



MAMMOGRAPHY AND BREAST INTERVENTION INVOICE

DSHS TMAP FISCAL/ACCT USE ONLY - ZZ113-181 Remit # Date Amount

Legal name of facility: Doing Business as Name (DBA):

The appropriate fees shall accompany each new application for a mammography facility or breast interventional facility. An application will not be accepted until full payment has been received. [25 TAC §289.204 (h)]. Check should be made out to: Texas Department of State Health Services - ZZ113-181.

Invoice must be returned with check to ensure the facility's account is properly credited!

CERTIFICATION FEES FOR NEW MAMMOGRAPHY FACILITY:

The fee(s) for certification of your mammography facility will be:

- \$2010.00 for first mammography unit \$
\$240.00 for each additional mammography unit (Type in number of additional mammography unit(s) x \$ 240.00) \$

CERTIFICATION TOTAL DUE \$

ACCREDITATION FEES FOR NEW MAMMOGRAPHY FACILITY, IF ACCREDITING WITH STX:

The fee(s) for accreditation of your mammography facility will be one or more of the following:

- \$1025.00 for the first mammography unit \$
\$610.00 for each additional mammography unit (Type in number of additional mammography unit(s) x \$610.00) \$
\$330.00 for each mammography unit with dual modality (DBT) (Type in number of additional mammography unit(s) x \$330.00) \$

ACCREDITATION TOTAL DUE \$

FEES FOR NEW BREAST INTERVENTIONAL FACILITY:

The fee(s) for breast interventional certification may be one or more of the following:

- \$490.00 for each breast interventional unit \$
\$240.00 for each additional breast interventional unit (Type in number of breast interventional unit(s) x \$240.00) \$

BREAST INTERVENTION TOTAL DUE \$

TOTAL DUE WITH APPLICATION(S): \$

If you have any questions regarding the payment of these fees, you may contact the accounting office of the Radiation Operations and Records Unit at (737) 218-7701. Submit the appropriate fee(s) and the complete application to the following address:

U.S. Postal service address:

Texas Department of State Health Services Cash Receipts Branch - MC 2003 Registration Unit, Radiation Section - Mammography Programs P.O. Box 149347 Austin, Texas 78714-9347

Overnight Express address (Fed Ex, Lone Star, UPS):

Texas Department of State Health Services Cash Receipts Branch - MC 2003 Registration Unit, Radiation Section - Mammography Programs 1100 West 49th Street Austin, Texas 78756