

ATTACHMENT

1



30 Lanidex Plaza West
PO Box 685
Parsippany, NJ 07054

Rural Health Care Division

<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 27
Page 12 of 51

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.



30 Lanidex Plaza West
PO Box 685
Parsippany, NJ 07054

Rural Health Care Division

<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, 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): 58413
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**

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.



30 Lanidex Plaza West
PO Box 685
Parsippany, NJ 07054

Rural Health Care Division

<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, 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

EXHIBIT 27
Page 18 of 51

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): 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).

**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.



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, 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**

EXHIBIT 27
Page 24 of 51

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.

ATTACHMENT

2



30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

Rural Health Care Division

www.rhc.universalservice.org
Phone: 1-800-229-5476

February 9, 2012

Cynthia Davis
Alascom, Inc. - DBA AT&T Alascom
225 W. Randolph Street, Floor 22B330
Chicago IL 60606

Dear Cynthia Davis:

Attached please find copies of HCP Support Schedule(s) for health care provider(s) for whom your company is providing a supported service. The HCP Support Schedule indicates that the HCP is approved for the support amount shown on the schedule.

Please credit the billed entity associated with the Billing Account Number on the attached HCP Support Schedule as soon as possible. Support may be provided either as a credit on the bill or as a check to the billed entity. Once you have provided support to the HCP, you must invoice RHCD for the amount supported. Please be sure to provide support only up through the current month, and refer to the RHCD Invoicing Procedures for additional information concerning providing support to HCPs. A copy of the procedures and an invoicing template are available on the RHCD website (www.rhc.universalservice.org/serviceproviders/invoicing.asp). You may also call Karen Mogensen (973-581-6756) if you have questions about the process.

Thank you for helping RHCD provide USF support to rural health care providers. Support to these organizations enables them to establish telemedicine programs and improve health care in rural areas throughout the U.S.

Sincerely,

Karen Mogensen
Invoicing Analyst

Enclosure: HCP Support Schedule(s)

EXHIBIT 27
Page 27 of 51



30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

Rural Health Care Division

www.rhc.universalservice.org
Phone: 1-800-229-5476

February 9, 2012

Maryann Freepartner
Providence Seward Medical Center
P.O. Box 365,
Seward, AK 99664

Dear Maryann Freepartner:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has received and reviewed your FCC Form 467. Based on the actual service start date that you supplied in the form, we developed the attached Health Care Provider (HCP) Support Schedule. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10382
HCP Contact Name: Maryann Freepartner
HCP Name: Providence Seward Medical Center
HCP Address: 417 1st Ave.
Seward, AK 99664

A copy of the Support Schedule has also been sent to the telecommunications carrier listed below.

Telecommunications Carrier Name: Alascom, Inc. - DBA AT&T Alascom
Service Provider Identification Number (SPIN): 143005617

Next Steps

The support amount will be credited to the Billed Account Number for the services shown on Form 467. As provided in the statute, the amount of support is equal to the "difference . . . between the rates for services provided to health care providers for rural areas in a State and the rates for similar services provided to other customers in comparable rural areas in that State." 47 U.S.C. sect. 254(h)(1)(A).

We must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP does not otherwise receive the benefit of the support in the amount shown on the HCP Support Schedule. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to ensure that the support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time.

Sincerely,

RHCD - USAC

cc: Alascom, Inc. - DBA AT&T Alascom
Enclosure: HCP Support Schedule

EXHIBIT 27
Page 28 of 51



HCP Support Schedule

Funding Year: 2011 **HCP #:** 10382 **FRN:** 58412 **Billing Account Number:** 8002-765-6315

HCP Name: Providence Seward Medical Center
HCP Address: 417 1st Ave.
Seward, AK 99664

Support Start Date: 07/01/2011
Support End Date: 06/30/2012
Non-Recurring Support: \$0.00
Monthly Recurring Support: \$10,780.13

HCP Mailing Organization and Address:

Providence Seward Medical Center
P.O. Box 365
Seward, AK 99664

Service: T1 or DS1
SPIN: 143005617
Telco: Alascom, Inc. - DBA AT&T Alascom

Note: first and last month's support was prorated for monthly recurring support based on the number of days the service was in place (Support Start and End Date). Non-recurring support was applied to the first month's support.

| <u>Support Date</u> | <u>Support Amount</u> |
|---------------------|-----------------------|
| 7/2011 | \$10,780.13 |
| 8/2011 | \$10,780.13 |
| 9/2011 | \$10,780.13 |
| 10/2011 | \$10,780.13 |
| 11/2011 | \$10,780.13 |
| 12/2011 | \$10,780.13 |
| 1/2012 | \$10,780.13 |
| 2/2012 | \$10,780.13 |
| 3/2012 | \$10,780.13 |
| 4/2012 | \$10,780.13 |
| 5/2012 | \$10,780.13 |
| 6/2012 | \$10,780.13 |
| Total | \$129,361.56 |



30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

Rural Health Care Division

www.rhc.universalservice.org
Phone: 1- 800-229-5476

February 9, 2012

Maryann Freepartner
Providence Seward Medical Center
P.O. Box 365,
Seward, AK 99664

Dear Maryann Freepartner:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has received and reviewed your FCC Form 467. Based on the actual service start date that you supplied in the form, we developed the attached Health Care Provider (HCP) Support Schedule. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 10382
HCP Contact Name: Maryann Freepartner
HCP Name: Providence Seward Medical Center
HCP Address: 417 1st Ave.
Seward, AK 99664

A copy of the Support Schedule has also been sent to the telecommunications carrier listed below.

Telecommunications Carrier Name: Alascom, Inc. - DBA AT&T Alascom
Service Provider Identification Number (SPIN): 143005617

Next Steps

The support amount will be credited to the Billed Account Number for the services shown on Form 467. As provided in the statute, the amount of support is equal to the "difference . . . between the rates for services provided to health care providers for rural areas in a State and the rates for similar services provided to other customers in comparable rural areas in that State." 47 U.S.C. sect. 254(h)(1)(A).

We must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP does not otherwise receive the benefit of the support in the amount shown on the HCP Support Schedule. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to ensure that the support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time.

Sincerely,

RHCD - USAC

cc: Alascom, Inc. - DBA AT&T Alascom
Enclosure: HCP Support Schedule

EXHIBIT 27
Page 30 of 51



HCP Support Schedule

Funding Year: 2011 HCP #: 10382 FRN: 58413 Billing Account Number: 8002-765-6315

HCP Name: Providence Seward Medical Center
HCP Address: 417 1st Ave.
Seward, AK 99664

Support Start Date: 07/01/2011
Support End Date: 06/30/2012
Non-Recurring Support: \$0.00
Monthly Recurring Support: \$10,780.13

HCP Mailing Organization and Address:

Providence Seward Medical Center
P.O. Box 365
Seward, AK 99664

Service: T1 or DS1
SPIN: 143005617
Telco: Alascom, Inc. - DBA AT&T Alascom

Note: first and last month's support was prorated for monthly recurring support based on the number of days the service was in place (Support Start and End Date). Non-recurring support was applied to the first month's support.

| Support Date | Support Amount |
|--------------|---------------------|
| 7/2011 | \$10,780.13 |
| 8/2011 | \$10,780.13 |
| 9/2011 | \$10,780.13 |
| 10/2011 | \$10,780.13 |
| 11/2011 | \$10,780.13 |
| 12/2011 | \$10,780.13 |
| 1/2012 | \$10,780.13 |
| 2/2012 | \$10,780.13 |
| 3/2012 | \$10,780.13 |
| 4/2012 | \$10,780.13 |
| 5/2012 | \$10,780.13 |
| 6/2012 | \$10,780.13 |
| Total | \$129,361.56 |

GOINS, MARQUITA M (Legal)

From: rhcadmin@usac.org
Sent: Monday, March 11, 2013 7:40 PM
To: NECOE-Alascom
Subject: RHC HCP Support Schedule for HCP 10382, FRN 12123371

Date: 11-Mar-2013

Funding Year: 2012
Health Care Provider (HCP) Name: Providence Seward Medical & Care Center
HCP Number: 10382
FCC Form 465 Application Number: 43124011
Funding Request Number(FRN): 12123371

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has received the FCC Form 467 - Connection Certification submitted for the above-referenced FRN. Based on the information provided on the form, a final Health Care Provider Support Schedule (HSS) is attached.

A copy of this HSS will be sent to all account holders and the service provider listed on the FCC Form 498:

Service Provider Name: Alascom, Inc.
Service Provider Identification Number (SPIN): 143005617
Billing Account Number: 8002-765-6315
Service Type: T1 or DS1
Bandwidth: 1.544 Mbps

| | |
|----------------------------|-------------|
| Support Start Date: | 01-Jul-2012 |
| Support End Date: | 09-Aug-2012 |
| Non-Recurring Support: | \$0.00 |
| Monthly Recurring Support: | \$10,838.91 |

The first and last month's monthly recurring support may be prorated depending on the number of days the service was in place for those months. Approved non-recurring support will be included in the first month's support.

Approved Support Details

| Date | Support Amount |
|--------------|-----------------------|
| Jul 2012 | \$10,838.91 |
| Aug 2012 | \$3,146.75 |
| Total | \$13,985.66 |

Your responsibility:

It is the HCP's responsibility to review the information in this HSS. Contact RHC at rhc-admin@usac.org immediately if, at any time, the supported services are not being provided to the HCP or the HCP is not otherwise receiving the approved support. The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by RHC and the FCC. HCPs are subject to audits and other reviews that RHC and/or the FCC may undertake to ensure that the universal service support is being used in compliance with FCC program rules. If RHC discovers that supported services are not used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

Next Steps

Receipt of this HSS is an indicator to the service provider that it should begin crediting the HCP for the support amount (if it has not yet done so) and that it may then begin to invoice USAC. Service Providers will find the OMB-approved Invoice and instructions at: <http://www.usac.org/rhc/about/program-integrity/appeals.aspx>

If you have any questions or need assistance, call the RHC Help Desk at 1-800-229-5476, Monday through Friday, 8AM - 8PM, Eastern Time (or at rhc-admin@usac.org).

¹ 47 C.F.R. 54.619(d).