Redwood Coast Regional Center Billing Adjustment Request

Please email form to POSFiscal@redwoodcoastrc.org or fax the completed form to (707) 462-6579. Please note handwritten forms are not accepted. To view information regarding our processing of the forms please view are Billing Adjustment Procedures located on our Ebilling website.

Contact Name: Email:

Vendor Number: Vendor Name:

UCI Number: Client Name:

Client Authorization Number:

Service Code: Service month: Year:

☐ Refund ☐ Additional billing

Sub Code: Units Billed Originally: Additional Units to Bill:

Sub Code: Units Billed Originally: Additional Units to Bill:

Sub Code: Units Billed Originally: Additional Units to Bill:

Brief reason for your request:

For Redwood Coast Regional Center Fiscal Staff Only

Units/Amount Authorized:

Units/Dollars Paid:

Approved Denied Approved/Denied by: Date:

Reason for denying request: