



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

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

Remittance Form

Mobile Integrated Health Care (MIH) Program Registration Fee

MIH Program Registration Fee: \$5000

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

Name of Approved MIH Program (*as noted on program approval letter*):

Organization Mailing Address:

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

Contact Name:

Phone Number: _____

Email: _____

Please submit a check or money order made out to “**COMMONWEALTH OF MASSACHUSETTS**” with a completed MIH Program Registration Fee Remittance Form to:

Massachusetts Department of Public Health
Mobile Integrated Health Care Program
ATTN: Application Review
67 Forest Street
Marlborough, MA 01752

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