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



KATHLEEN E. WALSH

Secretary

ROBERT GOLDSTEIN, MD, PhD Commissioner

**Tel: 617-624-6000**

**www.mass.gov/dph**

MAURA T. HEALEY

Governor

KIMBERLEY DRISCOLL

Lieutenant Governor

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