

STATE OF MICHIGAN

Michigan Department of Licensing and Regulatory Affairs (LARA)
Bureau of Community and Health Systems
State Licensing Section

LICENSURE APPLICATION INVOICE

Name of Facility:			
Address:			
City:	State:	Zip Code:	
Contact Name:		Phone Number:	
Contact Email Address:			
Facility Type	Sigma Account Number	Application Fee	Licensing Fee
<input type="checkbox"/> Freestanding Surgical Outpatient Facility	641R9513001	\$2,000	\$500
<input type="checkbox"/> Hospice Agency	641R9509001	\$2,000	\$500
<input type="checkbox"/> Hospice Residence	641R9510001	\$2,000	\$500
<input type="checkbox"/> Hospital	641R9512001	\$2,000	\$500
<input type="checkbox"/> Nursing Home	641R9514001	\$2,000	\$500
<input type="checkbox"/> Psychiatric Hospital or Unit	641R9516001	Not Applicable	\$500
<input type="checkbox"/> Substance Use Disorder Service Program	641R9508001	Not Applicable	\$500
Facility Check Information			
Remitter of Check (Name on upper left corner of check:		Check Number:	
<ol style="list-style-type: none">1. Remittance of the fee must occur before the licensing action can be finalized.2. Make check payable to the State of Michigan.3. Return a copy of the invoice, the application, and the check to: MDLARA, BCHS Health Facilities Licensing, Permits and Support Division P.O. Box 30664 Lansing, MI 48909			
For overnight payments, use the following address: MDLARA, BCHS Health Facilities Licensing, Permits and Support Division 2407 N Grand River Ave Lansing, MI 48906		This area for Revenue Services Unit only.	