

**NEW JERSEY DEPARTMENT OF HEALTH & SENIOR SERVICES
DIVISION OF HEALTH FACILITIES EVALUATION AND LICENSING
OFFICE OF CERTIFICATE OF NEED AND HEALTHCARE FACILITY LICENSURE
PO BOX 358, 171 JERSEY STREET, Bldg. 5, 1st Floor
TRENTON, NEW JERSEY 08611**

**FEES FOR THE LICENSURE & BIENNIAL INSPECTION OF ACUTE CARE FACILITIES
As of April 19, 2004**

TYPE OF FACILITY	NEW** FACILITY FEE	RENEWAL FEE	ADD BEDS OR SERVICES	RELOCATE SERVICES	REDUCE SERVICES	TRANSFER OF OWNERSHIP INTEREST	BIENNIAL** INSPECTION FEE
Home Health Agency	\$2,000	\$2,000	N/A	\$250	\$0 NOTE	\$1,000	\$500
Hospital: Comprehensive Rehabilitation	\$10,000	\$10,000	\$3,000	\$1,500	\$375	\$1,500	\$5,000
Hospitals: General, Special & Psychiatric	\$10,000	\$10,000	\$3,000	\$1,500	\$375	\$1,500	\$5,000
Maternal & Child Health Consortium	\$1,000	\$1,000	N/A	\$250	\$250	\$1000	\$400
Pediatric Transitional Homes	\$300+\$10 per bed	\$300+\$10 per bed	\$250	\$250	\$250	\$500	\$300
Hospice Care Program (Main)	\$2,000	\$2,000	N/A	\$0 NOTE	\$0 NOTE	N/A	\$1,000
Hospice Care Program (Branch)	\$150	\$150	N/A	\$0 NOTE	\$0 NOTE	N/A	\$0
Ambulatory Care Facility: (Per Service)*				\$375	\$375	\$1,500	
Ambulatory Care	\$1,750	\$750	\$1,750				\$1,000
Ambulatory Surgery	\$4,000	\$4,000	\$4,000				\$2,000
Birth Centers	\$1,750	\$750	\$1,750				\$200
Chronic Hemodialysis	\$4,000	\$4,000	\$4,000				\$2,000
Comprehensive Outpatient Rehabilitation	\$1,750	\$750	\$1,750				\$1,000
Computerized Axial Tomography (CAT)	\$4,000	\$4,000	\$4,000				\$2,000
Drug Abuse Treatment (Outpatient)	\$1,750	\$750	\$1,750				\$300
Extracorporeal Shock Wave Lithotripsy	\$4,000	\$4,000	\$4,000				\$2,000
Family Planning	\$1,200	\$200	\$1,200				\$200
Family Planning (Satellite)	\$600	\$100	\$600				\$200
Magnetic Resonance Imaging (MRI)	\$4,000	\$4,000	\$4,000				\$2,000
Megavoltage Radiation Oncology	\$4,000	\$4,000	\$4,000				\$2,000
Orthotripsy	\$4,000	\$4,000	\$4,000				\$2,000
Positron Emission Tomography (PET)	\$4,000	\$4,000	\$4,000				\$2,000
Primary Care	\$1,750	\$750	\$1,750				\$200
Primary Care Satellite	\$875	\$375	\$875				\$200
Satellite Emergency Departments	\$2,500	\$2,500	\$2,500				\$2,000
Sleep Centers	\$4,000	\$4,000	N/A				\$1,000
Other Services	\$3,500	\$2,500	\$3,500				\$1,000

* Ambulatory Care Facilities are required to pay a licensing fee for each licensed service up to a maximum of \$4,000. For example, a facility providing both Primary Care and Family Planning must pay a licensing renewal fee of \$1,750 for Primary Care Services, and an additional \$1,200 for the renewal of Family Planning Services. However, Ambulatory Care Facilities need only pay a single "the highest of" fee for the biennial inspection. Therefore, this facility would not pay both the \$200 Primary Care inspection fee and the \$200 Family Planning inspection fee, but would only remit the highest of the two fees, or \$200 for the biennial inspection. Please make check payable to "TREASURER, STATE OF NEW JERSEY".

** **FIRST TIME LICENSURE APPLICANTS MUST PAY BOTH THE NEW FACILITY FEE AND THE BIENNIAL INSPECTION FEE WHEN SUBMITTING THE APPLICATION.**

Note: Neither Home Health Agencies nor Hospice Care Programs will be charged for Branch Closings, but will be charged \$250 for main office/branch relocations.

Please note that psychiatric hospitals are not inspected by the Division of Health Facilities Evaluation and Licensing.