**Disaster Recovery Assistance for Ontarians**

**Payment Recommendation Verification**

*This form is filled out for each claim, after the adjuster sends MMAH a completed payment recommendation. The purpose is to identify any mathematical errors and ensure that rationale for changes to the claimed amount are recorded and generally in line with program policies and guidelines.*

DETAILS:

**Disaster ID:** {{ disasterId }}

**MMAH Claim ID:** {{ claim\_number }}-{{ claim\_name }}

**Payment Recommendation Reviewed by:** {{ reviewer }}

PAYMENT RECOMMENDATION VERIFICATION RESULTS:

|  |  |  |
| --- | --- | --- |
| **Verification Items** | **Determin-ation** | **Reviewer Comments** |
| **GENERAL** | | |
| Verified that numbers in the payment recommendation add up |  |  |
| Verified that claimed amount in the database match claimed amount in the payment rec or that rationale exists for differences. |  |  |
| Verified that other information in the payment recommendation (e.g., claim ID#s, claimant contact information) match the database. |  |  |
| **RATIONALE** | | |
| Verified that rationale exists for each amount removed or added to the claimed amount. |  |  |
| Performed spot checks of eligible and ineligible line items against program eligibility criteria. |  |  |
| Verified rationale for all lines items in excess of $1,000 (eligible and ineligible) against program guidelines. |  |  |

PAYMENT SUMMARY

**Adjuster Recommended Payment Amount:** ${{ pay\_amount }}

**MPEB Verified Payment Amount:** ${{ pay\_amount }}

**Additional Reviewer Comments:**

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APPROVALS

**Approved By:** Helen Collins

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**Approver Signature Date**

**Approver Comments:**

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