

MEDICAL FACILITIES LICENSING  
 150 N. 18<sup>th</sup> Avenue, Suite 450  
 Phoenix, Arizona 85007

HEALTH CARE INSTITUTION RENEWAL APPLICATION AND LICENSE FEE REMITTANCE FORM				
PLEASE RETURN THIS FORM WITH THE PAYMENT TO THE ADDRESS ABOVE				
FACILITY I.D. #:	LICENSE #:	LEVEL OF CARE OR SERVICES		
APPLICANT/ENTITY NAME:				
FACILITY NAME:				
STREET ADDRESS:			SUITE #:	
CITY:			STATE:	ZIP:
PHYSICAL ADDRESS:				
CITY:			STATE:	ZIP:
FEES				AMOUNT DUE
Application Fee (Please do not submit the application fee if the fee has already been paid.)				\$ 50.00
LICENSED CAPACITY				
Check One:	Licensed Capacity:	Base Fee:	Number of Beds x \$91.00 each:	Total base fee plus number of beds fee:
	None	\$ 365.00		
	1 to 59 beds	\$ 365.00		
	60 to 99 beds	\$ 730.00		
	100 to 149 beds	\$ 1,095.00		
	150 or more beds	\$ 1,825.00		
<b>TOTAL AMOUNT DUE</b>				\$
<p>Payment by cashier's check, money order or business check can made payable to:  <u>Arizona Department of Health Services</u>            (Cash and personal checks are not accepted.)</p> <p>To pay by credit card (renewal applications only) please call (602) 364-3088 or visit your program's website for a credit card payment form and instructions.</p>				
<b>AMOUNT ENCLOSED</b>				\$

**ALL FEES ARE NON-REFUNDABLE** pursuant to A.R.S. ' 36-405(c), 36-882(f) and 36-897.01(c), except as provided in A.R.S. ' 41-1077.