Rural Health Care Program Electronic Remittance Statement Sample Guideline

**Rural Health Care Disbursements without Adjustment**

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

Your Total Actual Disbursement: $159.00.

**Description of Fields on an Electronic Remittance Statement:**

**Summary Line:**

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

**Detail Line:**

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

**Actual Disbursement:**

Your Total Actual Disbursement: Amount Disbursed.

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

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

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

Therefore, Your Total Actual Disbursement: $59.00.

**Description of Fields on an Estatement:**

**Summary Line:**

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

**Detail Line:**
Fund Type| Customer Invoice #| Fund Year | Health Care Provider #| Health Care Provider Name| Funding Request #| Disbursement Amount

Adjustments:

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

Actual Disbursement:

Therefore, Your Total Actual Disbursement: Amount Disbursed.

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

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

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

Therefore, Your Total Actual Disbursement: $59.00.

Description of Fields on an Estatement:

Summary Line:

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

Detail Line:

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

Adjustments:

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

Actual Disbursement:

Therefore, Your Total Actual Disbursement: Amount Disbursed.