NOTC

(Notice Screen)

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1 - DHS.HEP (DHRMF)                                                    _ | 8 | x
File  Edit  Transfer  Fonts  Options  Macro  View  Window  Help
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SJFS005I    NOTC  - JF       SDSD Client Pay-in System       07/19/2005  14:51:57
Fast Path: _____  - JF                   Notice              Trans Type: I


Note Nmbr: A12345   Type Not BL - BILLING NOTICE        Rec Crte 06/27/2005

   +-------------------------------------+
   | Sent To:                            |
   |                                     |
   |   Prim ID   XXX111X1                |
   |   Mail Name CLIENT, SAMPLE          |
   |                                     |
   |   Mail Str. 500 SUMMER ST           |
   |                                     |
   |   Mail City SALEM                   |
   |   Mail St.. OR  Mail Zip 97301 - 0000 |
   +-------------------------------------+
     Prov Nmbr
     Br....... 3013
     Wkr ID... PH

Msg

F2=Menu F3=Exit F4=Mact F5=Dmac        F8=Forw
4A                                                                          5/13
```

Purpose: This screen displays the notice information for all clients enrolled in the SPD Client Pay-In system. It displays a snapshot of where each notice was mailed.

Access: Accessed through the Main Menu Screen via the Monthly Account (MACT).

All notices/bills are sent to the mailing address that appears on the CMS file. You may not generate a duplicate notice.

Function Keys:

F2 = MENU   Returns you to the Main Menu screen without a prime number.

F3 = EXIT   Returns you to the previous screen you were using, bringing the data along from the current screen.

F7 =Back   Allows you to view the next set of records. This key is only functional when it is shown at the bottom of the screen.

F8 = Forw   Allows you to view the previous set of records. This key is only functional when it is shown at the bottom of the screen.

F9 = Prev Dep   Displays the previous (older) deposits, if they exist.

F10= Next Dep   Displays the next deposit if one exists.
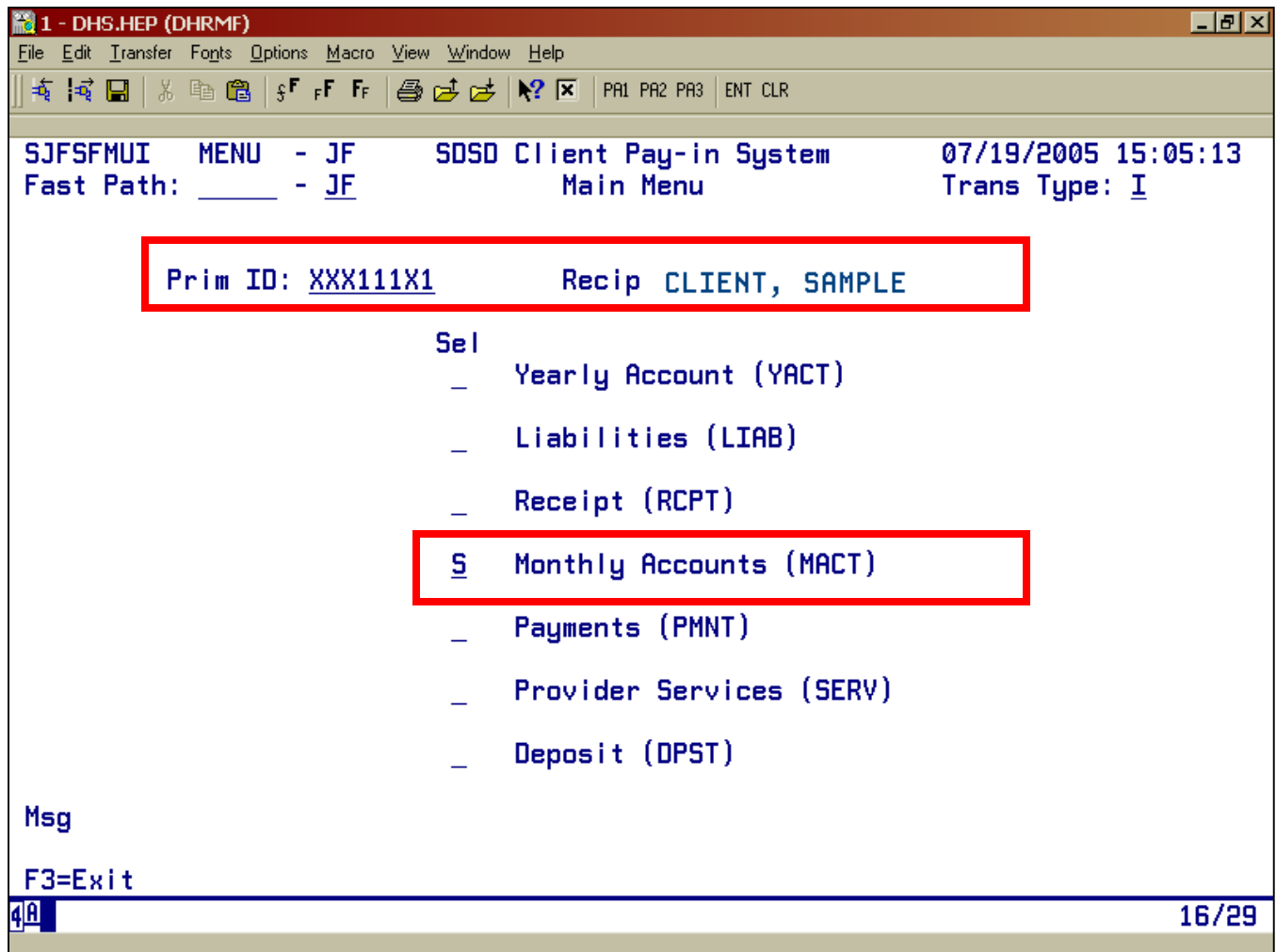
Notice Screen

Procedure:

1. Type SFMU (Example A)
   - Press <Enter>

2. Type in the Prime ID (Example A)
   - Press <Enter>

3. Tab to the Monthly Account (MACT)
   - Type S
   - Press <Enter>

4. Tab to the ACT line you wish and type N
   - Press <Enter>

To view all notices for the month, look at the bottom of the screen and check for the appropriate function keys.

Press F4=MACT to return to the Monthly Account screen. If you wish to view the notices for a different month, repeat the procedure described above.

Example A

SJFSFMUI   MENU - JF   SDSD Client Pay-in System   07/19/2005 15:05:13
Fast Path: _____ - JF   Main Menu   Trans Type: I

        Prim ID: XXX111X1   Recip CLIENT, SAMPLE

                          Sel
                          _   Yearly Account (YACT)

                          _   Liabilities (LIAB)

                          _   Receipt (RCPT)

                          S   Monthly Accounts (MACT)

                          _   Payments (PMNT)

                          _   Provider Services (SERV)

                          _   Deposit (DPST)

Msg

F3=Exit
                                                              16/29

ANY BRANCH - SENIOR SERVICES
PO BOX 1111
ANYWHERE, OR   99999-9999

STATE OF OREGON
DEPARTMENT OF
HUMAN SERVICES

SENIORS AND
PEOPLE WITH
DISABILITIES

SMITH, JOHN
PO BOX 111
ANYWHERE, OR   99999

Payment Notice

Date: Nov 26, 2004
Account Number: AAA0000A
Bill Notice: I00000

To get In-Home services, you must make a payment each month to the Department of Human Services, Seniors and People with Disabilities. You must pay the full amount. Payment is due upon receipt. Payment is past due if not received by the 10th.

*See next page for amount owing.

NOTE: If your account has a previous billing amount and you were sent a Services Termination Notice your account will remain closed until payments or other adjustments are made.

Use the enclosed envelope to send payment. **Do NOT send cash.** Make checks or money orders payable to Seniors and People with Disabilities. If you have any questions, contact your case manager at the [ANYBRANCH] office, phone number [999-1111].

Date	Description	Amount
10/26/2004	Previous Billing	$114.30
11/26/2004	Current Billing for Dec 2004	$114.30 +
12/4/2004	Payment Received	$114.30 -
		$114.30

Keep this part for your records

Return this part with your payment

Department of Human Services
Client Pay-In For Services Payment
PO Box 14175
Salem, OR 97309-9937

Branch: 0001
Account: AAA0000A
Bill Notice: I00000
Amount Due: **$114.30**
Amount Enclosed:_____

(Amount payable to Seniors and People with
Disabilities)

ANY BRANCH - SENIOR SERVICES   STATE OF OREGON
PO BOX 1111   DEPARTMENT OF
ANYWHERE, OR   99999-9999   HUMAN SERVICES

                                                               SENIORS AND
                                                               PEOPLE WITH
                                                               DISABILITIES

SMITH, JOHN
PO BOX 111
ANYWHERE, OR   99999

Supplemental Billing Notice

Date: 12/16/2004
Account Number: AAA0000A
Bill Notice: I00000
Supp Bill Notice Nmbr: AA0045

There is a change to your billing for services. This notice explains the change.

*See next page for change.

Use the enclosed envelope to send payment. **Do NOT send cash.** Make checks or money orders payable to Seniors and People with Disabilities.

If you have any questions, contact your case manager at the [ANYBRANCH] office, phone number [999-1111].

Reason	Bill Reference	Change in Amount
Under billing	AA0001	$50.00+

Date	Description	Amount
10/26/2004	Billing for Nov 2004	$114.30 +
12/4/2004	Payment Received	$114.30-
	Current Change	$50.00+
	Amount Due	$50.00

Keep this part for your records

Return this part with your payment

Department of Human Services
Client Pay-In For Services Payment
PO Box 14175
Salem, OR 97309-9937

Account: AAA0000A - Williams, John   Branch: 0001
Bill Notice: I00000
Supp Bill Notice Nmbr: AA0045
Amount Due: $**50.00**
Amount Enclosed:_____
                (Amount payable to Seniors and People with
                Disabilities)

ANY BRANCH - SENIOR SERVICES
PO BOX 1111
ANYWHERE, OR   99999-9999

STATE OF OREGON
DEPARTMENT OF
HUMAN SERVICES

SENIORS AND
PEOPLE WITH
DISABILITIES

SMITH, JOHN
PO BOX 111
ANYWHERE, OR   99999

Services Termination Notice

Date: Dec 15, 2004
Account Number: AAA0000A
Bill Notice: AA0001
10-Day Notice Number: AA0045

You are paying in to the State for the cost of your in-home care services. Our records show we have <u>not</u> received your monthly service payment for [Dec 2004]. You must make your monthly pay-in to remain eligible for the in-home services program. Since we have not received your payment, your services will end [December 31, 2004].

*See next page for your hearing rights.

Rule 461-160-0620, 461-185-0050 and Rule 461-180-0040

Use the enclosed envelope to send payment. **Do NOT send cash.** Make checks or money orders payable to Seniors and People with Disabilities.

Description	Amount
Total Payment Overdue	$200.00+

Keep this part for your records

Return this part with your payment

Department of Human Services
Client Pay-In For Services Payment
PO Box 14175
Salem, OR 97309-9937

Account: AAA0000A - Williams, John   Branch: 0001
Bill Notice: AA0001
10-Day Notice Number: AA0177
Amount Due: $200.00
Amount Enclosed:_____
                 (Amount payable to Seniors and People with
                 Disabilities)

ANY BRANCH - SENIOR SERVICES
PO BOX 1111
ANYWHERE, OR   99999-9999

STATE OF OREGON
DEPARTMENT OF
HUMAN SERVICES

SENIORS AND
PEOPLE WITH
DISABILITIES

SMITH, JOHN
PO BOX 111
ANYWHERE, OR   99999

Payment Authorization Termination Notice

Date: Dec 15, 2004
Account Number: AAA0000A
Provider Number: 123456
Provider Notice Number: AA0199

The person you provide services to, [Williams, John D], may not be eligible to receive in-home services after [December 31, 2004].

Please contact the [ANYBRANCH] office, phone number [999-1111], to find out if this person is eligible to receive in-home care, before you provide any services after the above date.

The payment voucher is your authorization to work. The Department is not obligated to pay for work that you do without a payment voucher.

Thank you for your cooperation in this matter.

SDS 1400D (01/05)

NOTC ERROR MESSAGES

Error #	Error Message	Data Items
NT001	**PLEASE ENTER NOT NUMBER**	**NOTE**
	Enter a notice number	**NMBR**
JF011	**NOTICE NUMBER NOT FOUND**	**NOTE**
	Notice number entered was not found on file.	**NMBR**
JF013	**NOTICE FILE CLOSED**	
	The notice file is not available at this time. Try again later.	
JF014	**KEY PRESSED INACTIVE FOR THIS SCREEN**	
	Key pressed currently does nothing.	
JF015	**FASTPATH FILE NOT OPEN**	
	The Fastpath file is not available t this time. Try again later.	
JF016	**UNKNOWN ERROR ON FAST PATH FILE**	**FAST PATH**
	The Fastpath file has an error. Call SPD systems.	
JF025	**SYS ID INVALID FOR THE FAST PATH ENTERED**	**FAST PATH**
	The two-characters following the Fastpath entry field contains the system Id of the screen. Enter the correct system ID for the screen to uniquely identify the screen.	