



# 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 with ED Avoidance (MIH with EDA) 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 with EDA Program Registration Fee: \$10,000**

**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](mailto:MIH@mass.gov).