



Department of
Aging

John Kasich, Governor
Bonnie K. Burman, Sc.D., Director

Long-Term Care Consumer Guide Invoice Transmittal Sheet

Facility Name: _____

Address: _____

City, ST ZIP: _____

The 2015 Long-Term Care Consumer Guide fee is now due. **Payment must be received by October 23, 2015.** Past due accounts will be certified to the Attorney General's Office for collection. Payment of this fee is required for licensed residential care facilities, licensed nursing homes and Medicaid- or Medicare-certified nursing facilities by Ohio Revised Code 173.48.

For more information, please visit <http://ltc.ohio.gov/Help.aspx>. Additional questions may be referred to Pati Presley at consumerguide@age.ohio.gov or 614-466-0187.

Please note: The Consumer Guide billing is being handled differently than in previous years. Follow these instructions carefully to ensure your payment is received timely:

- Checks or money orders must be made payable to Treasurer, State of Ohio.
- Write your invoice number on the check. Write the check number in the yellow box below.
- This transmittal form **must** accompany your payment.
- If an organization pays for more than one home, a transmittal sheet for each home must accompany the check or money order for your account to be credited. See <http://ltc.ohio.gov/Help.aspx> for assistance with transmittal forms for multiple homes.

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|-----------------------|-----------|----------------------|-----------------------|
| FACILITY NAME: | | | |
| INVOICE #: | 100-_____ | AMT DUE: | \$_____ by 10/23/2015 |
| CHECK #: | | AMT ENCLOSED: | |

Send payment along with this form to:

OHIO DEPT OF AGING/CG OR
L-3718
COLUMBUS, OH 43260-3718

Use the following address for same day or overnight deliveries:

HUNTINGTON NATIONAL BANK
ATTN: L-3718
7 EASTON OVAL
COLUMBUS, OH 43219

OSS USE ONLY:

| | | |
|----------|--------------|----------------|
| INVOICE: | CUSTOMER ID: | SPEEDCHART: CG |
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