<u>IMPORTANT NOTICE</u>

A fee of $25 per vehicle is required prior to the issuance of an Illinois Department of Public Health ambulance license. A fee of $2500 shall be submitted for applicants with more than one hundred (100) vehicles. *Additional and replacement vehicles are in addition to these fees and require that a separate fee be submitted. No fee is charged for licenses issued for vehicle upgrades or downgrades*

Failure to submit the appropriate fee and have the vehicle(s) inspected *prior to their lapse date* will result in the vehicles license being lapsed and may result in denial of reimbursement payments from Medicare B and the Department of Healthcare and Family Services (HFS). Medicare and HFS require licensure by this Department as a condition of reimbursement. *Vehicles not holding a current Illinois Department of Public Health ambulance license may not be operated until properly licensed by the Department.*

*ONLINE PAYMENT - For online fee payment, follow the instructions on the enclosed Renewal Notice. Please note that in order to pay online, you must do so before your license expires. If you license has already expired, you will need to submit your payment by mail.

BY MAIL PAYMENT - If paying by check or money order, complete the information on the reverse of this document *for each vehicle for which a fee is submitted.* Attach a certified check, money order or business check (no personal checks will be accepted) and mail to:

> **Illinois Department of Public Health**
> **Division of Accounting**
> **Validation Unit**
> **PO Box 4263**
> **Springfield, IL 62708**

Be sure to include your Illinois Department of Public Health ambulance provider number on the check. If you have questions, please contact Keith Buhs at 217-557-3895 or by email, keith.buhs@illinois.gov.

PROTECTING HEALTH, IMPROVING LIVES

PRINT OR TYPE

PROVIDER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

CONTACT TELEPHONE (_____) _____

LIST EACH VEHICLE AND EACH $25.00 FEE SEPARATELY

LICENSE NUMBER	MAKE	YEAR	LAST FOUR VIN NUMBERS	FEE AMOUNT
TOTAL AMOUNT ENCLOSED				

If additional space is needed, use a separate sheet.