# http://inside.health.ri.gov/img/logos/blackblue1inch.jpg

## HealthFacts RI

## Rhode Island All-Payer Claims Database

## Application Fee Remittance Form

Applicants must submit a non-refundable $100 application fee to the Department of Health in order for their electronic application to be processed. Please complete this form and mail along with check, to the address below.

Make checks payable to: Rhode Island General Treasury

Mail this form and payment to:

**Rhode Island Department of Health**

**Center for Health Data and Analysis**

**Attn: Sam Viner-Brown**

**3 Capitol Hill**

**Providence, RI 02908**

Upon receipt of the completed application and application fee, a member of the HealthFacts RI team will contact you regarding next steps in the application process.

|  |
| --- |
| Applicant Organization: |
| Contact Person Name: |
| Title: |
| Phone: |
| Fax: |
| Email: |
| Project Title: |
| Date Application Submitted: |

Enclosed check to be applied to:

❒ $100 Application Fee

For internal use only:

Application #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Application Fee received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_