**From:** rhcadmin@usac.org [mailto:rhcadmin@usac.org]   
**Sent:** Tuesday, August 07, 2018 8:21 AM  
**To:** Johnston, Darlene N <Darlene.Johnston@charter.com>  
**Subject:** Action Required - RHC HCF Program - FCC Form 463 - Applicant Submission Notice - HCP# 16649

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| --- | --- |
| Date: | 07-Aug-2018 |
| Program: | HCF Program |
| Funding Year: | 2016 |
| Service Provider Name: | Charter Fiberlink WA-CCVII, LLC |
| Service Provider Identification Number (SPIN)/498 ID: | 143027646 |
| Health Care Provider (HCP) Number: | 16649 |
| HCP Name: | Yakima Valley Farm Workers Clinic - Mountainview Women's Health Center |
| FCC Form 463 Invoice Number: | 1000041713 |
| Funding Request Number (FRN): | 16875641 |
| Invoice Amount: | $1,967.16 |

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program received the FCC Form 463 (Invoice and Request for Disbursement Form) from the Health Care Provider (HCP) referenced above on 07-Aug-2018 at 09:12 AM. This notice is to inform you that the FCC Form 463 is ready for your review. Please complete your review as soon as possible.

To view the form, log into My Portal located at <https://forms.universalservice.org/usaclogin/login.asp>. To access the FCC Form 463:

1. Search on the "My SPINs/498 IDs" tab for the SPIN/498 ID associated with the form.
2. Click on the SPIN/498 ID.
3. Search for the FCC Form 463 invoice number referenced above.

Review the Form 463 for accuracy. If any revisions need to be made, you will need to indicate what needs to be changed in the "Notes" section provided and reject the form.

Next Steps

If the form is rejected, the HCP will receive a notice including the explanation that you have provided in the "Notes" section. The HCP will then need to revise and re-certify the form, and then submit it to USAC for final approval.

If the form is approved, certified, and submitted to USAC, the estimated processing time for the FCC Form 463 is 30 days\*.

Once the FCC Form 463 has been reviewed and approved by USAC, you will receive payment either directly or as an offset to your universal service contribution obligation, depending on which option you have selected on your FCC Form 498.

For More Information

Please do not reply directly to this email, as emails to this account will not be delivered to the RHC Program team. For questions or assistance, or if this email has been received in error, contact the Rural Health Care Program Help Desk at (800) 453-1546 between 8 AM and 5 PM Monday - Friday or by email at [rhc-assist@usac.org](mailto:rhc-assist@usac.org).

For more information about the HCF Program application process, refer to the HCF Program Getting Started web page at <http://www.usac.org/rhc/healthcare-connect/process-overview/default.aspx>.

For more information about the FCC Form 463, view the Service Provider Guide to the FCC Form 463 on our website at: <http://usac.org/_res/documents/rhc/pdf/forms/2013/FCC-Form-463-Service-Provider-Guide.pdf>.

\* Processing time is calculated from the date of receipt of a complete and accurate form, including all supporting documentation. Missing and inaccurate information will delay processing. Timeliness of responses to USAC requests for information affects processing time (applicants are required to provide a response to information requests within 14 calendar days).