

ACCREDITATION REIMBURSEMENT REQUEST
Per Welfare and Institutions Code Section 11462 and Section 11463

SECTION I – PROVIDER INFORMATION

Corporation/Licensee Name: _____

Rates Provider Number: _____

Address: _____

City: _____

Zip Code: _____

Contact Person: _____

Email Address: _____

Telephone Number: _____

Amount Requested: _____

Providers Signature: _____

SECTION II – ACCREDITATION INFORMATION

ACCREDITING BODY: _____

Accreditation Started: _____
Date**Please mark the appropriate box.**Accreditation Completed: _____
Date

- The Council on Accreditation (COA)
 Commission on Accreditation of Rehabilitation Facilities (CARF)
 The Joint Commission (TJC)

SECTION III – FCARB AND ACCOUNTING USE ONLY

Federal PCA Code 22358: _____ State PCA Code 12354: _____
Amount to be applied Amount to be applied

Index Code: 9990 Object Code: 706 Total to be paid: _____

Invoice #: _____

Approved: _____ Denied: _____ (Ineligible because fees were not paid 7/1/16 or after)

Rates Consultant Signature: _____

Please attach the invoice from the accrediting agency showing the billing amount and cancelled check, credit card, receipt or online receipt to this form and mail with form STD 204 (Payee Data Record) to:

Foster Care Audits and Rates Branch
744 P. Street, M.S. 8-11-74
Sacramento, CA 95814