

# Provider Request for Rate Increase

## Cover Sheet

Provider Name	
Location of Service	
Level of Care	

Person Submitting Request		Title	
Phone Number		Email	

In order for a request for a rate increase to be considered, the following supporting documentation must be submitted:

- Corresponding letter justifying the need
- Certification Statement (Appendix A)
- Expenditure Summary (Appendix B)
- Personnel Invoice Schedule (Appendix C)
- Miscellaneous Item Detail (Appendix D)
- Most recent audited Financial Statement
- Expected Clinical Outcomes and Monitoring Methods (Appendix E)

**Requests for rate increases should only be submitted in extenuating circumstances. Requests may only be submitted quarterly; January, April, July, and October. All requests must be submitted by the last business day of the identified month.**

Once all information is compiled, please send to [CBH.RateRequest@phila.gov](mailto:CBH.RateRequest@phila.gov), in which you will receive a confirmation of receipt within 10 business days. At this time, you may be requested to send additional documentation. Please send all financial information in Excel format.