

**PUBLIC HEALTH LICENSING SERVICES**  
**Bureau of Medical Facilities Licensing**  
**150 N. 18th Avenue, Ste. 450**  
**Phoenix, AZ 85007**

**APPLICATION AND LICENSE FEE REMITTANCE FORM**

PLEASE RETURN THIS FORM WITH PAYMENT TO ABOVE ADDRESS

**FACILITY ID #:** (Office use ONLY)

**LICENSE # (Renewals ONLY)** \_\_\_\_\_

**FACILITY NAME:**

**STREET ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

**GENERAL HOSPITAL, RURAL GENERAL HOSPITAL, SPECIAL HOSPITAL,  
HOME HEALTH AGENCY, HOSPICE SERVICE AGENCY, HOSPICE INPATIENT FACILITY,  
ABORTION CLINIC, RECOVERY CARE CENTER, OUTPATIENT SURGICAL CENTER,  
OUTPATIENT TREATMENT CENTER, UNCLASSIFIED HEALTH INSTITUTION, PAIN MANAGEMENT CLINIC**

FEES			AMOUNT DUE
<b>Application Fee</b> (due when application is submitted)			\$50
<b>Licensed Capacity</b> (due after initial inspection)			
Licensed Capacity:	License Fee*:	# of Beds x \$91 each*:	Total License Fee + Number of Beds Fee:
No licensed capacity	\$365	N/A	\$ _____
1 to 59 beds	\$365	_____ x \$91 = _____	\$ _____
60 to 99 beds	\$730	_____ x \$91 = _____	\$ _____
100 to 149 beds	\$1095	_____ x \$91 = _____	\$ _____
150 or more beds	\$1825	_____ x \$91 = _____	\$ _____
	*\$365 for each satellite on a single group license	*\$91/per dialysis station or *\$91/per observation/stabilization chair for OTC/hospital that is not behavioral health	
<b>TOTAL AMOUNT DUE</b>			\$ _____

**BEHAVIORAL HEALTH INPATIENT FACILITY, BEHAVIORAL HEALTH OUTPATIENT TREATMENT CENTER,  
SUBSTANCE ABUSE TRANSITIONAL FACILITY,  
BEHAVIORAL HEALTH SPECIALIZED TRANSITIONAL FACILITY, COUNSELING FACILITY**

FEES			AMOUNT DUE
<b>Application Fee</b> (due when application is submitted)			\$50
<b>Licensed Capacity</b> (due after initial inspection)			
Licensed Capacity:	License Fee:	# of Beds x \$94* each	Total License Fee + Number of Beds Fee:
No licensed capacity	\$375	N/A	\$ _____
1 to 59 beds	\$375	_____ x \$94 = _____	\$ _____
60 to 99 beds	\$750	_____ x \$94 = _____	\$ _____
100 to 149 beds	\$1125	_____ x \$94 = _____	\$ _____
150 or more beds	\$1875	_____ x \$94 = _____	\$ _____
		*\$94/per observation/stabilization chair for behavioral health facilities	
<b>TOTAL AMOUNT DUE</b>			\$ _____

**Payment should be cashiers' check, money order or business check made payable to: AZ DEPT OF HEALTH SERVICES**  
**Cash and personal checks are not accepted.**

**ALL FEES ARE NON-REFUNDABLE** pursuant to A.R.S. 36-405(B)(6), 36-882(f) and 36-897.01(c), except as provided in A.R.S. 41- 1077.  
**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. Authority: A.R.S. 36-405