



Arizona Department of Health Services  
 150 N. 18<sup>th</sup> Avenue, 5<sup>th</sup> Floor, Suite 530  
 Phoenix, AZ 85007



## Credit Card Payment Form

### LICENSEE INFORMATION (ALL FIELDS MUST BE FILLED IN, AS APPLICABLE)

Name <b>On</b> the License:	Facility I.D. # (ADHS USE ONLY)	ADHS License #
Address <b>On</b> The License:		License Expiration Date:
Applicable Licensing Office: ( <i>Check only one</i> ) <input type="checkbox"/> Medical Facilities <input type="checkbox"/> Long Term Care <input type="checkbox"/> Assisted Living <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Child Care		Total Licensed or Requested Capacity:  _____
This payment is for a renewal: ( <i>validate is for a renewal only</i> ) <input type="checkbox"/> Renewal		
<b>For Child Care Facilities ONLY:</b>		
Are you registered with the Empower Pack Program?		<input type="checkbox"/> Yes <input type="checkbox"/> No

### RECORD OF TRANSACTION: (ADHS USE ONLY)

Order Number:	Date of Transaction:	Authorization Number:
Name of Person Processing Transaction:		Signature of Person Processing Transaction:

### CREDIT CARD INFORMATION (ALL FIELDS MUST BE FILLED IN)

Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Payment Amt.: \$ _____ .00	Name as it appears on card:
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**Authorization:**  
 I certify by my signature below that I am the individual authorized to use the credit card noted above. I authorize the Arizona Department of Health Services to charge this credit card for the payment amount noted below. I understand the Arizona Department of Health Services will verify the amount paid against the amount owed. I understand this transaction does not constitute a complete application for licensing.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Number:                    -                    -                    -		
Expiration Date:                    /	Security Code (3 digits only):	
Mailing Address:		
City:	State:	Zip:
Daytime Phone:	E-Mail Address:	

Please fax this authorization to **(602) 364-4807** or call **602-364-3088** to process via phone, or mail it to:  
 ADHS/Division of Licensing Services Business Office 150 N. 18<sup>th</sup> Avenue, 5<sup>th</sup> Floor, Suite 530, Phoenix, AZ  
 85007



***Division of Licensing Services***  
***Office of the Assistant Director***

150 N. 18th Avenue, Suite 510  
Phoenix, Arizona 85007-3247

JANICE K. BREWER, GOVERNOR  
WILL HUMBLE, INTERIM DIRECTOR

**IMPORTANT NOTICE**

**TO ALL ARIZONA DEPARTMENT OF HEALTH SERVICES (ADHS)  
LICENSED HEALTHCARE AND CHILDCARE FACILITIES**

The Division of Licensing Services (DLS) is now able to accept credit cards for payment of licensing fees, for renewal applications only.

DLS will accept Visa or MasterCard.

There are 3 easy ways DLS can process your credit card for payment of renewal licensing fees:

1. Call 602-364-3088 and we will take your credit card information over the phone.
2. Visit your licensing programs' home page where you will find a credit card payment form. Complete this form and mail it back to us at the address provided on the form.
3. Visit your licensing programs' home page where you will find a credit card payment form. Complete this form and fax it back to DLS at 602-364-4807.

If you do not wish to pay with a credit card, DLS will continue to accept business checks, money orders or cashiers checks for payment of licensing fees. No personal checks or cash will be accepted.

If you have questions please contact your licensing program.

Child Care Licensing 602-364-2539

Medical Facilities Licensing 602-364-3030

Assisted Living Facilities Licensing 602-364-2639 Long Term Care Licensing 602-364-2690

Behavioral Healthcare Licensing 602-364-2595