

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 KICCS Provider Portal (Release 5.35.0) KY Agencies | KY Service Welcome, steph.dcc@externaltest.testcit.test

KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES KENTUCKY INTEGRATED CHILD CARE SYSTEM

Home Assigned Providers Home

View/Process PBFs Print PBFs **Print Remittance** Provider Info Renewal/Change App.

Provider Name	CLR	Address	Type
Test Provider I	L369522	Test Address 1	Licensed Type I
Test Provider II	L369528	Test Address 2	Licensed Type I
Test Provider III	L368835	Test Address 3	Licensed Type I
Test Provider IV	C54969	Test Address 4	Certified
Test Provider V	R76463	Test Address 5	Registered In Provider Home
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.

Print Remittances

Providers

Payment Search

Payment Date From: Payment Date To:

Select	Provider Name	CLR	Address	Type
<input type="checkbox"/>	Test Provider I	L369522	Test Address I	
<input type="checkbox"/>	Test Provider II	L369528	Test Address II	
<input type="checkbox"/>	Test Provider III	L368835	Test Address III	Licensed Type I
<input type="checkbox"/>	Test Provider IV	C54969	Test Address IV	Certified
<input type="checkbox"/>	Test Provider V	R76463	Test Address V	Registered In Provider Home
<input type="checkbox"/>	Test Provider VI	C57416	Test Address VI	Certified

Format the date as MM/DD/YY or MM/DD/YYYY

View Selected

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.

Review Remittance Payments

Provider Name	CLR	Payment Date	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

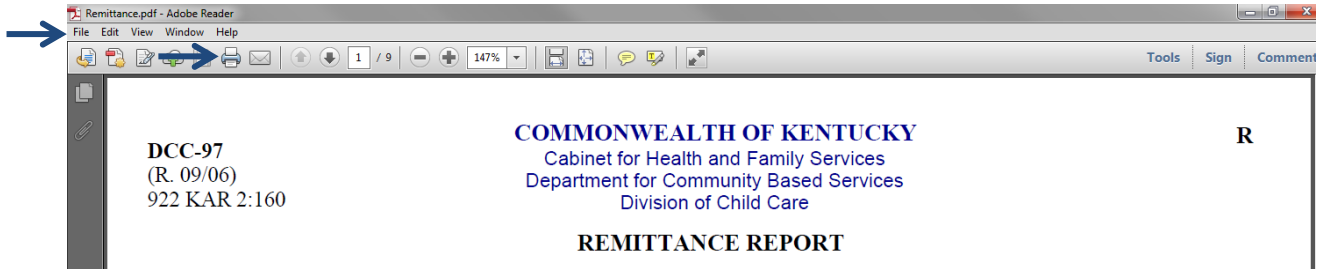
Print Cancel

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**
6. A pop-up box will display.
7. Click **Open** and the PBF(s) will open in a new window.



8. 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