

DHS EXCEPTION/OLD YEAR PAYMENT CHECK REQUEST FORM Revised: 4/2013

Send To: OFO/CAPS Coordinator 195 North 1950 West Salt Lake City, Utah 84116

- NEW Billing Form** (including required signatures) **is required for all Exception Payments COPIES OF PREVIOUS BILLING FORMS WILL NOT ACCEPTED.**
NOTE: Special Needs items (equip., supplies, etc.) attach bids or sole source letter, per State purchasing policy.
- Attach Memo on Region Letterhead from caseworker** explaining why payment was not processed through CAPS prior to year-end cut off; attach additional documentation if needed.
- Special note for stale dated checks:** Attach provider-signed letter explaining why check was not cashed timely.

Complete all areas, for each line below:

Client Name	ID Number	ELG	Service Dates (DDMMYY) start date-end date	Service Code	Units	Kind	Rate	AMOUNT

Service Approval ID:	Total
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Payment Approval EIN 1 Payment Approval EIN 2

FINET CODING (needed for each service code/elig/amount- attach separate sheets, if necessary, provide all codes used by your Division):

APPR	UNIT	OBJECT	ACTIVITY	FUNCTION	PROGRAM	PHASE	AMOUNT

PROVIDER INFORMATION: Complete all areas		Region/District Information	
Provider Name	Provider ID#	Requested by (Name of Payment Technician)	
		Date	
Mailing Address (verify address)		District Code/Region/ Telephone #	
		/()	
City, State, Zip Code		Payment Entry Technician Signature/Date	

(Before sending to OFO/CAPS, the following Signatures are Required)

Case Worker: _____ Date: _____
 Supervisor: _____ Date: _____
 Region Financial Mgr: _____ Date: _____
 Regional Director: _____ Date: _____
 Division Chief Financial Budget Officer: _____ Date: _____
(Sept. thru Dec. a signed fax or attached email is acceptable for Chief Financial Budget Officer approval)
****Division Director:** _____ **Date:** _____

****Required for all HCR requests submitted after the Dec. cut-off date**

DHS/FINANCE OFFICE USE ONLY	
<input type="checkbox"/> Held Payment <input type="checkbox"/> Verified Payment History _____ Date: _____ (CAPS Coordinator)	<input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Date: _____ (Finance Director)