



422 South Fifth Street, Fourth Floor • Springfield, Illinois 62701-1824 • www.dph.illinois.gov

IMPORTANT NOTICE

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.*

PAYMENT BY CHECK OR MONEY ORDER, complete the information on page 2 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**

***ONLINE PAYMENT** – Online payments are strictly for the annual renewal. Online payments require you provider license number and your assigned PIN (found on your 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.

Be sure to include your Illinois Department of Public Health ambulance provider number on the check. If you have questions, please contact the ambulance licensing section at 217-785-2080 or by email, Katheryn.Lokaitis@illinois.gov.

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.