



Tennessee Department of Mental Health And Substance Abuse Services
Office of Licensure

LICENSURE APPLICATION FEE INVOICE

INSTRUCTIONS: Use the schedule below to determine the total amount of fees to be submitted. Do Not Send Cash. Make Check or Money Order payable to: State of Tennessee.

SEND PAYMENT AND COMPLETED INVOICE TO: TDMHSAS FISCAL SERVICES SECTION 601 MAINSTREAM DRIVE NASHVILLE, TN 37243

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION

NAME, MAILING ADDRESS OF PERSON/AGENCY SUBMITTING FEE: APPLICATION DATE
NAME ADDRESS CITY STATE ZIP TYPE OF LICENSE: INITIAL RENEWAL

NAME AND STREET ADDRESS OF SERVICE(S) AND/OR FACILITY(S) FOR WHICH FEE SUBMITTED: (Use additional pages if needed.) (Copy of Page 2 of Renewal Application acceptable.)

NAME Email Address: STREET/RURAL ROUTE RR BOX # CITY ZIP COUNTY

COMPUTE THE AMOUNT OF TOTAL FEE:

NON-RESIDENTIAL SERVICE AND/OR FACILITY FEES

Table with 4 columns: Description of service, Fee rate, Calculation, Total amount. Includes categories like 'No. of Sites Operating One (1) Distinct Category of Services and/or Facility'.

RESIDENTIAL FACILITY FEES

Table with 4 columns: Capacity description, Fee rate, Calculation, Total amount. Includes categories like 'Capacity of Two to Three (2-3) Beds at'.

Fees for Mental Health Hospitals

Total Number of Beds at All Sites x \$175.00 (per bed) = \$

GRAND TOTAL OF FEES = \$

FOR TDMHSAS OFFICE USE ONLY—DO NOT WRITE IN THE SPACE BELOW

1. FISCAL SERVICES SECTION: Date Fee Rec'd, Amnt. Rec'd, Receipt Number #, Received By
2. REGIONAL LICENSURE OFFICE VERIFICATION: Date Fee Verified, Correct Fee, Correct/Insufficient/Overpayment, Verified By