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



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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