Print Remittance

You will no longer receive Remittances by mail once your Provider Portal account is approved and CLR# attached. Remittances will be available on the Provider Portal when your PBFs are in 'Paid' status. Remittances are stored in the Provider Portal for your convenience, or you may print them for record-keeping purposes.

1. Click on Print Remittance in the left navigation menu.

Kentucky.gov KENTUCK CABINET FOR KENTUCKY INTER	Y HEALTH AND FAMILY SERVICES GRATED CHILD CARE SYSTEM	KIC	CS Provider Portal (Release 5.35.0)	KY Agencies KY Servic Welcome, steph.dcc@externaltest.testcit.ter
			1	Need HELP About CHFS Contact Us My Account Sign Out
Home			Home	
View/Process	Assigned Providers			
PBFs	Provider Name	CLR	Address	Type
Print PBFs	Test Provider I	L369522	Test Address 1	Licensed Type I
Print	Test Provider II	L369528	Test Address 2	Licensed Type I
Remittance	Test Provider III	L368835	Test Address 3	Licensed Type I
Provider	Test Provider IV	C54969	Test Address 4	Certified
	Test Provider V	R76463	Test Address 5	Registered In Provider Home
Renewal/Change App.	Test Provider VI	C57416	Test Address 6	Certified
	Workbasket			
		Filter By: Select One	• •	

- 2. Enter the **Payment Date From** and **Payment Date To**.
 - Note that these are payment dates (when payment was received), not payment periods (when the child attended).
 - Example: Today is 4/11/2016
 - I have submitted my March 2016 PBFs and received payment, but I'm not sure of the payment date.
 - I can enter the **Payment Date From** as 4/1/2016 and the **Payment Date To** as 4/11/2016.
 - This will display any payments received in April.

Drovi	idore		Print Remit	tances					
Pay	Payment Search								
	Payment Date From:			Payment Date To:					
Select	Provider Name			Format the date as MMA/DD/W/ or MMA/DD/W/W/					
	Test Provider I	L369522	Test Address I	Format the date as wivi/DD/YY or wivi/DD/YYYY					
	Test Provider II	L369528	Test Address II						
	Test Provider III	L368835	Test Address III	Licensed Type I					
	Test Provider IV	C54969	Test Address IV	Certified					
	Test Provider V	R76463	Test Address V	Registered In Provider Home					
	Test Provider VI	C57416	Test Address VI	Certified					
		•	View Select	ed					

- 3. Click on the Select checkbox next to the desired Provider Name
 - You also may select all providers by clicking the box at the top of the column.
- 4. Click the View Selected button.
 - A grid displays with the total payment amount for any payment made during the entered time period.

Provider Name	CLR	<u>Payment Date</u>	Payee Name	Amount
Test Provider IV	C54969	3/23/2016	Test Payee	\$641.00
Test Provider III	L368835	3/28/2016	Test Payee	\$3,201.00
Test Provider II	L369528	3/28/2016	Test Payee	\$504.00
Test Provider V	R76463	3/23/2016	Test Payee	\$90.00
Test Provider V	R76463	4/3/2016	Test Payee	\$595.00
Test Provider VI	C57416	3/20/2016	Test Payee	\$754.73

Print Remittance

- 5. Click on the **Print** button at the bottom of the page.
 - The page will refresh to the Print Remittance default page after clicking **Print** or if you click **Cancel**.
 - The Remittance will open in a new tab/window.
- 6. You can print or click File for additional options.



If you need assistance with these steps, please contact the **KICCS HelpDesk**. **Local:** 502-564-0104 Option 6 **Toll Free:** 866-231-0003 Option 6 **Email:** CHFS.KICCSHelpDesk@ky.gov