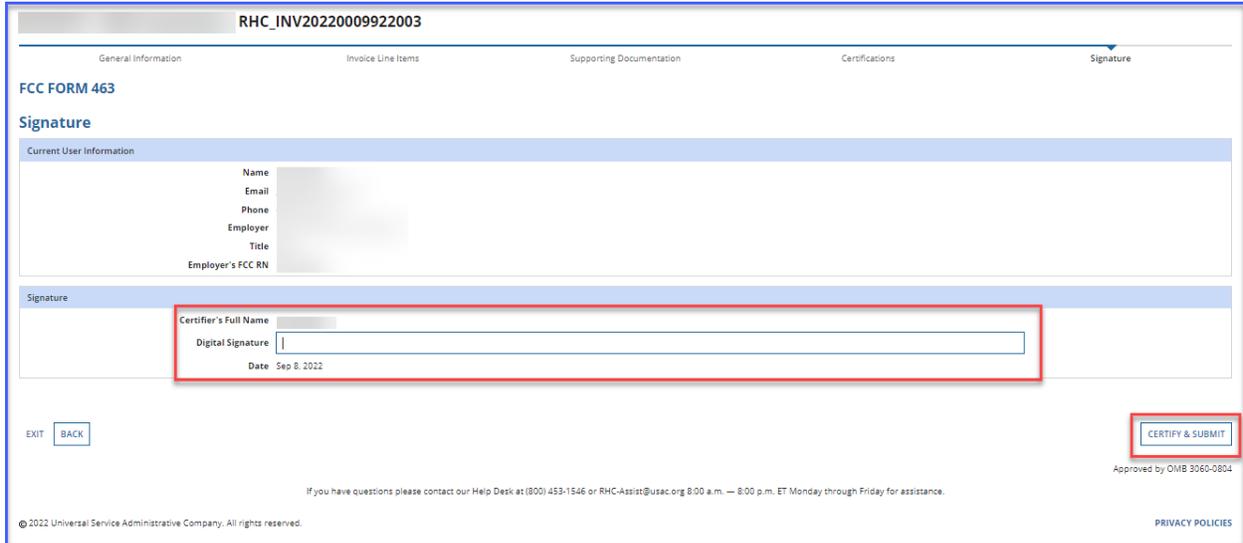
EXIT BACK **SAVE & CONTINUE**

Approved by OMB 3060-0804

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

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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\_INV20220009922003

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

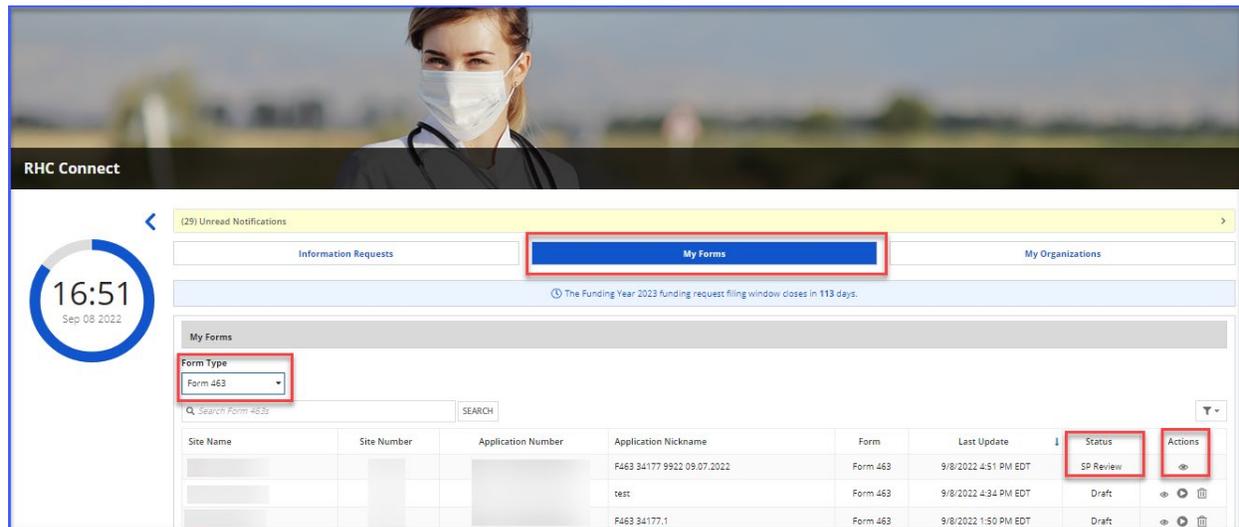
Certifier's Full Name  
Digital Signature  
Date Sep 8, 2022

EXIT BACK CERTIFY & SUBMIT

If you have questions please contact our Help Desk at (800) 453-1546 or RHC-Assist@usac.org 9:00 a.m. — 9:00 p.m. ET Monday through Friday for assistance.

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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

(29) Unread Notifications

Information Requests My Forms My Organizations

The Funding Year 2023 funding request filing window closes in 113 days.

My Forms

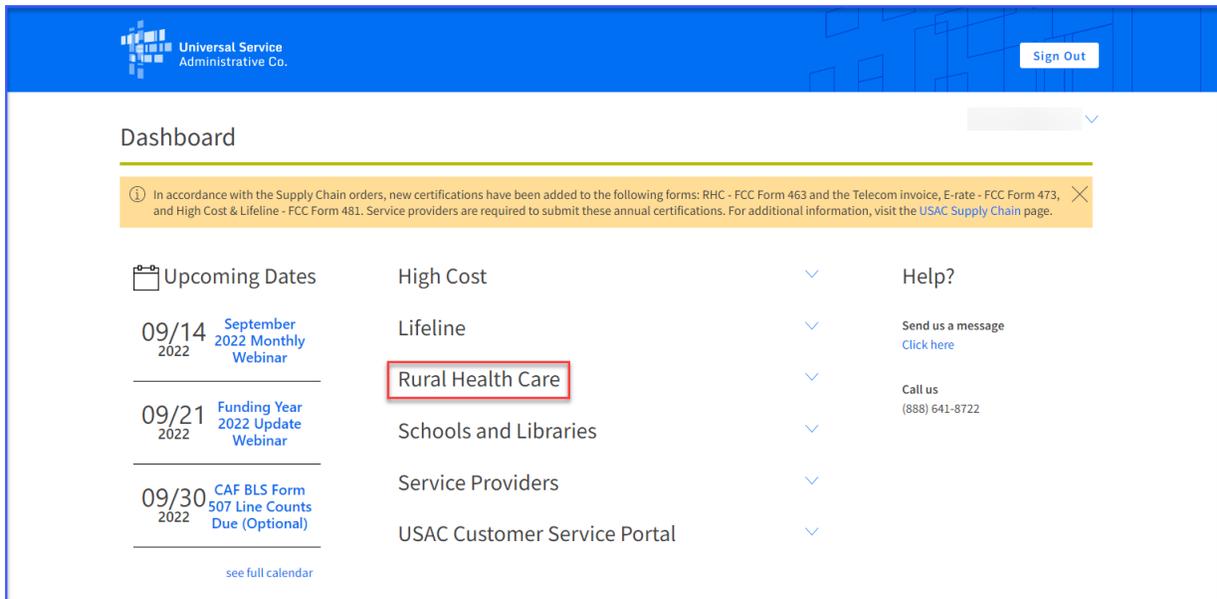
Form Type  
Form 463

Search Form 463

Site Name	Site Number	Application Number	Application Nickname	Form	Last Update	Status	Actions
			F463 34177 9922 09.07.2022	Form 463	9/8/2022 4:51 PM EDT	SP Review	🔍
			test	Form 463	9/8/2022 4:34 PM EDT	Draft	🔍 🗑️
			F463 34177.1	Form 463	9/8/2022 1:50 PM EDT	Draft	🔍 🗑️

## RHC Connect Walkthrough for Service Providers

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



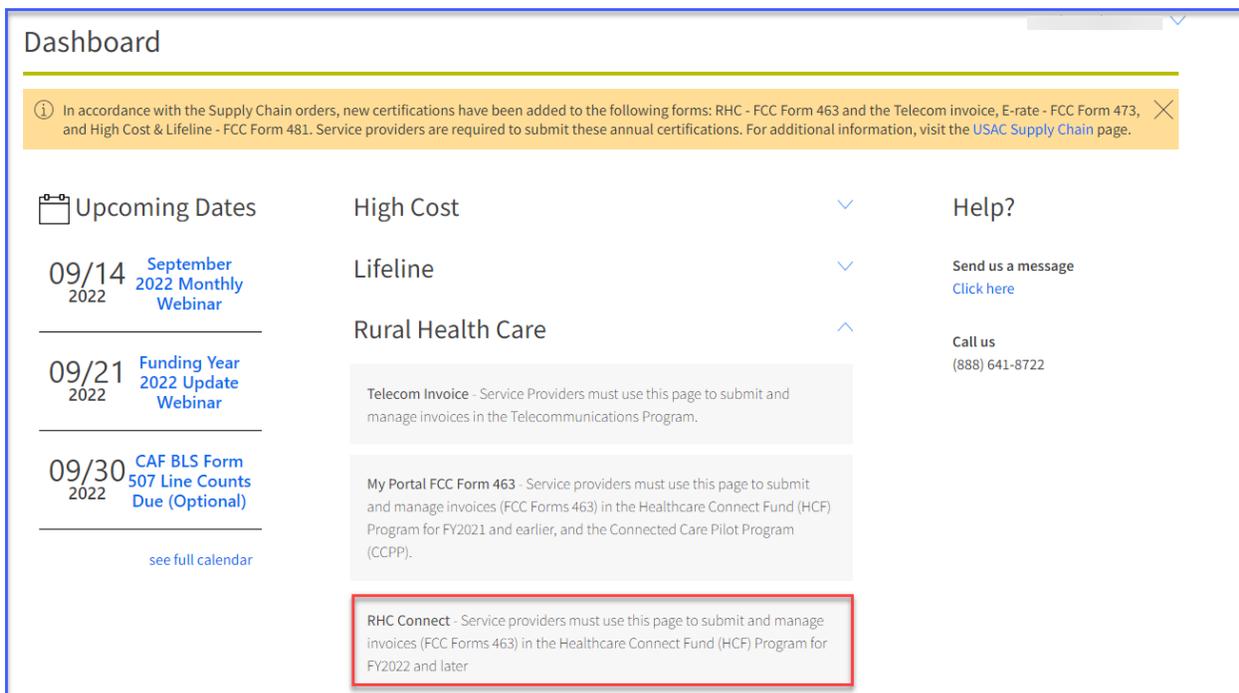
Universal Service Administrative Co. Sign Out

Dashboard

*i* 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](#).

<p> Upcoming Dates</p> <p>09/14 <small>September 2022</small> <b>September 2022 Monthly Webinar</b></p> <hr/> <p>09/21 <small>September 2022</small> <b>Funding Year 2022 Update Webinar</b></p> <hr/> <p>09/30 <small>September 2022</small> <b>CAF BLS Form 507 Line Counts Due (Optional)</b></p> <p><a href="#">see full calendar</a></p>	<p>High Cost</p> <p>Lifeline</p> <p><b>Rural Health Care</b></p> <p>Schools and Libraries</p> <p>Service Providers</p> <p>USAC Customer Service Portal</p>	<p>Help?</p> <p>Send us a message <a href="#">Click here</a></p> <p>Call us (888) 641-8722</p>
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**Step 2:** Click “**RHC Connect.**”



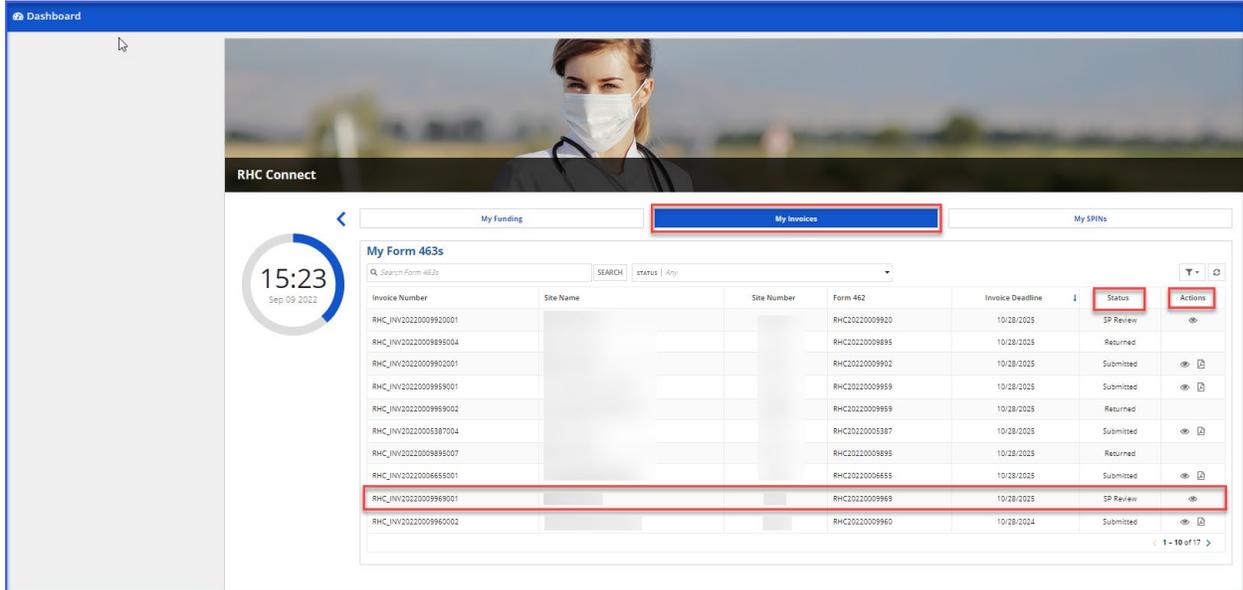
Universal Service Administrative Co. Sign Out

Dashboard

*i* 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](#).

<p> Upcoming Dates</p> <p>09/14 <small>September 2022</small> <b>September 2022 Monthly Webinar</b></p> <hr/> <p>09/21 <small>September 2022</small> <b>Funding Year 2022 Update Webinar</b></p> <hr/> <p>09/30 <small>September 2022</small> <b>CAF BLS Form 507 Line Counts Due (Optional)</b></p> <p><a href="#">see full calendar</a></p>	<p>High Cost</p> <p>Lifeline</p> <p><b>Rural Health Care</b></p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p><b>Telecom Invoice</b> - Service Providers must use this page to submit and manage invoices in the Telecommunications Program.</p> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p><b>My Portal FCC Form 463</b> - 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).</p> </div> <div style="border: 2px solid red; padding: 5px;"> <p><b>RHC Connect</b> - 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</p> </div>	<p>Help?</p> <p>Send us a message <a href="#">Click here</a></p> <p>Call us (888) 641-8722</p>
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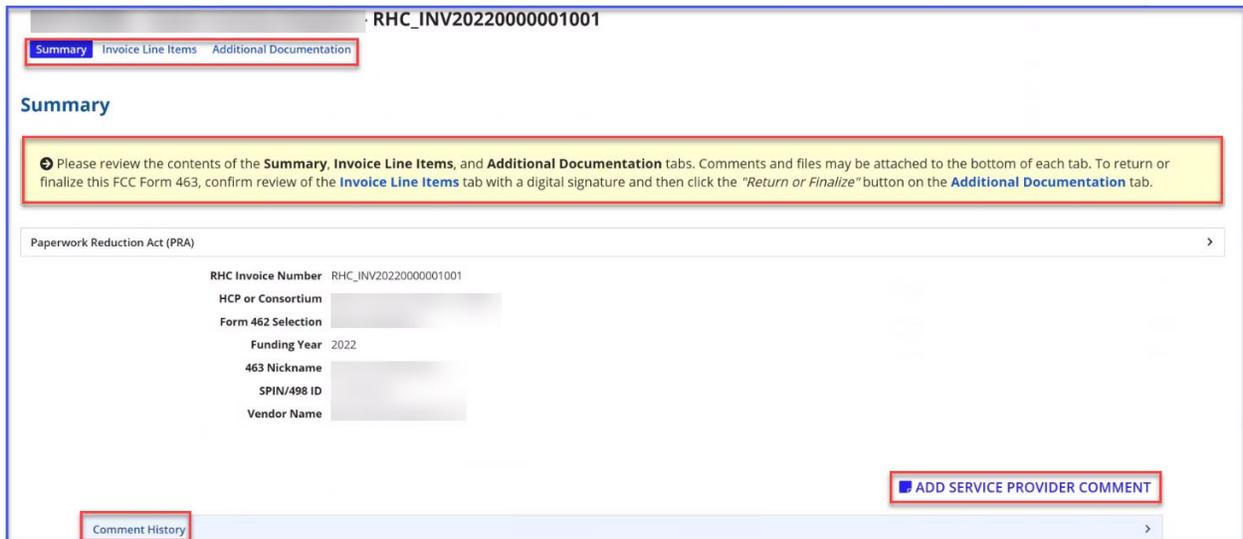
**Step 3:** Click the “**My Invoices**” tab and locate invoice. Status will be “**SP Review.**” Under “**Actions**” column, click on “**view**” icon (  ).



**My Form 463s**

Invoice Number	Site Name	Site Number	Form 462	Invoice Deadline	Status	Actions
RHC_INV20220009920001			RHC20220009920	10/28/2025	SP Review	
RHC_INV20220009895004			RHC20220009895	10/28/2025	Returned	
RHC_INV20220009902001			RHC20220009902	10/28/2025	Submitted	
RHC_INV20220009959001			RHC20220009959	10/28/2025	Submitted	
RHC_INV20220009959002			RHC20220009959	10/28/2025	Returned	
RHC_INV20220005387004			RHC20220005387	10/28/2025	Submitted	
RHC_INV20220009895007			RHC20220009895	10/28/2025	Returned	
RHC_INV20220006655001			RHC20220006655	10/28/2025	Submitted	
RHC_INV20220009969001			RHC20220009969	10/28/2025	SP Review	
RHC_INV20220009960002			RHC20220009960	10/28/2024	Submitted	

**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\_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

**RETURN OR FINALIZE**

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 of the information entered on this page.

RHC\_INV20220009969001

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

**RETURN OR FINALIZE**

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

Service Start Date: Jul 30, 2022

Billing Period Start Date: Aug 1, 2022

Billing Period End Date: Aug 31, 2022

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\_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

**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**

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		<a href="#">Test Invoice</a>	Line 1
Proof of Payment		<a href="#">Test Proof of Payment</a>	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\_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

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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

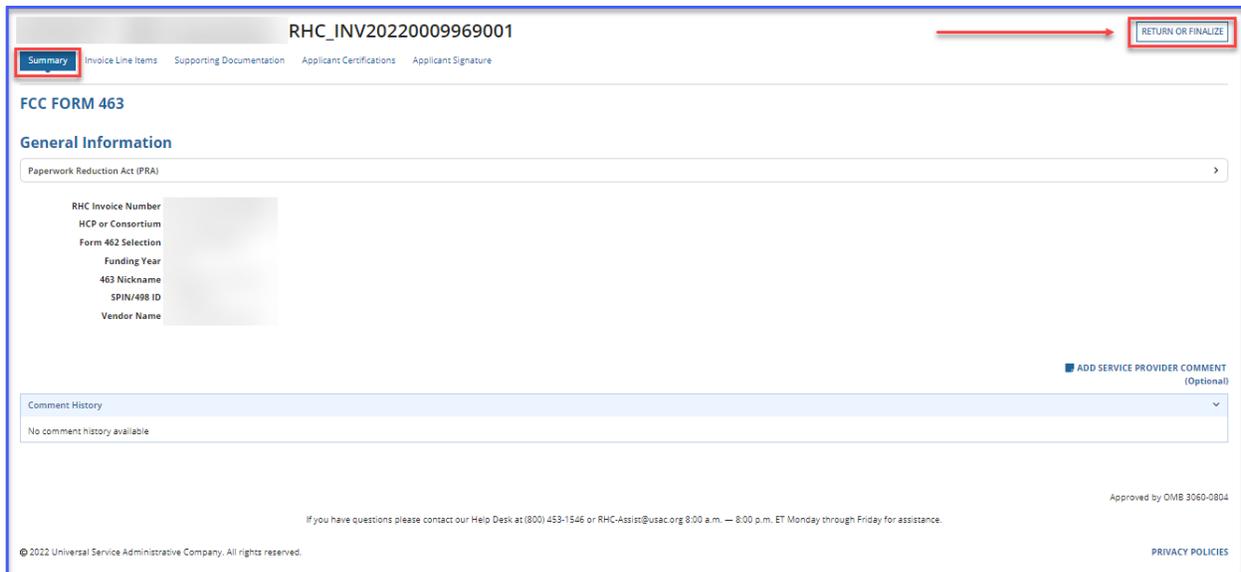
Digital Signature

Date Sep 7, 2022

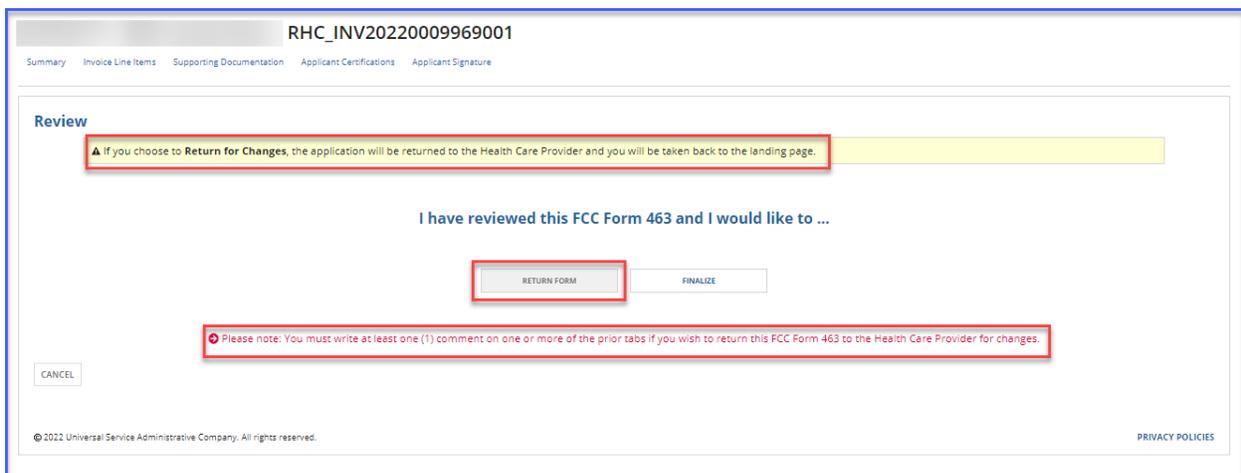
Approved by OMB 3060-0804

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



**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.



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



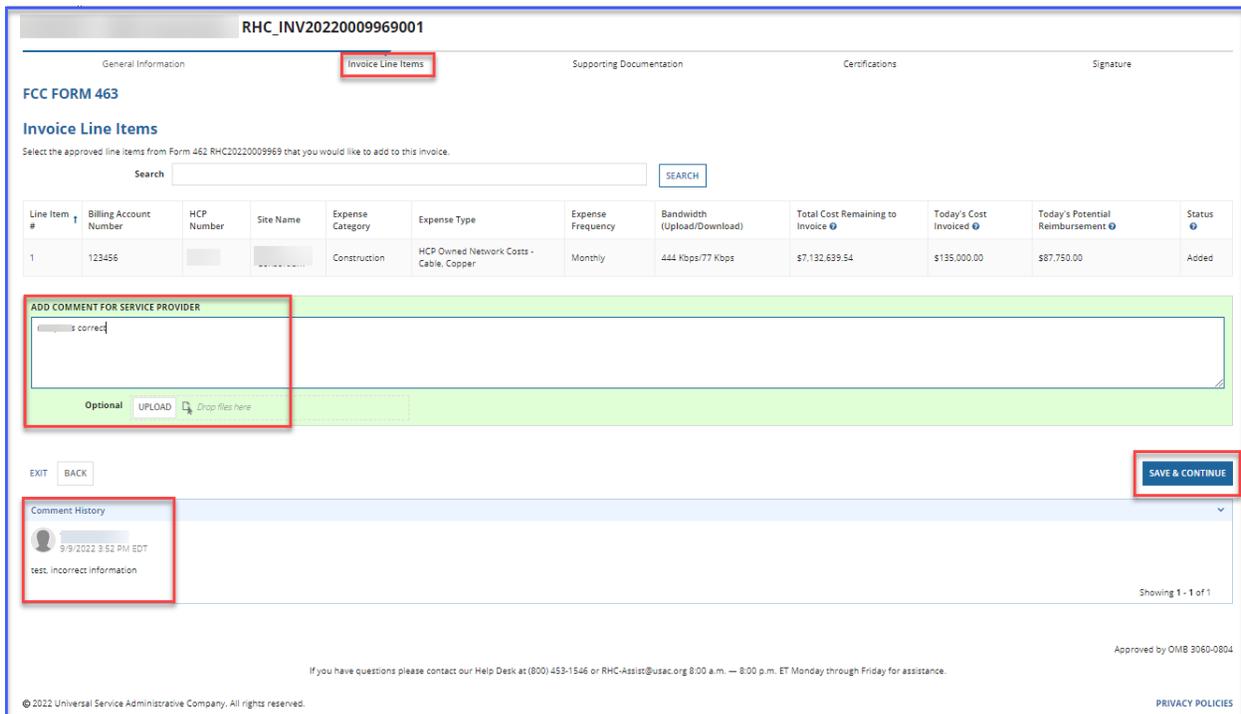
RHC\_INV20220009969001

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 RHC20210009969 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

Approved by OMB 3060-0804

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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 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

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

**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

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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

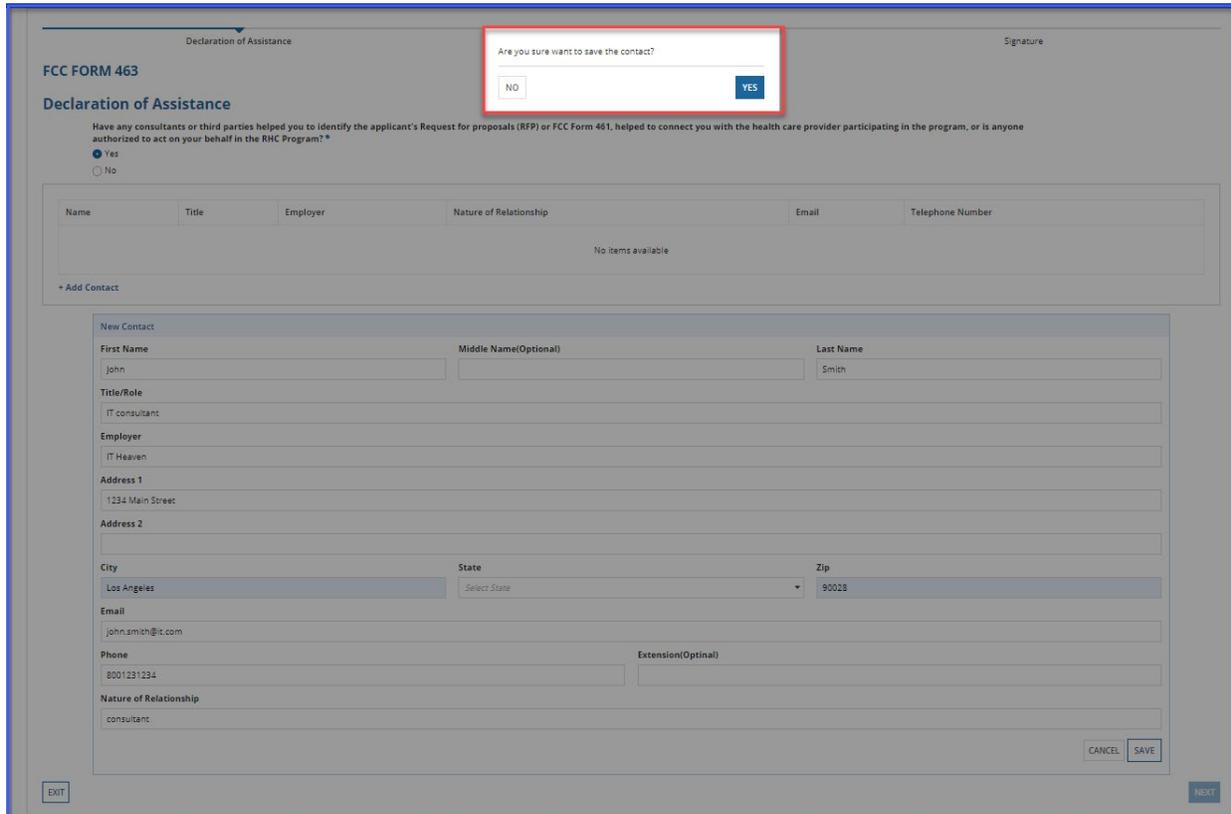
City  State  Zip

Email

Phone  Extension(Optional)

Nature of Relationship

**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

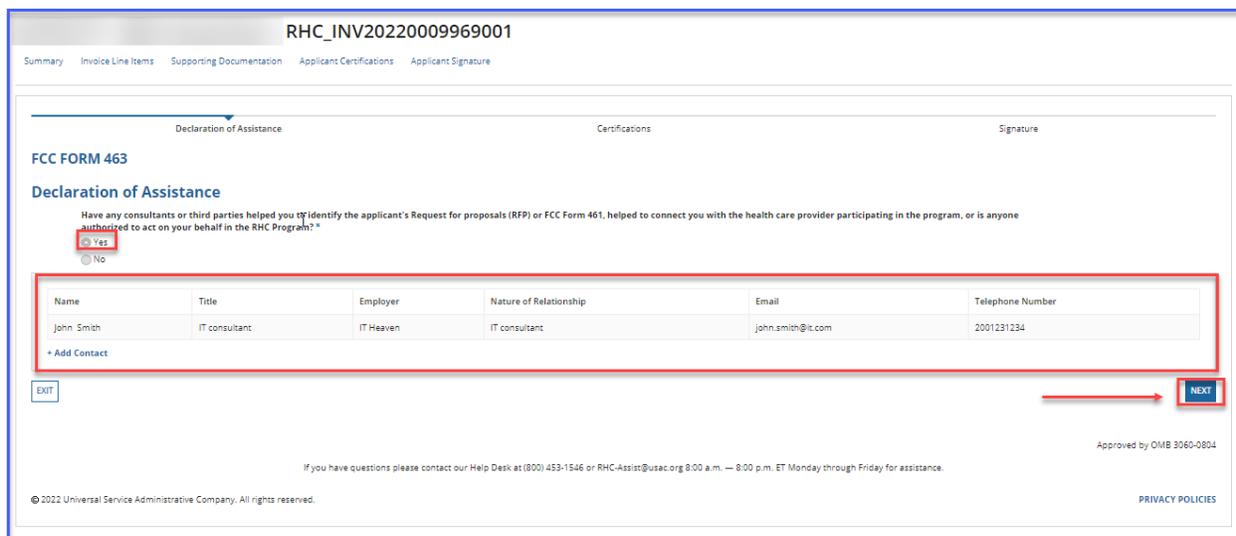
Phone: 800/231234  
Extension(Optional):

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\_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

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

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**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

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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\_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 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

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 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](#)

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[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 Sep 9, 2022

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.

[Dashboard](#)

[My Funding](#) | 
 [My Invoices](#) | 
 [My SPINs](#)

**My Form 463s**

Search 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_INV20220009895004			RHC20220009895	10/28/2025	Returned	
RHC_INV20220009902001			RHC20220009902	10/28/2025	Submitted	
RHC_INV20220009895001			RHC20220009895	10/28/2025	Submitted	
RHC_INV20220009959002			RHC20220009959	10/28/2025	Returned	
RHC_INV20220005887004			RHC20220005887	10/28/2025	Submitted	
RHC_INV20220009895007			RHC20220009895	10/28/2025	Returned	
RHC_INV20220006650001			RHC20220006655	10/28/2025	Submitted	
RHC_INV20220009969001			RHC20220009969	10/28/2025	Submitted	
RHC_INV20220009960002			RHC20220009960	10/28/2024	Submitted	

1 - 10 of 17

## 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 HCF Program.

### **Can I still make updates or changes to my FCC Forms 460 in My Portal?**

Yes, please verify in My Portal that all account holder information is accurate and up to date. USAC will import this data to pre-populate the FCC Forms 461, 462 and 463.

## 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](mailto: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.