The application fee from participating private nursing facilities is due at the time of the submission of enrollment application, no later than April 15, 2024. If no payment is received by the deadline, your Quality Incentive Payment Program application will be removed, and you will not be eligible to participate in QIPP. Payments must be made by check or money order using the payment structure below.



Service Code: 529201562 (For Accounting Purposes Only)

Facility ID		Fee Description: QIPP Application Fee
Facility Name		ree bescription. Qii i Application ree
Address		Total Amount Due: \$10,000.00
City/State	Zip Code	

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

Regular Mailing Address HHSC AR MC1470 PO BOX 149055 AUSTIN, TX 78714-9055

Payment Overnight Address

HHSC AR MC1470 4601 W GUADALUPE STREET AUSTIN, TX 78751 Information 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