DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

CLIA LABORATORY USER FEES

CLIA ID Number	Fees for Certificate of	Certificate Period
45D0889035	WAIVER	07/18/2016-07/17/2018

Payment Due Date	Total Payment Due
05/06/2016	$150.00

CURRENT CHARGES

Bill Date	Description	Amount
03/22/2016	REBILL CERTIFICATE FEE	$150.00

Our records indicate your laboratory requested a Certificate under the provisions of the Clinical Laboratory Improvement Amendments (CLIA) Program. The CLIA law promotes the quality and reliability of laboratory tests performed throughout the nation. The law requires CMS to assess fees to cover all costs of administering the program, including registering laboratories, issuing certificates and conducting onsite surveys, as applicable.

45D0889035
HIDALGO COUNTY WIC PROGRAM
3105 WEST UNIVERSITY DRIVE
EDINBURG, TX 78539-9406

Changes required to your certificate, may be made on the reverse side of this form and mailed to the state agency listed below. For more information about CLIA, visit the CMS website at www.cms.gov/CLIA or contact the state agency with any questions. Make payments on-line at www.pay.gov.

State Agency Name and Phone Number to report changes:

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
FACILITY LICENSING GROUP (MC 1979)
PO BOX 149347
AUSTIN, TX 78714-9347
(512)834-6792

DO NOT SEND PAYMENT TO THE STATE AGENCY

Note: All fees must be paid in full prior to any CLIA inspection or issuance of any CLIA certificate. Advance billing allows time to schedule and perform an inspection, if applicable, and allows time to issue the appropriate certificate. When renewing a certificate, if full payment is not received prior to the begin date of the above certificate period, your current certificate will be terminated and you may not legally perform testing after this date. **Paid Certificates are mailed 30 days prior to the effective date.**

Form CMS-35 (01/14)

---------- TEAR HERE ----------

CLIA Fee Coupon

Payment Due Date: 05/06/2016 Total Payment Due: $150.00

Make check payable to: CLIA Laboratory Program

Do not send name or address changes with your remittance

CLIA ID Number: 45D0889035
HIDALGO COUNTY WIC PROGRAM
3105 WEST UNIVERSITY DRIVE
EDINBURG, TX 78539-9406

Mail check to:

CLIA LABORATORY PROGRAM
P.O. BOX 530882
ATLANTA, GA 30353-0882

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