TEXAS
Health and Human Services

Service Code: 529201545
(for Accounting purposes only)

CCN

Hospital Name

Hospital Address

City, State

Zip Code

Fee Description: UC APP FEE

Total Amount Due: $10,000.00

To pay via Check or Money Order, mail your payment to:

HHSC AR MC1470
PO BOX 149055
AUSTIN TX 78714-9055

Payment Overnight Address:
HHSC AR MC1470
4601 W GUADALUPE STREET
AUSTIN TX 78751

Instructions for sending payment:

-DO NOT SEND CASH!
-Total amount on the check/money order must match the amount on this voucher.
-Include this voucher with payment
-No receipt will be sent