

## PATIENT QUALTIY CARE UNIT

For Office Use Only Budget: ZZ105 Fund: 173

CFN:

## NARCOTIC TREATMENT PROGRAM FEE SUBMISSION FORM

(Texas Health and Safety Code, Chapter 466)

Return this completed form and nonrefundable fee to the TEXAS DEPARTMENT OF STATE HEALTH SERVICES, PATIENT QUALTIY CARE UNIT, ZZ105-173, 1100 WEST 49<sup>TH</sup> STREET, AUSTIN, TEXAS 78756. Make check or money order payable to: TEXAS DEPARTMENT OF STATE HEALTH SERVICES. For additional licensure assistance, contact us by phone at (512) 834-6700 x12146, fax at (512) 834-6638, or email at <a href="mailto:ntp@dshs.state.tx.us">ntp@dshs.state.tx.us</a>. Additional information may be found on our website at <a href="www.dshs.state.tx.us">www.dshs.state.tx.us</a>.

FAILURE TO PROVIDE ALL FORMS AND INFORMATION REQUIRED BY LAW WILL DELAY ISSUANCE OF CERTIFICATE	
Please mark appropriate box for which form is being su     □ BI-ANNUAL PATIENT FEE     □ HOSPITAL DETOX PROGRAM FEE	bmitted:  PATIENT FEE INCREASE  MEDICATION UNIT
2. Complete in full:	
Name of Program	
Mailing Address	
Telephone Number at Program Address ( )	Fax Number at the Program Address ( )
3. Address(s) of medication unit(s) (Site(s) OTHER THAN above location at which medication is dispensed only):	
Street	Street
City County State Zip	City County State Zip
()	. ()
Telephone	Telephone
NARCOTIC TREATMENT PROGRAMS (NTE  PATIENT FEE: (\$60.00 for each p Total Number of Pat  REQUEST INCREASE IN APPROV Additional Number of HOSPITAL DETOXIFICATION PROGRAMS HOSPITAL FEE: \$500.00  OFF-SITE MEDICATION UNITS PROGRAM MEDICATION UNIT F Total Number of Med  LATE FEES LATE FEE: A program that files a ref LATE FEE: A hospital that files a ref	atient which the NTP is approved to treat) ients Approved to Treat  Total Fee Amount  /ED TO TREAT: (\$60.00 for each new patient which the NTP is approved to treat) of Patients  Additional Required Fee  /EE: (\$300.00 - per medication unit)
CURRENT VERIFICATION: I affirm that the above statements are true and correct and that no reasons exist for which the Commissioner may refuse this form, or at a later date revoke or suspend our permit. I further affirm, by signature hereon, that I am not currently delinquent in	
the payment of any corporation franchise taxes owed the State of Texas under Chapter 171, Tax Code. I have not been convicted of a felony or misdemeanor.	

Date

NTP Sponsor's or Hospital Administrator's Signature