



The Commonwealth of Massachusetts
Bureau of Healthcare Safety and Quality
Office of Emergency Medical Services
Mobile Integrated Health Program
67 Forest Street, Marlborough, MA 01752

Remittance Form

Mobile Integrated Health Care (MIH) Program Registration Fee

Only submit this form if you have received your MIH Conditions letter outlining your program approval contingent on receiving this form and the registration fee.

MIH Program Initial Application Fee: \$5,000

Date: _____ **Amount Enclosed: \$** _____

Name of Applicant Organization: _____

Organization Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Name: _____

Phone Number: _____ **Email:** _____

Please submit a check or money order made out to the "**COMMONWEALTH OF MASSACHUSETTS**" with this form to:

Massachusetts Department of Public Health
Office of Emergency Medical Services
Mobile Integrated Health Care Program
67 Forest Street, Marlborough, MA 01752

Application fees are non-refundable and non-transferable. Please note that applications cannot be reviewed until the application fee is received by the Department of Public Health.

Questions regarding MIH applications or program fees can be directed to the MIH Program Application Reviewer at 617-753-8124 or MIH@mass.gov.