

# **Perpetual Licensing: Online Portal Enhancements “The Basics”**

## **Provider Training September, 2019**



**ARIZONA DEPARTMENT  
OF HEALTH SERVICES**

*Health and Wellness for all Arizonans*

Presented by

ADHS Bureau of Medical Facilities Licensing



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# Background

Laws 2017, Chapter 122 made changes to Arizona Revised Statutes § 36-425(C):

“A health care institution license does not expire and remains valid unless:

1. The department subsequently revokes or suspends the license.
2. The license is considered void because the licensee did not pay the licensing fee before the licensing fee due date.”



# Background

- \$250 late fee when past fee due date.
- 30 day grace period after fee due before license is void.
- Annual Compliance surveys will still occur.
- Facilities continue to be required to be in compliance with Arizona Administrative Code.
- Alternate fee due date may be requested every 3 years.



# Background

- Stakeholder workgroups were held.
- Draft rules were posted soliciting comments.
- Oral proceedings were held.
- Notice of Final rulemaking was published on June 28, 2019.
- **Effective date October 1, 2019.**



# Warning

With automated portal, failure to pay by end of 30 day grace period will result in automatic **voiding** of license with notification to CMS and/or AHCCCS as applicable.



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# Perpetual Licensing

- Rulemaking Completed - Effective October 1, 2019
- Online Portal updated and enhanced  
<https://licensing.azdhs.gov/LicensingOnline/MED>



# Portal Enhancements

Welcome To Division Of Licensing Services Online Web Site

Welcome to the Bureau of Medical Facilities Licensing.

For first-time users, please be aware that the registration process requires an approval by the Department, which will be processed within 24 hours of initial registration during regular business hours Monday – Friday 8:00 AM – 5:00 PM (except holidays). You will receive a confirmation email. The information in your Profile is based on what is currently in the public records regarding your license. If you need to make changes, you will need to contact the Department. When renewing your license, please have all necessary documentation available and allow for uninterrupted time to enter information. If you spend more than 2 hours per page, your session will time out. If you have any questions, please contact the Bureau of Medical Facilities Licensing at 602-364-3030.

Please understand that your license expiration date is your responsibility and remains in effect even if this web-based application is unavailable. If your license will expire today or prior to the next ADHS business day, you MUST contact the

Bureau of Medical Facilities at (602) 364-3030

Failure to do so will or could result in:

- Your license becoming invalid;
- Delays in reinstating your expired license, during which you are forbidden to provide services; and
- An enforcement action taken against your license.

Before you renew your license online, please be sure you have the following items at hand:

- Complete ownership and facility information.
- A valid credit card. The following credit cards are accepted: MasterCard, VISA, Discover and AMEX.
- We also accept electronic checks.

All attachments need to be under 10 MB each.



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[Submit Annual Licensing Fee](#)



# If using for the first time you must register!

Welcome:

For Child Care Facilities, Long-Term Care Facilities, Residential Facilities, and Medical Facilities: For first-time users, please be aware that the registration process requires an approval by the Department, which will be processed within 24 hours of initial registration during regular business hours Monday – Friday 8:00 AM – 5:00 PM (except holidays). You will receive a confirmation email.

**In order to use this site to pay your licensure fee or enforcement fees, please select the appropriate bureau on the menu shown on the left.** The information you will see is based on what is currently in the public records regarding your license. If you need to make changes, you will need to contact the appropriate bureau.

Please note:

- The following credit cards are accepted: MasterCard, VISA, Discover and AMEX. We also accept electronic checks. All fees received by the Department are non-refundable.
- Please allow at least 7-10 business days for changes to be processed once the documentation is provided.
- Please remember to print a copy of your application and receipt for your records.



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## TEST ONLY

You are now logged out.

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Child Care Facilities  
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Licensing ▾Residential Facilities  
Licensing

Special Licensing ▾

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Welcome To Division Of Licensing Services Online Web Site

The ADHS Division of Licensing Services licenses and monitors health and child care facilities and providers throughout Arizona. Licensing inspections, on-site surveys, and complaint investigations are conducted to promote quality care and safety and ensure that performance standards are met for facility operation and maintenance.

**Mission Statement:** To protect the health and safety of Arizonans by providing information, establishing standards, and licensing and regulating health and child care services.

Welcome:

For Child Care Facilities, Long-Term Care Facilities, Residential Facilities, and Medical Facilities: For first-time users, please be aware that the registration process requires an approval by the Department, which will be processed within 24 hours of initial registration during regular business hours Monday – Friday 8:00 AM – 5:00 PM (except holidays). You will receive a confirmation email.

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# Arizona Department of Health Services

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Log in

User name

Password

Log in

[Register](#) if you don't have an account.

[Click here for Help](#)



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Licensing

Special Licensing ▾

Contact Us

Register.

Create a new account.

Before you move forward to register and create your account, you should take the time to develop and write down on a piece of paper a unique password as you will need to enter that password twice.

User name

Password should be at least 8 characters long and includes at least one upper case, one lower case, one number and one of these allowed special characters !@#\$\$%^&\*()\_+

Password

Confirm  
password

Email

Confirm Email

First Name

Last Name

Phone

I am registering as

Please Select ▾



Register





## TEST ONLY

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User name 

Password should be at least 8 characters long and includes at least one upper case, one lower case, one number and one of these allowed special characters !@#\$\$%^&\*()\_+

Password Confirm  
password Email Confirm Email First Name Last Name Phone 

I am registering as


Name of Owner  Type at least 3 letters then select from listLicense #  Select License Number ▾

Please be aware that the registration process requires an approval by the Department, which will be processed within 24 hours of initial registration during regular business hours Monday – Friday 8:00 AM – 5:00 PM (except holidays). You will receive a confirmation email.





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Password should be at least 8 characters long and includes at least one upper case, one lower case, one number and one of these allowed special characters !@#\$\$%^&\*()\_+

Password

Confirm password

Email

Confirm Email

First Name

Last Name

Phone

I am registering as

Please Select ▾

Register





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Log in

User name

Password

Log in



[Register](#) if you don't have an account.

[Click here for Help](#)





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## Facility List

Total facilities found: 31

License number	Facility name	Fee due date	Bed count	Fee status	
		09/30/2019	0	Fee due	<a href="#">Submit Fee</a>



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Choose your facility and click on "Submit Fee".



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## Health care institution information

Name of Health Care Institution

License number

The owner of the health care institution will remain the same but the name of the facility is being changed. Is this a name change or a spelling correction?

Name change – Requires supporting documentation as proof of name change

No file chosen

TUCSON

AZ

ZIP Code  
85724

Facility mailing address

City

TUCSON

State

Arizona (AZ)

ZIP Code  
85724

Phone number

Email

Fax number (optional)

Class or subclass

Outpatient treatment center(No BH services, No Abortion)



Changing the name of a HCI will require supportive documentation (example: AZ Trade Name Certification); click "Choose File" to upload document.

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Health care institution information

Name of Health Care Institution  
This field cannot be modified. Please contact the Department for further instructions at 602-364-3030 or [team1&c@azdhs.gov](mailto:team1&c@azdhs.gov)

License number

Facility  
City MESA State AZ ZIP Code 85202

Facility mailing address  
City MESA State Arizona (AZ) ZIP Code 85211

Phone number Email Fax number (optional)

Class or subclass  
Outpatient surgical center

Continue

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Facility Physical Address – cannot be modified, see message box.

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Health care institution information

Name of Health Care Institution		License number	
<input type="text"/>		<input type="text"/>	
Facility physical address	City	State	ZIP Code
<input type="text"/>	MESA	AZ	85202
Facility mailing address	City	State	ZIP Code
<input type="text"/>	MESA	Arizona (AZ)	85211
Phone number	Email	Fax number (optional)	
<input type="text"/>	<input type="text" value="licensing@arizonahealth.com"/>	<input type="text"/>	
Class or subclass Outpatient surgical center			

This field cannot be modified. Please contact the Department for further instructions at 602-364-3030 or [team1&c@azdhs.gov](mailto:team1&c@azdhs.gov)



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Class or Subclass – cannot be modified, see message box.



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## Health care institution information

Name of Health Care Institution

License number

The owner of the health care institution will remain the same but the name of the facility is being changed. Is this a name change or a spelling correction?

- Name change – Requires supporting documentation as proof of name change
- Spelling correction
- Cancel changes

Facility physical address

City

State

ZIP Code

Facility mailing address

City

State

ZIP Code

Phone number

Email

Fax number (optional)

Class or subclass



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### Owner Information

The owner is a i

Please select (optional)

Owner's Name

Tax ID i

Owner's mailing address

City

PHOENIX

State

Arizona (AZ)

ZIP Code

85012

Phone number

Email

Fax number (optional)

Name

Title

+

### Chief Administrative Officer

Name

Effective date

12/08/2016

### Emergency Contact Information

Name

Phone number

### Accrediting Organization

Name of accrediting organization (must be from a nationally recognized organization)

Please select (optional)

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Optional selection, see drop down box. Add/update emergency contact name and phone number as applicable.



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### Owner Information

The owner is a 



Please select (optional)

Owner's Name

Tax ID 



Owner's mailing address

City

PHOENIX

State

Arizona (AZ)

ZIP Code

85012

Phone number

Email

Fax number (optional)

Name

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Please select (optional)

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## Owner Information

The owner is a [i](#)Limited liability partnership 

Requires supporting documentation as proof of the owner type

 No file chosen

Owner's Name

Tax ID [i](#)

Owner's mailing address

City

State

ZIP Code

Phone number

Email

Fax number (optional)

Name

Title

 [+](#)

## Chief Administrative Officer

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## Owner Information

The owner is a [i](#)

Limited liability partnership ▾

Requires supporting documentation as proof of the owner type

 No file chosen

Owner's Name

Tax ID [i](#)

Owner's mailing address

City

State

ZIP Code

Phone number

Email

Fax number (optional)

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### Owner Information

The owner is a [i](#)

Please select (optional)

Owner's Name

Tax ID [i](#)

Owner's mailing address

City

PHOENIX

State

Arizona (AZ)

ZIP Code

85012

Phone number

Email

Fax number (optional)

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Title



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Name

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12/08/2016

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Phone number

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Please select (optional)

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Click on the + in blue for additional name and title box.



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Arizona (AZ)

ZIP Code

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Fax number (optional)

Name

Title

Name

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Please select (optional)

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See additional name and title box.



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Licensing](#)[Special Licensing](#)[Contact Us](#)[Home](#)[Submit Annual Licensing Fee](#)[Enforcement](#)[Order History](#)**Owner Information**The owner is a [i](#)

Please select (optional) ▾

Owner's Name

Tax ID [i](#)

Owner's mailing address

City

PHOENIX

State

Arizona (AZ) ▾

ZIP Code

85012

Phone number

Email

Fax number (optional)

Name

Title

**Chief Administrative Officer**

Name

Effective date

12/08/2016

**Emergency Contact Information**

Name

Phone number

**Accrediting Organization**

Name of accrediting organization (must be from a nationally recognized organization)

Please select (optional) ▾

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The owner is a [i](#)

Please select (optional)

Owner's Name

Tax ID [i](#)

Owner's mailing address

City

PHOENIX

State

Arizona (AZ)

ZIP Code

85012

Phone number

Email

Fax number (optional)

Name

Title

### Chief Administrative Officer

Name

Effective date

12/08/2016

### Emergency Contact Information

Name

Phone number

### Accrediting Organization

Name of accrediting organization (must be from a nationally recognized organization)

Please select (optional)



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Chief Administrative Officer information can be modified.



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Please enter Chief Administrative Officer Effective date

### Owner Information

The owner is a

Please select (optional)

Owner's Name

Tax ID

Owner's mailing address

City

State

ZIP Code

Phone number

Email

Fax number (optional)

Name

Title

### Chief Administrative Officer

Name

Effective date



### Emergency Contact Information

Name

### Accrediting Organization

Name of accrediting organization (must be from a nationally recognized)

Please select (optional)

Calendar for September 2019:

Su	Mo	Tu	We	Th	Fr	Sa
25	26	27	28	29	30	31
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

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If modified, choose an effective date.



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### Owner Information

The owner is a [i](#)

Owner's Name

Tax ID [i](#)

Owner's mailing address

City

State

ZIP Code

Phone number

Email

Fax number (optional)

Name

Title

### Chief Administrative Officer

Name

Effective date

### Emergency Contact Information

Name

Phone number

### Accrediting Organization

Name of accrediting organization (must be from a nationally recognized organization)



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If applicable, choose an Accrediting Organization from the drop down box.

Please select (optional)

- None
- Accreditation Association for Ambulatory Health Care Inc. (AAAHC)
- Accreditation Commission for Health Care, Inc. (ACHC)
- American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)
- American Osteopathic Association / Healthcare Facilities Accreditation Program(AOA / HFAP)
- Center for Improvement in Healthcare Quality(CIHQ)
- Commission for the Accreditation of Birth Centers(CABC)
- Commission on Accreditation of Rehabilitation Facilities(CARF)
- Community Health Accreditation Partner(CHAP)
- Council on Accreditation(COA)
- DNV GL Healthcare(DNV GL)
- National Commission on Correctional Health Care(NCCHC)
- National Dialysis Accreditation Commission(NDAC)
- Institute for Medical Quality (IMQ)
- The American Academy of Sleep Medicine(AASM)
- The Compliance Team(TCT)
- The Joint Commission(JC)
- Accreditation Association for Ambulatory Health Care Inc. (AAAHC)

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State: Arizona (AZ) ZIP Code: 85012

Fax number (optional)

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Start | Taskbar icons | System tray: 4:02 PM 09/10/2019

Upload current accreditation report



Choose File No file chosen



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Click on "Choose File" to upload current accreditation report as indicated.



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Description	Amount
<b><u>License fees</u></b>	
Base fee	\$365
Licensed capacity/occupancy (0) x Per unit cost of \$91	+ \$0
Late fee	+ \$0
<b>Total license fees</b>	<b>\$365</b>
<b><u>Enforcement fees</u></b>	
Enforcement fees previously owed	\$0
<b>Total enforcement fees</b>	<b>\$ 0</b>
<b>Total amount due</b>	<b>\$365</b>

Please note that the Department will not receive your submission unless the payment process is complete and approved.

ALL FEES ARE NON-REFUNDABLE

NOTE: Fees do not apply to a health care institution operated by a State agency pursuant to federal law such as the Veterans home, Arizona state hospital or Adult foster care settings.

I acknowledge that all information has been verified and is accurate.

Clicking on 'Submit fee' will direct you to the Payment Information page. DO NOT use the back arrow once you get to the payment screen.

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Description	Amount
<b><u>License fees</u></b>	
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Late fee	+ \$0
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<b><u>Enforcement fees</u></b>	
Enforcement fees previously owed	\$0
<b>Total enforcement fees</b>	\$ <input style="width: 50px;" type="text" value="0"/>
<b>Total amount due</b>	\$365



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Review Enforcement fees as applicable.



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Description	Amount
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<b>Total enforcement fees</b>	<b>\$ 0</b>
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Late fee	+ \$0
<b>Total license fees</b>	<b>\$365</b>
<b><u>Enforcement fees</u></b>	
Enforcement fees previously owed	\$0
<b>Total enforcement fees</b>	<b>\$ 0</b>
<b>Total amount due</b>	<b>\$365</b>

Please note that the Department will not receive your submission unless the payment process is complete and approved.

ALL FEES ARE NON-REFUNDABLE

NOTE: Fees do not apply to a health care institution operated by a State agency pursuant to federal law such as the Veterans home, Arizona state hospital or Adult foster care settings.



I acknowledge that all information has been verified and is accurate.

Clicking on 'Submit fee' will direct you to the Payment Information page. DO NOT use the back arrow once you get to the payment screen.

[Previous](#)[Submit fee](#)



TEST ONLY

- Home
- Child Care Facilities Licensing
- Long Term Care Facilities Licensing
- Medical Facilities Licensing
- Medical Marijuana Cards
- Radiation Control Licensing ▾
- Residential Facilities Licensing
- Special Licensing ▾
- Contact Us

- Home
- Submit Annual Licensing Fee
- Enforcement
- Order History ▾

Description	Amount
<b><u>License fees</u></b>	
Base fee	\$365
Licensed capacity/occupancy (0) x Per unit cost of \$91	+ \$0
Late fee	+ \$0
<b>Total license fees</b>	\$365
<b><u>Enforcement fees</u></b>	
Enforcement fees previously owed	\$0
<b>Total enforcement fees</b>	\$ 0
<b>Total amount due</b>	\$365

Please note that the Department will not receive your submission unless the payment process is complete and approved.

ALL FEES ARE NON-REFUNDABLE

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I acknowledge that all information has been verified and is accurate.

Clicking on 'Submit fee' will direct you to the Payment Information page. DO NOT use the back arrow once you get to the payment screen.

[Previous](#) [Submit fee](#)



Click on Submit fee.

CHECKOUT - PAYMENT INFORMATION

\*First Name

Herman

\*Last Name

Munster

\*Billing Address

1313 Mockingbird Lane

\*City

Mockingbird Heights

\*State

CA

\*Zip

91608

\*Email

myemail@email.com

\*Phone Number

602-555-1212

Credit Card

Electronic Check



\*Credit Card Number

4111111111111111

\*Expiration Date

August

2024

\*CVV/CSV

123



Clear



Continue



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

Health and Wellness for all Arizonans

Click on Continue.

## Order Review

Please review your order and ensure the information below is correct before proceeding.  
If you agree with the information as displayed; please click the "Authorize" button to process the payment.

### BILLING INFORMATION

**Name:**

Herman Munster

**Address:**

1313 Mockingbird Lane, Mockingbird Heights, CA, 91608

**Phone:**

602-555-1212

**Email:**

myemail@email.com

Edit

### ACCOUNT INFORMATION

**VISA**

4\*\*\*\*\*1111

Edit

### ORDER INFO

Order No	Product ID	Item Description	Amount	Quantity	Total Amount
1808	HSDLS160	MF NO CAP & 1-59 BEDS	\$365.00	1	\$365.00



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

Health and Wellness for all Arizonans

Review your order to ensure it is correct.

ACCOUNT INFORMATION

VISA  
4\*\*\*\*\*1111

Edit

ORDER INFO

Order No	Product ID	Item Description	Amount	Quantity	Total Amount
1808	HSDLS160	MF NO CAP & 1-59 BEDS	\$365.00	1	\$365.00
Total					\$365.00

**Note:**  
Annual Licensing Fees for OTC7031

I understand that the following amount will be billed to my credit card. My credit card statement will show the following merchant name(s) and amount(s) for this transaction.

Merchant	Amount
AZ DEPT OF HEALTH SVCS	\$365.00

The total amount to be billed to your credit card is **\$365.00**.

Previous



Authorize

Authorize your payment.

## Receipt

Thank you for your payment. Your payment was successful.

Do not close this window. Click the "Continue" button to return to the Agency application.



### YOUR PAYMENT IS COMPLETE

Payment is complete. Print this receipt for your records.

Your authorization number is **452642**.

Please reference this number in any correspondence regarding your transaction. [Get the Adobe Acrobat Reader](#)

Download receipt

Continue



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OF HEALTH SERVICES

Health and Wellness for all Arizonans

Click on Continue.

Payment Receipt  
Annual Licensing Fees



[Get Online Form in PDF](#)

Order Number: 1826	Authorization Code: 452642	Partial Card Number: 1111	Card Type: Visa	Payment Status: Approved	Payment Date: 9/10/2019 4:05:47 PM
Name of Health Care Institution:		[REDACTED]			
License Number:	[REDACTED]	Fee Due Date:	09/30/2019		
Total Amount Paid:				\$365	

[Return to Facility List](#)

[Return to Order History List](#)

### Order History

Total Records Found: 1

FAC ID	License #	Facility Name	Submitted Date	Online Form	Receipt
[REDACTED]	[REDACTED]	[REDACTED]	8/22/2019 11:41:51 AM	<a href="#">Get PDF</a>	<a href="#">Get Receipt</a>



## INFORMATION VERIFICATION AND ANNUAL LICENSING FEES

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES – MEDICAL FACILITIES LICENSING

In accordance with A.A.C. R9-10-107

C. Except as specified in subsection (E), a licensee shall submit to the Department, no earlier than 60 calendar days before the anniversary date of the facility's health care institution license:

1. The following information in a Department-provided format:
  - a. The licensee's name, and
  - b. The facility's name and license number;
2. Verification of the information in the Department's current records for the health care institution;
3. If applicable, information or documentation required in another Article of this Chapter, specific to the health care institution, to be submitted with the relevant fees required in R9-10-106; and
4. The applicable annual licensing fees in R9-10-106.

License Number [REDACTED]

Fee Due Date **9/30/2019**



ARIZONA DEPARTMENT OF HEALTH SERVICES

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**Payment Receipt and Order History.**

# Facility List

Total facilities found: 1

License number	Facility name	Fee due date	Bed count	Fee status	
		09/30/2019	0	Submission pending	Submit Fee

Facility List - Arizona Department of Health Services | [licensing-dev.azdhs.gov/LicensingOnline/MED/GetFacilityList#](http://licensing-dev.azdhs.gov/LicensingOnline/MED/GetFacilityList#)

**Arizona Department of Health Services**  
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**TEST ONLY**

Home Submit Annual Licensing Fee Enforcement Order History

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- Contact Us

## Facility List

Total facilities found: 1

License number	Facility name	Fee due date	Fee status	
		0	Submission pending	Submit Fee

License fee has been submitted and is awaiting review.



Page 1 of 1

1

Windows taskbar showing Start button, application icons (Internet Explorer, File Explorer, YouTube, Chrome, Mail, Calendar, Photos, Word, PDF), system tray (network, volume, date/time: 3:57 PM 09/12/2019).



## AZ DEPT OF HEALTH SVCS online purchase receipt

Thank you for your payment. Your payment was successful.

Your authorization number is 452659. Please reference this number in any correspondence regarding your transaction.

State of Arizona



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

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Facility List - Arizona Department of Health Services

licensing-dev.azdhs.gov/LicensingOnline/MED/GetFacilityList

**Arizona Department of Health Services**  
Health and Wellness for All Arizonans

TEST ONLY

Home Submit Annual Licensing Fee Enforcement Order History

### Facility List

Total facilities found: 1

License number	Facility name	Fee due date	Fee
[Redacted]	[Redacted]	09/30/2019	0

Page 1 of 1

1

Alternate fee due required

A prorated licensing fee is due by the fee due date to complete the alternate licensing fee due date request.

Fee

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9:09 AM 09/13/2019

An alternate due date may be requested.

Arizona Department of Health Services

Health and Wellness for All Arizonans

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Home

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Contact Us

Description	Amount
<b>Prorated license fees</b>	
Annual license fee (\$365)	
Prorated fee required for alternate licensing fee due date	\$60.83
<b>Total amount due</b>	<b>\$60.83</b>

Please note that the Department will not receive your submission unless the payment process is complete and approved.

ALL FEES ARE NON-REFUNDABLE

NOTE: Fees do not apply to a health care institution operated by a State agency pursuant to federal law such as the Veterans home, Arizona state hospital or Adult foster care settings.

I acknowledge that all information has been verified and is accurate.

Clicking on 'Submit fee' will direct you to the Payment Information page. DO NOT use the back arrow once you get to the payment screen.

Cancel Submit fee

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A prorated fee will be required at the time of submission.

Payment Summary x +

dhsptl.stagingaz.gov/scs/#/paymentSummary?purchaseId=110387

### ORDER INFO

Order No	Product ID	Item Description	Amount	Quantity	Total Amount
1831	HSDLS160	MF NO CAP & 1-59 BEDS	\$60.83	1	\$60.83
Total					\$60.83

**Note:**  
Alternate Due Date Fees for [REDACTED]

I understand that the following amount will be billed to my credit card. My credit card statement will show the following merchant name(s) and amount(s) for this transaction.

Merchant	Amount
AZ DEPT OF HEALTH SVCS	\$60.83

The total amount to be billed to your credit card is **\$60.83**.

Previous Authorize



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

Health and Wellness for all Arizonans

Authorize your payment.

---

Merchant Name	Total Amount Charged
AZ DEPT OF HEALTH SVCS	\$60.83

### Notes

Alternate Due Date Fees for



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

*Health and Wellness for all Arizonans*

# Contacts

- Main Line: 602-364-3030
- [TEAML&C@azdhs.gov](mailto:TEAML&C@azdhs.gov)
- [BMFLOffice.surveyor@azdhs.gov](mailto:BMFLOffice.surveyor@azdhs.gov)
- <https://www.azdhs.gov/licensing/medical-facilities/index.php>



# THANK YOU

Arizona Department of Health Services

[azhealth.gov](http://azhealth.gov)



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[facebook.com/azdhs](https://facebook.com/azdhs)



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