

Terri Humphrey

From: Freepartner, Maryann [Maryann.Freepartner@providence.org]
Sent: Wednesday, February 20, 2013 9:23 AM
To: 'cramos'
Subject: RE: Funding commitments

Follow Up Flag: Follow up
Flag Status: Flagged

Thank you for that response. I will do that! It will be easier than trying to get a post-dated agreement with AT&T.

*Maryann Freepartner
Finance Manager
Providence Seward Medical and Care Center
907-224-2980*

From: cramos [mailto:cramos@rhc.universalservice.org]
Sent: Wednesday, February 20, 2013 8:27 AM
To: Freepartner, Maryann
Subject: RE: Funding commitments

Maryann,

Since your contract is over based on our information you would file as month-to-month.

If you need help with anything else please don't hesitate to email us again or call the helpline at 1800-229-5476.

Thanks,
Claudio Ramos

From: Freepartner, Maryann [mailto:Maryann.Freepartner@providence.org]
Sent: Wednesday, February 20, 2013 12:15 PM
To: 'cramos'
Subject: RE: Funding commitments

Claudio,
Thank you for this information. Will I need to have a contract extension or would I file month-to-month? These transitions from one carrier to another always seem to overlap and create difficulties in the funding. Thank you for your help.

*Maryann Freepartner
Finance Manager
Providence Seward Medical and Care Center
907-224-2980*

From: cramos [mailto:cramos@rhc.universalservice.org]
Sent: Wednesday, February 20, 2013 4:07 AM
To: Freepartner, Maryann
Subject: RE: Funding commitments

Maryann,

You would have to file new forms for the time period of the monthly basis. Please start the new forms the day after the old ones end.

If you need help with anything else please don't hesitate to email us again or call the helpline at 1800-229-5476.

Thanks,
Claudio Ramos

From: Freepartner, Maryann [<mailto:Maryann.Freepartner@providence.org>]
Sent: Tuesday, February 19, 2013 5:45 PM
To: 'rhc-admin@usac.org'
Subject: Funding commitments

Dear USAC,

Thank you for the funding commitments attached. Although the minimum term in our contract is 36 months, our service was not initiated until November 9, 2009 and our service was in effect until we requested termination, December 26, 2012. I believe the funding should be on a monthly basis until the service was disconnected. Can you please review?

Thank you.

*Maryann Freepartner
Finance Manager
Providence Seward Medical and Care Center
907-224-2980*

This message is intended for the sole use of the addressee, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the addressee you are hereby notified that you may not use, copy, disclose, or distribute to anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender by reply email and delete this message.

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Ex. 24

Freepartner, Maryann

From: rhcadmin@usac.org
Sent: Monday, March 11, 2013 4:13 PM
To: Freepartner, Maryann
Subject: Confirmation of Receipt - FCC Form 466 (HCP Number: 10382)
Attachments: Submitted Form 466.pdf

Funding Year: 2012
HCP Number: 10382
HCP Name: Providence Seward Medical & Care Center
465 Application Number: 43124011
Funding Request Number (FRN): 1219560
Service Type: Both Telecommunications & Internet Services

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) received an electronically-submitted FCC Form 466 for the HCP referenced above on 11-Mar-2013 at 08:12 PM.

This email is a confirmation that the form has been received by RHC and is in the processing queue. This email is not a confirmation that the form has been approved. Once the form has been assigned to a reviewer, the status will change from "received" to "in review" under the "Status" column of your My Forms tab. A copy of the submitted form can be found under the My Documents tab in a folder under the associated Form 465.

You will receive an email once the form has been approved, denied, or if additional information is required in order to complete the processing.

The Primary Account Holder will be copied on this and all correspondence from USAC related to this account.

For questions or assistance, or if you believe you have received this email in error, contact the Rural Health Care Help Desk at 800-229-5476 between 8:00 a.m. and 8:00 p.m. Eastern Time Monday through Friday, or by email at rhc-admin@usac.org.

1219560
(1212338)
STARTS 8-28-12
to 12-26-12

FCC Form
466

Health Care Providers Universal Service
Funding Request and Certification Form

Approval by OMB
3060-0804

The Deadline to submit this Form is the June 30th End of the Funding Year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: HCP Information

1 HCP Name Providence Seward Medical & Care Center	2 HCP Number 10382
3 Form 465 Application #43124011	4 Consortium Name (if any)

Block 2: Bill Payer Information

5 Billed Entity Name Providence Seward Medical & Care Center	6 Billed Entity FCC RN 0013793187	
7 Contact Name Maryann Freepartner		
8 Address Line 1 PO Box 365		
9 Address Line 2		
10 City Seward	11 State AK	12 Zip 99664-0365
13 Contact Phone #(907) 224-2980	14 Fax #(907) 224-7248	15 E-Mail maryann.freepartner@providence.org

Block 3: Funding Year Information

16 Funding Year - Check only one box
 Year 2010 (7/1/2010-6/30/2011)
 Year 2011 (7/1/2011-6/30/2012)
 Year 2012 (7/1/2012-6/30/2013)

Block 4: Service Information

17 Type of Service & Circuit Bandwidth (Enclose documentation.) T1 or DS1 1.544 Mbps

18 Total Billed Miles 0 19 Maximum Allowable Distance (From Form 465) 85

20 Percentage of HCP's service used for the provision of health care. 100 (If less than 100%, please explain.)
 If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.

21 Service Provider Name	Alescom, Inc.		
22 Service Provider Identification Number (SPIN)	143005617		
23 Service Provider Contact Person Name	David Murphy		
24 Service Provider Contact Person's Phone #	(907) 264-7142		
25 Service Provider Contact Person Email	dm028c@att.com		
26 Circuit Start Location	417 First Avenue Seward, AK 99664		
27 Circuit Termination Location	Anchorage, AK		
28 Billing Account Number	8002-765-6315		
29 Tariff, Contract or other document reference number	118829		
30 Date Contract Signed or Date HCP Selected Carrier	N/A		
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	N/A		
32 Service Installation Date	03-Nov-2009		
33 Actual Rural Rate per Month (Enclose Documentation)	11333.75		

34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: Yes No

35 Are you a mobile rural health care provider? Yes No If yes, see instructions and attach a list of all sites to be served.

Please remember:

- ◆ You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for two T1 lines, you must submit two Forms 466.
 - If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit three Forms 466.
- ◆ If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.
- ◆ You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.
- ◆ This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- ◆ If the service described on this form changes (e.g., rate change) during the funding year, you must notify RHCD immediately and submit a revised Form 466.
- ◆ If you have any questions, call RHCD at 1-800-229-5476.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. § 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted to:
Rural Health Care Division
30 Lanidex Plaza West, P.O.Box 685
Parsippany NJ 07054-0685

FCC Form 466
April 2008

EXHIBIT 24
Page 3 of 6

Freepartner, Maryann

From: rhcadmin@usac.org
Sent: Monday, March 11, 2013 4:33 PM
To: Freepartner, Maryann
Subject: Confirmation of Receipt - FCC Form 466 (HCP Number: 10382)
Attachments: Submitted Form 466.pdf

Funding Year: 2012
HCP Number: 10382
HCP Name: Providence Seward Medical & Care Center
465 Application Number: 43124011
Funding Request Number (FRN): 1219563
Service Type: Both Telecommunications & Internet Services

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For questions or assistance, or if you believe you have received this email in error, contact the Rural Health Care Help Desk at 800-229-5476 between 8:00 a.m. and 8:00 p.m. Eastern Time Monday through Friday, or by email at rhc-admin@usac.org.

1219563

(1212337)

8-10-12

TO 12.26-12

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.

Block 5: Mileage-based Charge Discount Request

Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information

36 Billed Circuit Miles				
37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.)				
38 Cost per Mile per Month				

If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37. (See instructions.)

Block 6: Comprehensive Rate Comparison Request

Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please call RHCD at 1-800-229-5476 if you need assistance.

39 One-time Urban Rate Charge (in selected large city)	0			
40 One-time Rural Rate Charge (in city where HCP is located)	0			
41 Monthly Urban Rate (in selected large city). From RHCD web site: <input type="checkbox"/> or Other rate documentation attached: <input checked="" type="checkbox"/>	198.30			

If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7.

42 Billed Circuit Miles				
43 Monthly Mileage Based Charges				
44 Cost per Mile per Month				

Block 7: Bid Documentation

45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD website? Yes No
If you checked yes, copies of the bids MUST be mailed to RHCD.

Block 8: Certification

46 I certify that the above named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.

47 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

48 I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

50 Signature	51 Date
52 Printed name of authorized person	53 Title or position of authorized person
54 Employer of authorized person	55 Employer's FCC RN

Please remember:

- ♦ You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for two T1 lines, you must submit two Forms 466.
 - If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit three Forms 466.
- ♦ If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.
- ♦ You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.
- ♦ This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- ♦ If the service described on this form changes (e.g., rate change) during the funding year, you must notify RHCD immediately and submit a revised Form 466.
- ♦ If you have any questions, call RHCD at 1-800-229-5476.

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This form should be submitted to:

Rural Health Care Division
30 Lanidex Plaza West, P.O.Box 685
Parsippany NJ 07054-0685

FCC Form 466

April 2008

EXHIBIT 24

Page 6 of 6

Ex. 25



Universal Service Administrative Company

Rural Health Care Division

30 Lanidex Plaza West
PO Box 685
Parsippany, NJ 07054

<http://www.usac.org/rhcd/>
Phone: 1-800-229-5476

COMMITMENT ADJUSTMENT LETTER

7/23/13

Alascom, Inc. - DBA AT&T Alascom
Cynthia Loyd
225 W. Randolph Street
Chicago, IL 60606

RE:	Commitment Adjustment
Funding Year:	July 1, 2011 - June 30, 2012
Applicant:	Providence Seward Medical & Care Center
HCP Contact Person:	Maryann Freepartner
HCP Contact Phone:	907-224-2980

Dear Alascom, Inc. - DBA AT&T Alascom:

Our routine review of Universal Service Administrative Company (USAC) Rural Health Care Division (RHCD) Program funding commitments revealed certain applications in which funds were committed in violation of program rules. In order to be sure that no funds are used in violation of program rules, RHCD must now adjust these funding commitments. This letter is to inform you of these adjustments.

FUNDING COMMITMENT REPORT

On the page following this letter, we have provided a Funding Commitment Report for the application cited above. The enclosed report includes a list of the Funding Request Number(s) (FRNs) from the application for which adjustment(s) is necessary. RHCD is also sending this information to the HCP mailing contact, so you may work with them to implement this decision. Immediately following the Funding Commitment Report, you will find a guide that defines each line of the Report.

Note that if the Funds Disbursed to Date amount exceeds your Adjusted Funding Commitment amount, USAC will have to recover some or all of the funds disbursed. This amount is shown as "Funds to be Recovered." We will soon send a letter describing the process for recovering these funds, and will send a copy of the letter to the HCP mailing contact. If the Funds Disbursed to Date amount is less than the Adjusted Funding Commitment amount, USAC will continue to process properly filed invoices up to the Adjusted Funding Commitment amount. To remit payments, please review the payment addresses below.

U.S. Postal Service/Standard Mail for Payments:

USAC
P.O. Box 105056
Atlanta, GA 30348-5056

Courier/Overnight Packages:

USAC
c/o Bank of America (105056)
1075 Loop Road

Atlanta, GA 30337
404.209.6377

ACH Payments:

Should be sent in a CCD+ format to
ABA Routing #071000039, Account #5590045653

Wire Transfers:

Bank Name: Bank of America
Location: 100 West 33rd Street, New York, NY 10001
Bank ABA Routing Number: 026009593
Bank Account Number: 5590045653
Account Type: DDA
Account Name: UNIVERSAL SERVICE ADMINISTRATIVE COMPANY

TO APPEAL THESE FUNDING COMMITMENT ADJUSTMENTS

If you wish to appeal this decision, you may file an appeal with the Universal Service Administrative Company, or directly to the Federal Communications Commission. The appeal **must be filed within 60 days of the date at the top of this letter**. Detailed instructions for filing appeals are available at:

<http://www.usac.org/rhc/about/filing-appeals.aspx>

If you have questions or need help, you may call the Customer Service Support Center at 1-800-229-5476.

Sincerely,

USAC – RHCD

Attachments

Funding Commitment Report
HCP 10382, Providence Seward Medical & Care Center

Funding Request Number(s): 58412
SPIN: 143005617
Service Provider Name: Alascom, Inc. - DBA AT&T Alascom
Services Ordered: T1
Billing Account Number: 8002-765-6315

Adjusted Funding Commitment: \$ 28,728.00
Funds Disbursed to Date: \$ 129,361.56
Funds to be Recovered: \$ 100,633.56

Funding Commitment Adjustment Explanation:

The funding must be adjusted to recapture the charges paid for miles over the MAD (Maximum Allowable Distance).

**PLEASE SEND A COPY OF THIS PAGE WITH YOUR
CHECK TO ENSURE TIMELY PROCESSING**

EXHIBIT 25
Page 3 of 16

A GUIDE TO THE FUNDING COMMITMENT REPORT

Attached to this letter is a report for each support schedule for this HCP for which a commitment adjustment is required. Below are definitions for terms used in the report.

- ◆ Funding Request Number (FRN): A Funding Request Number is assigned by the RHCD to each Funding Commitment Letter. This number is used to report to applicants and service providers the status of individual discount funding requests submitted on a Form 466/468.
- ◆ Service Provider: The legal name of the service provider.
- ◆ Service Provider Identification Number (SPIN): A unique number assigned by the Universal Service Administrative Company to service providers seeking payment from the Universal Service Fund for participating in universal service support programs.
- ◆ Services Ordered: The type of telecommunications service ordered from the service provider, as shown on the Form 466/468.
- ◆ Billing Account Number (BAN): The account number your service provider has established with you for billing purposes. This will be present only if a Billing Account Number was provided on your Form 466/468 or Form 467.
- ◆ Adjusted Funding Commitment: This represents the adjusted total amount of funding that RHCD has committed to this FRN. If this amount exceeds the Funds Disbursed to Date, the RHCD will continue to process properly filed invoices up to the new commitment amount.
- ◆ Funds Disbursed to Date: This represents the total funds which have been paid up to now to the identified service provider for this FRN.
- ◆ Funds to be Recovered: This represents the amount of Funds Disbursed to Date that exceeds the Adjusted Funding Commitment amount. These funds will have to be recovered. If the Funds Disbursed to Date do not exceed the Adjusted Funding Commitment amount, this entry will be \$0.
- ◆ Funding Commitment Adjustment Explanation: This is a description of the reason the adjustment was made.

#3 FRN 58413



Universal Service Administrative Company

Rural Health Care Division

30 Lanidex Plaza West
PO Box 685
Parsippany, NJ 07054

<http://www.usac.org/rhc/>
Phone: 1-800-229-5476

COMMITMENT ADJUSTMENT LETTER

7/23/13

Alascom, Inc. - DBA AT&T Alascom
Cynthia Loyd
225 W. Randolph Street
Chicago, IL 60606

RE:	Commitment Adjustment
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Applicant:	Providence Seward Medical & Care Center
HCP Contact Person:	Maryann Freepartner
HCP Contact Phone:	907-224-2980

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ABA Routing #071000039, Account #5590045653

Wire Transfers:

Bank Name: Bank of America
Location: 100 West 33rd Street, New York, NY 10001
Bank ABA Routing Number: 026009593
Bank Account Number: 5590045653
Account Type: DDA
Account Name: UNIVERSAL SERVICE ADMINISTRATIVE COMPANY

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Sincerely,

USAC – RHCD

Attachments

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HCP 10382, Providence Seward Medical & Care Center

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Service Provider Name: Alascom, Inc. - DBA AT&T Alascom
Services Ordered: T1
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- ◆ Funding Commitment Adjustment Explanation: This is a description of the reason the adjustment was made.

FRN 212338



Universal Service Administrative Company

Rural Health Care Division

30 Lanidex Plaza West
PO Box 685
Parsippany, NJ 07054

<http://www.usac.org/rhc/>
Phone: 1-800-229-5476

COMMITMENT ADJUSTMENT LETTER

7/23/13

Alascom, Inc. - DBA AT&T Alascom
Cynthia Loyd
225 W. Randolph Street
Chicago, IL 60606

RE: Commitment Adjustment
Funding Year: ~~July 1, 2012 - June 30, 2013~~
Applicant: Providence Seward Medical & Care Center
HCP Contact Person: Maryann Freepartner
HCP Contact Phone: 907-224-2980

Dear Alascom, Inc. - DBA AT&T Alascom:

Our routine review of Universal Service Administrative Company (USAC) Rural Health Care Division (RHCD) Program funding commitments revealed certain applications in which funds were committed in violation of program rules. In order to be sure that no funds are used in violation of program rules, RHCD must now adjust these funding commitments. This letter is to inform you of these adjustments.

FUNDING COMMITMENT REPORT

On the page following this letter, we have provided a Funding Commitment Report for the application cited above. The enclosed report includes a list of the Funding Request Number(s) (FRNs) from the application for which adjustment(s) is necessary. RHCD is also sending this information to the HCP mailing contact, so you may work with them to implement this decision. Immediately following the Funding Commitment Report, you will find a guide that defines each line of the Report.

Note that if the Funds Disbursed to Date amount exceeds your Adjusted Funding Commitment amount, USAC will have to recover some or all of the funds disbursed. This amount is shown as "Funds to be Recovered." We will soon send a letter describing the process for recovering these funds, and will send a copy of the letter to the HCP mailing contact. If the Funds Disbursed to Date amount is less than the Adjusted Funding Commitment amount, USAC will continue to process properly filed invoices up to the Adjusted Funding Commitment amount. To remit payments, please review the payment addresses below.

U.S. Postal Service/Standard Mail for Payments:

USAC
P.O. Box 105056
Atlanta, GA 30348-5056

Courier/Overnight Packages:

USAC
c/o Bank of America (105056)
1075 Loop Road

Atlanta, GA 30337
404.209.6377

ACH Payments:

Should be sent in a CCD+ format to
ABA Routing #071000039, Account #5590045653

Wire Transfers:

Bank Name: Bank of America
Location: 100 West 33rd Street, New York, NY 10001
Bank ABA Routing Number: 026009593
Bank Account Number: 5590045653
Account Type: DDA
Account Name: UNIVERSAL SERVICE ADMINISTRATIVE COMPANY

TO APPEAL THESE FUNDING COMMITMENT ADJUSTMENTS

If you wish to appeal this decision, you may file an appeal with the Universal Service Administrative Company, or directly to the Federal Communications Commission. The appeal **must be filed within 60 days of the date at the top of this letter**. Detailed instructions for filing appeals are available at:

<http://www.usac.org/rhc/about/filing-appeals.aspx>

If you have questions or need help, you may call the Customer Service Support Center at 1-800-229-5476.

Sincerely,

USAC – RHCD

Attachments

Funding Commitment Report
HCP 10382, Providence Seward Medical & Care Center

Funding Request Number(s): 1212338
SPIN: 143005617
Service Provider Name: Alascom, Inc. - DBA AT&T Alascom
Services Ordered: T1
Billing Account Number: 8002-765-6315

Adjusted Funding Commitment: \$ 4,455.78
Funds Disbursed to Date: \$ 20,279.28
Funds to be Recovered: \$ 15,823.50

Funding Commitment Adjustment Explanation:

The funding must be adjusted to recapture the charges paid for miles over the MAD (Maximum Allowable Distance).

**PLEASE SEND A COPY OF THIS PAGE WITH YOUR
CHECK TO ENSURE TIMELY PROCESSING**

A GUIDE TO THE FUNDING COMMITMENT REPORT

Attached to this letter is a report for each support schedule for this HCP for which a commitment adjustment is required. Below are definitions for terms used in the report.

- ◆ Funding Request Number (FRN): A Funding Request Number is assigned by the RHCD to each Funding Commitment Letter. This number is used to report to applicants and service providers the status of individual discount funding requests submitted on a Form 466/468.
- ◆ Service Provider: The legal name of the service provider.
- ◆ Service Provider Identification Number (SPIN): A unique number assigned by the Universal Service Administrative Company to service providers seeking payment from the Universal Service Fund for participating in universal service support programs.
- ◆ Services Ordered: The type of telecommunications service ordered from the service provider, as shown on the Form 466/468.
- ◆ Billing Account Number (BAN): The account number your service provider has established with you for billing purposes. This will be present only if a Billing Account Number was provided on your Form 466/468 or Form 467.
- ◆ Adjusted Funding Commitment: This represents the adjusted total amount of funding that RHCD has committed to this FRN. If this amount exceeds the Funds Disbursed to Date, the RHCD will continue to process properly filed invoices up to the new commitment amount.
- ◆ Funds Disbursed to Date: This represents the total funds which have been paid up to now to the identified service provider for this FRN.
- ◆ Funds to be Recovered: This represents the amount of Funds Disbursed to Date that exceeds the Adjusted Funding Commitment amount. These funds will have to be recovered. If the Funds Disbursed to Date do not exceed the Adjusted Funding Commitment amount, this entry will be \$0.
- ◆ Funding Commitment Adjustment Explanation: This is a description of the reason the adjustment was made.

#M FRN 1212337

USAC

Universal Service Administrative Company

Rural Health Care Division

30 Lanidex Plaza West
PO Box 685
Parsippany, NJ 07054

<http://www.usac.org/rhc/>
Phone: 1-800-229-5476

COMMITMENT ADJUSTMENT LETTER

7/23/13

Alascom, Inc. - DBA AT&T Alascom
Cynthia Loyd
225 W. Randolph Street
Chicago, IL 60606

RE:	Commitment Adjustment
Funding Year:	July 1, 2012 - June 30, 2013
Applicant:	Providence Seward Medical & Care Center
HCP Contact Person:	Maryann Freepartner
HCP Contact Phone:	907-224-2980

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Sincerely,

USAC – RHCD

Attachments

Funding Commitment Report
HCP 10382, Providence Seward Medical & Care Center

Funding Request Number(s): 1212337
SPIN: 143005617
Service Provider Name: Alascom, Inc. - DBA AT&T Alascom
Services Ordered: T1
Billing Account Number: 8002-765-6315

Adjusted Funding Commitment: \$ 3,072.93
Funds Disbursed to Date: \$ 13,985.66
Funds to be Recovered: \$ 10,912.73

Funding Commitment Adjustment Explanation:

The funding must be adjusted to recapture the charges paid for miles over the MAD (Maximum Allowable Distance).

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