

Provider Payment Detail

Provider Information

Facility Information

Name: Urban League of Essex
County C
License # : 07URB0001
EPPIC Provider ID: [1002551](#)

Contact Information

Contact Name: Heather Dance-Wilso
Contact Phone #: 973-624-9535

Address

Address: 494-504 Central Avenue
City: Newark
State: NJ
County: 07 - Essex
Phone #: 973-624-9535

Provider Payment Details

Settlement Date 03/29/2020
Payment Period 03/01/2020 - 03/14/2020

Child Name	Case #	Agreement #	Eligibility Type	Attendance Amount	Sick Days Amount	Absence Days Amount	Closure Days Amount	Total
ABU, LORD	1796740	6129229378513903012020	DOE Wrap	\$154.89	(\$0.00)	\$17.21	(\$0.00)	\$172.10
ADESANYA, IFEOLUWA	1785866	6117420377278203012020	CCAP	\$154.89	(\$0.00)	\$17.21	(\$0.00)	\$172.10
BLANDING, KING	1829965	6080154382131003012020	CCAP	\$316.00	(\$0.00)	(\$0.00)	(\$0.00)	\$316.00
BROWN, MELODY	1802457	6092101379170103012020	DOE Wrap	\$100.08	(\$0.00)	\$11.12	(\$0.00)	\$111.20
BRYANT, AAMIR	1652586	6090144364590503012020	DOE Wrap	\$93.42	(\$0.00)	(\$0.00)	(\$0.00)	\$93.42
CAMARA, NABY	1781838	6119917376838803012020	CCAP	\$309.78	(\$0.00)	\$34.42	(\$0.00)	\$344.20
CARROLL	1680449	6072442366700003012020	CCAP	\$275.36	\$34.42	\$34.42	(\$0.00)	\$344.20

<u>JR,</u> <u>DEMETRIUS</u> <u>CARTER,</u> <u>JAHAH</u>	1754469	6130040373986503012020CCAP	\$140.94	(\$0.00)	\$15.66	(\$0.00)	\$156.60
<u>CASTRO,</u> <u>MASON</u> <u>FRITZ,</u> <u>SAVANNAH</u>	1833429	6090972382504703012020CCAP	\$268.80	\$115.20	(\$0.00)	(\$0.00)	\$384.00
<u>HAYES,</u> <u>SAMIYAH</u> <u>HOUSE,</u> <u>ZAMIL</u>	1829028	6077038382026403012020CCAP	\$219.24	\$93.96	(\$0.00)	(\$0.00)	\$313.20
<u>HAYES,</u> <u>SAMIYAH</u> <u>HOUSE,</u> <u>ZAMIL</u>	1832085	6086885382354903012020CCAP	\$240.94	\$103.26	(\$0.00)	(\$0.00)	\$344.20
<u>HOUSE,</u> <u>ZAMIL</u> <u>MERCADO,</u> <u>MESSIAH</u>	1699542	6107017368483903012020CCAP	\$261.20	(\$0.00)	\$65.30	(\$0.00)	\$326.50
<u>MERCADO,</u> <u>MESSIAH</u> <u>NAJERA</u> <u>BUNAY,</u>	1715811	6053537370083603012020DOE Wrap	\$143.91	(\$0.00)	\$15.99	(\$0.00)	\$159.90
<u>ALAN</u> <u>RHONE,</u> <u>SIRE</u> <u>SHELLS, JA</u>	1819031	6041735381020803012020CCAP	\$275.36	(\$0.00)	\$68.84	(\$0.00)	\$344.20
<u>CARI</u> <u>SOLOMON,</u> <u>IVORI</u> <u>WHITE,</u>	1799123	6129221378780503012020CCAP	\$293.85	\$32.65	(\$0.00)	(\$0.00)	\$326.50
<u>JACQUELYN</u>	1799803	6122141378860203012020CCAP	\$281.88	(\$0.00)	\$31.32	(\$0.00)	\$313.20
	1824868	6077556381607603012020CCAP	\$278.82	(\$0.00)	\$30.98	(\$0.00)	\$309.80
	1721517	6096372370688203012020CCAP	\$144.81	(\$0.00)	\$16.09	(\$0.00)	\$160.90

Total Attendance Payment Amount	\$4,692.22
Total Provider Adjustment Amount	(\$0.00)
Total Union Payment Amount	(\$0.00)
Total Conduent ACH Adjustment Amount	(\$0.00)
Total Payment Amount	\$4,692.22

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