Print Form

# HEALTHCARE FACILITY REGULATION DIVISION

## LICENSE ANNUAL/RENEWAL FEE PAYMENT COUPON

| | |
|---|---|
| Select the type of facility for which you are renewing. The dollar amount after the comma is the annual license fee. | Select the facility type: |
| Enter Contact Information | First Name: Last Name:<br>Phone Number: Email: |
| Enter Facility Name | |
| Enter License No. | |
| Enter Physical Facility Address | Address 1:<br>Address 2:<br>City: State: GA Zip: - |
| Total Fee Owed | **$ 0** **Total Fee Due** |
| Amount of the Enclosed Check | |

1. Complete and print this license payment coupon.

2. Write your check for the total fee due and make it payable to:
HEALTHCARE FACILITIES REGULATION DIVISION

3. Mail your check and this license payment coupon to:
Healthcare Facilities Regulation Division
P.O. Box 741328, Atlanta, GA 30374-1328

DO NOT MAIL PROVIDER APPLICATIONS OR OTHER CORRESPONDENCE TO THE ABOVE P.O. BOX!

Your application form and other correspondence should be sent to the address referenced in your application packet.

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