	CL	IA	ΙΔ	B	OR	А٦	OF	?Y	U	SF	R	FEES
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CLIA ID Number	Fees for Certificate of	Fees for Certificate of					
36D2273698	RE	GISTRATION	12/19/2022-12/18/2024				
Payment Due Date		Total Payment Du	e				
	02/03/2023		\$100.00				
	CUR	RENT CHARGES					
Bill Date	<u>Description</u>		Amount				
12/20/2022	CERTIFICATE FEE		\$100.00				

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.

36D2273698 CLEVELAND CLINIC HILLCREST NONWAIVED P CLEVELAND CLINIC, 9500 EUCLID AVE HS1-04, ATTN MAUREEN CARR CLEVELAND, OH 44195 Any required changes to your certificate, must be 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.

State Agency Name and Phone Number to report changes:

OHIO DEPARTMENT OF HEALTH CLIA LABORATORY PROGRAM 246 NORTH HIGH STREET, SECOND FLOOR COLUMBUS, OH 43215 (614)644-1845

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 (12/18)

CLIA Fee Coupon

02/03/2023

\$100.00

Payment Due Date: ___

____ Total Payment Due: ___

Make check payable to: CLIA Laboratory Program

CLIA ID Number: 36D2273698

CLEVELAND CLINIC HILLCREST NON PRIVIPED Send name or address changes with your remittance CLEVELAND CLINIC, 9500 EUCLID AVE

HS1-04, ATTN MAUREEN CARR CLEVELAND, OH 44195

Mail check to:

CLIA LABORATORY PROGRAM P.O. BOX 3056 PORTLAND, OR 97208-3056

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