

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

ARRC DECISION/APPEAL NOTIFICATION LETTER

Date

First Name Last Name

Address

City, State Zip

Account Number: _____

Account Name: _____

Dear Mr/Ms Last Name:

The South Carolina Department of Disabilities and Special Needs (DDSN) Accounts Receivable Review Committee met on _____ (MEETING DATE) to review the delinquent status of the above-referenced account for which you are fiscal representative. The decision of this committee is as follows.

Decision

According to DDSN Directive 200-03-DD: DDSN Accounts Receivable Collection Policy, you have the right to appeal this decision to the Associate State Director of Administration. In order for you to exercise this right, we must receive your appeal within ten (10) business days of the date of this letter.

Thank you for your attention to this matter.

Sincerely,

Chairman, Accounts Receivable Review Committee

cc: State Director
Associate State Director-Administration
Facility Administrator