LOUISIANA DEPARTMENT OF HEALTH

Health Standards Section
Payment Transmittal Form

Please enter payment information:

Check or Money Order (M/O) #:	Check or M/O Date:	Check or M/O Amount:
DBA Name:	Geo Address:	City, ST, Zip
Phone:	Contact Name:	For DHH use:

State ID is required for licensing payments except Initial License application.** ***ID is 9 characters, Ex: HC0001234

State ID:	License # if applicable	License Expiration Date if applicable

Check appropriate box to indicate reason for payment:

Licensing Payment Type		Non-Licensing Payment Type
☐ (05) Renewal of License ☐ (06) Initial License application ☐ (07) Change of Ownership (CHOW) ☐ (23) Change of Address (CoA) ☐ (15) Name Change ☐ (09) Late Fee ☐ (20) Increase beds/rooms or units ☐ (21) Decrease beds/rooms or units ☐ (08) Add/Change Offsite/Satellite/Branch	☐ (29) Add/Change Service ☐ (31) Add/Change Service Module (HCBS) ☐ (25) Fleet Addition ☐ (26) Vehicle Replacement ☐ (17) Copy of License ☐ (32) Survey Fee ☐ (33) NSF	☐ (04) Public records request ☐ (01)Packet fee –indicate type below ☐ (03) Directory ☐ (14) Electronic Directory ☐ (24) Facility Need Review app ☐ (10) Regulations ☐ (99) Other: _____

For **Initial License application** and **Non-Licensing** payment types please enter type program payment applies to. Example: Hospital, HCBS, Pediatric Day Health Care, etc.: _____
Type Packet (if applicable) Example: Initial, CHOW, CoA, etc.: _____

Important Notice: Providers must submit one check, or payment, per State ID. Payments will not be divided between multiple facilities, even if they are owned by the same entity. The entire payment will be applied to one State ID. If more than one State ID is listed on the Payment Transmittal Form the payment will be applied to the first State ID.
To ensure credit to proper account please include State ID on check or money order.

Do NOT send payments to HEALTH STANDARDS SECTION or to the OFFICE OF FISCAL MANAGEMENT Providers wanting to send express mail must do so by using either US Postal Services Priority Mail Express® or Priority Mail®, **not FedEx or UPS.**

Mail Payment & Payment Transmittal Form to:	Mail Documentation to:
DHH Licensing Payments P.O. Box 734350 Dallas, TX 75373-4350	Health Standards Section P.O. Box 3767 Baton Rouge, LA 70821-3767

HSS Payment Procedure website: http://new.dhh.louisiana.gov/index.cfm/page/1737