

**NAME:** **Cost Billed per Month**  
**DESCRIPTION:** Monthly amount billed to another HA for this family  
**TYPE:** Numeric  
**SIZE:** 5  
**COMMENTS:** Enter '0' if this HA has absorbed this family into it's own program  
**EDITS:** Fatal: 

- If valued, 1d must equal 'CE'
- Must equal zero if 14c (portability) equals 'N'
- Range: 0-3000

**FIELD NUMBER:** 8  
**POSITION:** 26-30  
**LINE REFERENCE NO:** 14d.

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**NAME:** **HA Number Billed**  
**DESCRIPTION:** Number of HA billed under portability  
**TYPE:** Alphanumeric  
**SIZE:** 8  
**COMMENTS:** Leave blank if portability equals 'N'  
**EDITS:** Fatal: 

- If valued, must be 2 letter state code followed by 3 digit number

Fatal: 

- Cannot be blank if 14d (cost billed per month) is greater than zero

Fatal: 

- Must be blank if 14c equals 'N'

Fatal: 

- If valued, 1d must equal 'CE'

**FIELD NUMBER:** 9  
**POSITION:** 31-38  
**LINE REFERENCE NO:** 14e.

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