APPLICATION FEE INVOICE INSTRUCTIONS

All fees must be paid, and application received by the department before a license can be issued and the department's records updated.

Payment is due within 21 calendar days of the date of your invoice. If the application fee is not received within 21 calendar days of the date of your invoice, the Application ID Number listed on the invoice will be denied.

Payment instructions to pay by E-Check or Credit Card:

Log into the CDPH payment portal https://payit.cdph.ca.gov/. Enter your invoice number and the **exact** amount due stated in your invoice and follow the instructions to pay electronically. The exact amount due must be entered or the payment will not be accepted.

To pay by check:

Checks must be made payable to the "Department of Public Health". For easy identification, please note the **Application ID Number** in the memo area, this may be referred to as Account Number for Bill Pay Services. If this number is not listed on the check, it may delay processing of your application. **Please submit a copy of this Application Fee Invoice with your payment within 21- calendar days.**

When mailing, mail payment to:
California Department of Public Health
Center for Health Care Quality
Licensing and Certification Program
Attn: Revenue Collection Unit - **MS 3202**
P.O. Box 997434
Sacramento, CA 95899-7434

For Overnight Delivery:
California Department of Public Health
Center for Health Care Quality
Licensing and Certification Program
Attn: Revenue Collection Unit - **MS 3202**
1615 Capitol Avenue
Sacramento, CA 95814

Pursuant to Health and Safety Code section 1266, applications and written notifications require an application fee. For further information please visit the CDPH website: www.cdph.ca.gov. For a current application fee schedule please visit: L&C Program Home.

Please Note: Upon payment clearance, a Centralized Applications Branch (CAB) analyst will continue to review your Application ID Number listed on the Application Fee Notice/invoice to ensure compliance with state and federal requirements.

For status questions regarding your application please contact the CAB analyst assigned to your application as listed in the Application Notices you have received.

For questions regarding status of your payment, please email: RCollection@cdph.ca.gov. Please allow 10 business days for processing once the check is received.

Thank you,

California Department of Public Health

Health Care Facility Licensing and Certification Program