



State of California—Health and Human Services Agency
Department of Health Care Services



Date: \_\_\_\_\_

To: DHCS SMAA Unit Chief

From: \_\_\_\_\_

Subject: PPL 21-031 Attachment C: Late Vendor Fee Worksheet (VFW)
Submission Request

Claiming Unit: \_\_\_\_\_

We are requesting delayed submission of our VFW for State Fiscal Year (SFY) \_\_\_\_\_.

Reminder: VFWs are due to DHCS within three years of the end of the fiscal year being reported. Failure to submit a Late VFW Request prior to that deadline may result in delays in processing future claims, or potential audit findings.

The VFW will not be submitted timely because:

\_\_\_\_\_  
\_\_\_\_\_

The following steps will be taken to ensure that future VFWs are submitted timely:

\_\_\_\_\_  
\_\_\_\_\_

The VFW will be sent to DHCS on: \_\_\_\_\_
Date

Please contact me if you have any questions or require further information at

\_\_\_\_\_.

\_\_\_\_\_  
LEC/LGA Coordinator

Submit forms to: SMAA@dhcs.ca.gov