



VPK Payment Correction Request

Date: \_\_\_\_\_

Provider/Program Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Parent's Name \_\_\_\_\_

**OR** Classroom  (Check here to indicate correction for a whole class)

Month that needs to be corrected: \_\_\_\_\_

**Reason for Correction:**

Delayed Enrollment     Left off roster     Incomplete file

Late documentation of absence(s)     Certificate of Eligibility submitted late

Other (please explain) \_\_\_\_\_

**FINDINGS** (To be completed by ECS VPK Reimbursement Staff Only)

Payable, see attached payment detail

Not payable because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*A copy of this letter including our findings will be included with your next reimbursement.*

*If a payment correction request is sent to ECS after 60 days from the original due date of the VPK roster, ECS may not be able to reimburse you for that care.*