

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: 02121
Status Code: 0
Fee Category: 7C
Exp. Date: 20120930
Fee Comments: CODE 33
Decom Fin Assur Req: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: PHC-CHARLESTOWN, L.P. D/B/A
Received Date: 20051206
Docket No: 3029670
Control No.: 315066
License No.: 13-23665-01
Action Type: Amendment

*MEDICAL
CENTER
OF
SOUTHERN
INDIANA*

2. FEE ATTACHED

Amount: \$740.00
Check No.: 16456 ✓

3. COMMENTS

Signed D.A. Hershey
Date 12-19-2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / 1)

1. Fee Category and Amount: _____

See attached fee sheet

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: Dec 1 (Region III)
Mail control: 315066
Company Name: PHC-Charlestown, L.P.
License Number: 13-23665-01
Check Number: 16456
Amount Received: \$740.00
Remitter: Medical Center of Southern Indiana
Type of fee: Amendment - No Fee Due
Refunded: \$740.00
Date Completed: 12/27/05
Completed by: Brenda Brown

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