

Training Guide

E-pay Instructions

Health Facilities Services

Table of Contents

Ove	rview		. 3				
Acro	onyms		. 3				
Glo	ssary of Te	rms	. 3				
1.	Login Steps						
2.	Pay Now	Pay Now Option					
3.	Payment	S	. 6				
3.1	Online Po	ayment	6				
3	3.1.1 Echeck Payments						
3	.1.2	Credit Card Payments1	.1				
3.2	Paper Ch	eck Payments	17				

Overview

EPay is a payment process method developed by HIT DOH and is integrated with various DOH systems for seamless payments. EPay application facilitates as a simple single page application to ease the payment from many DOH programs to make payments for various merchants. Payments are accepted though credit card and Echeck. Credit card payments go through NICUSA Payment service whereas the Echeck payments go through Treasury department.

Acronyms

S. No	Acronym	Expansio	Description		
		n			
1.	HFS	Health Facility	HFS is the department that deals with the various core		
		Services	functions like: Licensing, relicensing, certificate of need,		
			facility inspections, investigations of complaints,		
			enforcement, etc. HFS application provides faster processing		
			times to license and relicense health care facilities by making		
			historical and current data readily available to staff at the		
			Department of Health, Human Services, and the Office of the		
			Attorney General.		
2.	SSN	Social Security	A unique nine-digit number issued to an individual by the		
		Number	Social Security Administration (SSA).		
3.	DOB	Date of Birth	Date of Birth of the applicant/administrator		

Glossary of Terms

S. No	Word/Symbol	Meaning		
1.	Check	Applicants may submit the licensing fees through checks. Payable to:		
		Treasurer, State of New Jersey		
2.	E-pay	If the payment is done through Portal (E-payment), then the payments		
		will be in pending status until the e-pay team gives a confirmation of		
		success message.		
3.	Wire	Applicants may also send the license amount through wire transfers.		

Pre-Requisites 1. **Login Steps** A facility trying to make a payment for has to login to the DOH portal. G ធ 25 dohhfsqa.nj.gov D 🛛 🔺 * All Bookma M OFFICIAL SITE OF THE STATE OF NEW JERSEY Governor Phil Murphy • Lt. Governor Tahesha Way NJ.gov | Services | Agencies | FAQs | Translate | Search NJ Health Health Facility Services **Step 1.1** Contact Us Sign in Sign Up Please Use Desktop / Laptop for Better Expen ce. Our Website is Designed To Deliver It's Full Potential On Larger Screens, Providing with Better Clarity, Functionality and Navigation **Step 1.1** To login to the portal, please type in https://dohlicensing.nj.gov/ in the URL address box in Google Chrome or Microsoft Edge and click Sign in. **Health Facility Services** A **Contact Us** Sign in Sign Up Redeem invitation Sign in **Step 1.2 Facility User Login** * User name * Password Remember me? **Step 1.3** Forgot your Username/Password? Sign in

Step 1.2 Please enter your Username and your secured password to validate your user credentials.Step 1.3 After entering the login credentials, please click on Sign in button to enter the system.

2. Pay Now Option

Step 2.1 Please click on Preview/Pay to proceed to Payments to see "Pay Now" option.

Number	Type of Payment	Is Credit Card	Reference Number	Amount	Payment submitted	Payment Processing	Date 🕹
There are no rec	cords to display.						
yments History							
yments History	,						
yments History Transaction Number	, Type of Payment	Is Credit Card	Reference Number	r Amount		Status Reason	Date 🕹
yments History Transaction Number	, Type of Payment	Is Credit Card	Reference Number	r Amount		Status Reason	Date 🖡

Step 2.2 Please click on Pay now.

OFFICIAL SITE OF THE STATE OF NEW JERSEY Health Facility Services ↑ Contact Us My Facilities L Har	Pending Balance Due \$4,000.00 Select Payment Type O Paper Check O Online Payment		Governor Phil Murphy • Lt. Governor Tal JJ.gov Services Agencies FAQs Transl NJ Upport	tesha Way ate Search Health (*) In Trongo Ladowski and Inconstitut
Facility Information Application Details	Step 2.8	Continue Payment Close		
Facility ABCDE SURGICENTER, LLC	License Number R24517	Last Expiration Date 3/20/2024	Applications Number LR-R24517-19185	
Facility Information				
Facility ID	Facility Type	Medicaid #	Medicare #	
NJ90055	AMBULATORY SURGICAL CENTER		31C0001227	
Facility Type Group Class	Facility Official Phone *	Facility Official Email *	Facility Official Fax	
A	(050) 834 5438	kweber@fostermd.com	(723) 014 9074	

Step 2.3 Please choose the preferred Payment Type (Paper Check/Online Payment)

3. Payments

3.1 Online Payment

If you choose to make an Online Payment on the Payments page, please select the appropriate option for the below and click on Continue Payment.

- Payment Account (Individual Account/Business Account)
- Online Payment Type (Echeck/Credit Card)

OFFICIAL SITE OF THE STATE OF NEW JERSEY			Governor Phil Murphy • Lt. Governor Tahe	esha Way te I Search
Health Facility Services	Pending Balance Due \$4,000.00		NJ	-lealth 🖲
🕈 🛛 Contact Us 🌱 My Facilities 🌱 💄 Han	Select Payment Type	_		
Facility Information	Individual or Business Individual account Business account	Step 3.1.1		
Application Details	Select the Online Payment Type Echeck Credit Card			
Facility ABCDE SURGICENTER, LLC	The transaction is typically cleared within the moved to the payee's account	nree to five business days and the funds are	Applications Number LR-R24517-19185	
Facility Information		Continue Payment Close		
Facility ID	Facility Type	Medicaid #	Medicare #	
NJ90055	AMBULATORY SURGICAL CENTER		31C0001227	
Facility Type Group Class	Facility Official Phone *	Facility Official Email * kweber@fostermd.com	Facility Official Fax	

Note: If the Online Payment Type is selected as Echeck, the below message is displayed: The transaction is typically cleared within three to five business days and the funds are moved to the payee's account.

Note: If the Online Payment Type is selected as Credit Card, the below message is displayed: *There is a service charge/convenience fee of* **2%** *of the payment amount plus* **\$0.50** *for credit card payments. Customer Credit Card information will not be retained by State of New Jersey (Dept of Health).*

3.1.1 Echeck Payments

If you choose to make the payment through Echeck, you will be redirected to the below page:

Tracking #	Licopso #	Eacility Name		Application Type *
Indoking #	License #	Facility Name		Application type
LR-R24517-19185	R24517	ABCDE SURGIO	CENTER, LLC	Renewal
ayer Details 2 Payment Certif	ication 3 Review and Pay 4	Preview and Submit		
r Information				
Trade/Individual Name *				
Address Line	Ste	ep 3.1.1.1		
Enter a location				
Address not found ?				
Address Line 1 *	Address	s Line 2	State *	
City *	Zip *			
Phone *	Fax		Email address	*

Step 3.1.1.1 Enter the below details on Payer Details tab.

- Trade/Individual Name Click on the checkbox next to **Address not found?** text and enter the below details if the Address details are not already displayed.
- Address Line1
- State
- City
- Zip
- Phone
- Email address

irst Name *	Last Name *	
ment type information		
ype of Payment *	Individual or Business *	•
Echeck	O Individual	
Credit card	 Business 	\backslash
		Step 3.1.1.2
aug Naut Cuitab	Revenuest Turne	
ous Next Switch	Payment Type	

Step 3.1.1.2 Enter the below details under Responsible Party Information and click on Next.

- First Name
- Last Name

NOTE: Please click on Switch Payment Type if you would like to change the Type of Payment to Credit Card.

	License #	Facility Name	Application Type *
LR-R24517-19185	R24517	ABCDE SURGICENTER, LLC	Renewal
2 Payment Certification 3 Revie	w and Pay 4 Providence and Submit	-	
	Step 3.1.1.3		
ertification		-	
	ou to debit the bank account listed about	for the amount of \$4000.00	
I authorize the State of New Jers	sey to debit the bank account listed above	FIOR the amount of \$4000.00	
 I authorize the State of New Jers NOTE: A return and/or payment is Iterate the actual Settlement Date 	accepted and confirmed for processing on o	r before 11:59 PM on the due date, or legally extended du	e date, will be deemed timely filed and paid ever
I authorize the State of New Jers NOTE: A return and/or payment is though the actual Settlement Date due date is legally extended to the	accepted and confirmed for processing on o assigned by the ACH Banking System may i following business day.	r before 11:59 PM on the due date, or legally extended du be after the due date or legally extended due date. If the d	e date, will be deemed timely filed and paid even ue date falls on a weekend or a legal holiday, th
I authorize the State of New Jers NOTE: A return and/or payment is though the actual Settlement Date due date is legally extended to the Important EFT Filer Information:	accepted and confirmed for processing on o assigned by the ACH Banking System may i following business day.	r before 11:59 PM on the due date, or legally extended du be after the due date or legally extended due date. If the d	e date, will be deemed timely filed and paid even ue date fails on a weekend or a legal holiday, th the New Jersev Division of Revenue EFT Unit.
Tauthorize the State of New Jers NOTE: A return and/or payment is though the actual Settlement Date due date is legally extended to the Important EFT Filer Information: This information must be updated	accepted and confirmed for processing on o assigned by the ACH Banking System may i following business day.	r before 11:59 PM on the due date, or legally extended du be after the due date or legally extended due date. If the d ers from the bank account information currently on file with unbroitted to the EFT Unit for future EFT payments to be or	e date, will be deemed timely filed and paid even ue date falls on a weekend or a legal holiday, th the New Jersey Division of Revenue EFT Unit. edited to your account. Any questions about

Step 3.1.1.3 Please tick the checkbox for authorization under the Payment Certification tab and click on Next to Proceed with Payment.

NOTE: Please note that you can choose to Cancel Payment at this step.

	Payment Information
	Electronic Check Payment
	Will the funds for the payment come from an account outside of the United States ? ● No ○ Yes
	Amount
	\$ 4000.00
	Routing number
Step 3.1.1.4	Account number
	Account Type
	Choose v
	Click here for sample check with bank routing number and your bank account number
	Previous Next Cancel Payment

Step 3.1.1.4 On the Review and Pay section, enter the below information, and click Next.

- Choose whether funds for payment come from outside USA.
- Routing Number
- Account Number
- Account Type (Checking/Savings)

NOTE: Please note that you can choose to Cancel Payment at this step.

ATE OF NEW JERSEY			Governor Phil Murphy • L IJ.gov Services Agencies
Services Facilities L Har	Redirecting to E-pay, please do	o not click Back or exit Browser.	
<u>s</u>	License #	Facility Name	Application Type *
	R24517	ABCDE SURGICENTER, LLC	Renewal

Step 3.1.1.5 The above popup message would appear. Please wait until you are redirected to next page.

() OFFICIAL SITE OF THE STATE OF NEW JERSEY			Governor Phil Murphy - Lt. Governor Tahesha W
U	Application completed. Please make sure	you SUBMIT the application so that we can	IJ.gov Services Agencies FAQs Translate Sea
Health Facility Services	start processing.		NJ Hea
🔒 📔 Contact Us 📔 My Facilities 📔 🛓 Har		Ok	
This transaction will be typically cleared within the	hree to five business days and the funds wi	I be moved to the payee's account.	×
Facility Information			
Application Details			
Facility	License Number	Last Expiration Date	Applications Number
ABCDE SURGICENTER, LLC	R24517	3/20/2024	LR-R24517-19185

Step 3.1.1.6 Please click on Ok when the below Popup message appears. *Application Completed. Please make sure you submit the application so that we can start processing.*

Health Facility Servic	Submit Application	rm. Please confirm submission.	X IJ.gov Services Agencies FAQs -
Contact Us My Facilities	L Han	Submit Cancel	
Facility Information			
Application Details			
Application Details Facility	License Number	Last Expiration Date	Applications Number
Application Details Facility ABCDE SURGICENTER, LLC	License Number R24517	Last Expiration Date 3/20/2024	Applications Number LR-R24517-19185
Application Details Facility ABCDE SURGICENTER, LLC Facility Information	License Number R24517	Last Expiration Date 3/20/2024	Applications Number LR-R24517-19185
Application Details Facility ABCDE SURGICENTER, LLC Facility Information Facility ID	License Number R24517 Facility Type	Last Expiration Date 3/20/2024 Medicaid #	Applications Number LR-R24517-19185 Medicare #

Step 3.1.1.7 Please click on submit button to complete submission of application.

mank you.	1
The New Jersey Department of Hea	alth (NJDOH), Certificate of Need
and Licensing (CNL) Intake team w	ill now review the renewal
application for all fees, forms and r	equired documents for ABCDE
SURGICENTER, LLC License Numbe	r R24517.
Once processing is completed, a co	opy of the renewed license will
be emailed to the official facility en	nail address. Please allow 7-10
_business days for the original lisens	ca to arrive from the LIS Doctal
	ок

Step 3.1.1.8 Please click OK when the above pop-up message appears.

Transaction Number	Type of Payment	Is Credit Card	Reference Number	Amount	Payment submitted	Payment Processing	Date +
LIC2740	E-Pay	No	14280-153398082	\$4,000.00	Yes	Pending	11/30/2023
ayments History							
Transaction Number	Payment Type	Is Credit Card	Reference Number	Amour	nt Received	Status Reason	Payment Date 4

Step 3.1.1.9 Please scroll down to see the Payment record in Pending state.

CN & L : Renewal Application and Payment Successful Submission	
TestUser2, CRM [DOH] To Cc (1) If there are problems with how this message is displayed, click here to view it in a web browser.	<u> </u>
Hello Hansika Somsole ,	
** This is an automatically generated email, please do not reply directly to this email. **	
Greetings from the New Jersey Department of Health (DOH).	
This is a Renewal Application report submission confirmation for the CN & L Application: LR-R24517-19185	
Here are the transaction details made through portal.	
Application Name : CN and Licensing Application Type : Renewal License Number : R24517	
Type of Service : Electronic Check Payment E - pay Transaction Number : 14280-153398082 Application Payment Amount : \$4000.00 Payment Including Service Fee : \$4000.00 Payment Date : 11/30/2023 EFT Code : 14280	
For more transaction details, please login into portal: https://dohlicensing.nj.gov/ and navigate to Payment information tab.	
If you believe you received this email in error, or you have any questions, please contact us Licensing team at Phone number: 609-376-7800 and Email to: CNandLicensingRequests@doh.nj.gc	ov

Step 3.1.1.10 Please note that you will receive an email confirmation as an acknowledgement to

Electronic Check Payment as seen above.

3.1.2 Credit Card Payments

If you choose to make the payment through Credit Card, you will be redirected to the below page:

Tracking #	License #	Facility Name	Application Type *
LR-R24517-19185	R24517	ABCDE SURGICENTER, LLC	Renewal
ayer Details 2 Payment Certific	ation 3 Review and Pay 4 Preview and	Submit	
r Information			
Trade/Individual Name *			
Address Line	Step 2.1.2		
Enter a location			
Address not found ?	Address Line 2	State *	
City *	Zip *		
,			
Phone *	Fax	Email ad	dress *

P a g e | **11**

Step 3.1.2.1 • • • • • • • • • • • • • • • • •	Enter the be Trade/Indi Click on the if the Addre Address Lin State City Zip Phone Email addre	elow details on Paye vidual Name e checkbox next to ess details are not ne1 ess Step 3.1.2.2	er Details tab. Address not found already displayed.	l? text and ente	er the below details
First Name *		Last Name *			
Pourmont truno informatio					
Type of Payment *		Individual or Business *			
		Individual			
Credit card	/	Business			
Previous Next Step 3.1.2.2 NOTE: Please click of	Switch Payment Typ Enter the be First Na Last Na <i>n Switch Pay</i>	elow details on Paya ume me vment Type if you w	er Details tab. Pould like to change i	the Type of Payı	ment to Echeck.
License Application	Details				
Tracking # LR-R24517-1918	7	License # R24517	Facility Name ABCDE SURGICENTER, LLC	Application Type * Renewal	
2 Payment Certification	n 3 Review and Pay	4 Preview and Submit			
Credit Card Disclaim	<u>er</u>				
Step 3.1.2.3 ase note that	New Jersey Information Div	rision of NICUSA, Inc. (NICUSA-NJ), an ele	ectronic government partner with the State, w	ill process your payment through a	an
The online charge enhance, and ex	pe processed through NICUU pand the State's electronic : ns	SA-NJ includes funds in excess of payments of the second	nts owed. NICUSA-NJ uses the excess funds are any excess funds with the State of New J	solely to develop, run, maintain, ersey.	
Step 3.1.2.3 NOTE: Please no	Please tick <i>te that you c</i>	the I Agree to the an choose to Cance	terms and click on N <i>l Payment at this ste</i> l	Vext. p.	

Amo	unt
\$	4000.00
int	smatton is not retained by State of New Jersey (Dept of Health).

Step 3.1.2.4 Please click on Next

NOTE: Please note that you can choose to Cancel Payment at this step.

1 Payment Type 2 Custome	r info 3 Payment 4 Submi	Transaction Summarv
Payment		License Registration \$4,000
Payment Type		Pay now with New Jersey \$4,089 Government Services
с	redit/Debit Card	Need Help?
Customer Information		Please complete the Customer Information Sect
Country *	Complete all required	fields [*]
United States	~	
First Name *	Last Name *	

Step 3.1.2.5 You will be redirected to NICUSA payments webpage and please enter all details under Customer Information and click on Next.

Page | **14**

	TOMS RIVER	NJ - New Jersey 🗸	
	ZIP/Postal Code *		Transaction Summary
	08755		License Registration \$4,000,00
	Phone Number *		Pay now with New Jersey \$4,089.00
	732-914-1419		Government Services
	Email * 🍘		
	hansika.somsole@doh.nj.gov		Need Help?
		Next >	Please complete the Customer Information Section.
	Payment Information		
	Capaci		
	Cancel		
Pay	ment Information		Transaction Summary
	Credit Card Number * 🍘	Complete all required fields [*] Credit Card Type	License Registration \$4,000.00
			Pay now with New Jersey \$4,089.00
			Government Services
	Expiration Month *	Expiration Year *	
	Select a Month	Select a Year V	Need Help?
	Security Code * 🕐		You have selected to pay by credit card. Complete
			Customer Billing Information and enter Credit Card Information.
	Name on Credit Card *		
		Next >	
Step 3.1	2.6 Please enter the	below details and click on Next.	
F -	Credit Card	Number	
	Credit Card	Тупо	
	• Evpiration	Type	
	Expiration	year	
	 Security Co 	de	
	 Name on Cr 	edit Card	

		Edit
Credit Card Visa ****1111 Exp. 04/2028	Name on Credit Card Hansika Somsole	
	_	_

Step 3.1.2.7 Please click on Submit payment.

OFFICIAL SITE OF THE STATE OF NEW JERS	Application completed Plea	se make sure you SURMIT the application so that y	Governor Phil Murphy - Lt. Gov IJ.gov Services Agencies FAG	vernor Tahesha Wa Qs Translate Searc
Health Facility Service	start processing.			
🔒 Contact Us My Facilities 🚽	L Har		Ok	
Payment Successfully Completed				×
Facility Information				
Application Details				
Facility	License Number	Last Expiration Date	Applications Number	
ABCDE SURGICENTER, LLC	R24517	3/20/2024	LR-R24517-19187	
Facility Information				
Facility ID	Facility Type	Medicaid #	Medicare #	

Step 3.1.2.8 Please click on Ok after payment is complete to submit the application.

OFFICIAL SITE OF THE STATE OF NEW JER Health Facility Servic Contact Us My Facilities This transaction will be typically cleared y Facility Information Application Details	SEY Submit Application Thank you for completing the application for within	orm. Please confirm submission.	Cancel
Facility	License Number	Last Expiration Date	Applications Number
ABCDE SURGICENTER, LLC	R24517	3/20/2024	LR-R24517-19185
Facility Information Facility ID NJ90055	Facility Type	Medicaid #	Medicare #
	AMBULATORY SURGICAL CENTER	—	3100001227

Step 3.1.2.9 Please click on Submit to submit the application.

Payments History						
Transaction Number	Payment Type	Is Credit Card	Reference Number	Amount Received	Status Reason	Payment Date
LIC2749	E-Pay	Yes	69416088	\$4,000.00	Active	12/1/2023
						Close
Step 3.1.2	2.10 Please	e see the Payme	ent completion re	ecord under Pay	ments History.	
[EXTERNAL] New	Jersey Government S	Services Payment Rec	eipt			
NR no-reply@njp To	portal.com					S Reply
(1) If there are problems with	how this message is displayed, clic	k here to view it in a web browser.				
Transaction Sum	mary	cription		Amount		
Health and Senior Se	ervices Test Service	chption		\$4,000.00		
Pay now with New Je	ersey Government Service	es		\$4,089.00		
Customer Informe Customer Name Company Name Local Reference ID Receipt Date Receipt Time	ation Hansika So Hansika So LIC2749 12/1/2023 04:28:29 PI	omsole omsole M EST				
Payment Informa Payment Type Credit Card Type Credit Card Number Order ID Name on Credit Card	tion Credit Card VISA *****1111 69416088 Hansika So	i omsole				
Billing Informatio Billing Address Billing City, State Billing Zip/Postal Coo	n TOMS RIVI de 08755	ER, NJ				

Step 3.1.2.11 Please note that you will receive an email confirmation as an acknowledgement for Credit Card payment as seen above.

3.2 Paper Check Payments

If you choose to make the payment through Paper Check, you will be redirected to the below page:

	Pending Balance Due		NJ.gov Services Agencies FAQs Translate Searc
Health Facility Service	\$3,205.00	Step 3.2.1	
🕈 📔 Contact Us 🍴 My Facilities 📔 👤	Har Select Payment Type Paper Check O Online Payment		
Facility Information	Reference Number		
Application Details	*Online Payment preferred, paper payment	may delay application processing	
Facility EDISON ADULT DAY CARE CENTER,		Continue Payment Clos	Applications Number LR-12010-19198
Facility Information			
Facility Information Facility ID	Facility Type	Medicaid #	Medicare #
Facility Information Facility ID NJ12010	Facility Type ADULT DAY HEALTH SERVICES FACI	Medicald # 0180875	Medicare #
Facility Information Facility ID NJ12010 Facility Type Group Class	Facility Type ADULT DAY HEALTH SERVICES FACI Facility Official Phone	Medicald # 0180875 Facility Official Email	Medicare # Facility Official Fax

Step 3.2.1 Please select the option Paper Check under Payment Type to pay offline and enter the Reference Number for the Paper Check. Click on Continue Payment.

OFFICIAL SITE OF THE STATE OF NEW JERSEY	Governor Phil Murphy • Lt. NJ.gov Services Agencies	Governor Phil Murphy • Lt. Governor Tahesha Way NJ.gov Services Agencies FAQs Translate Search		
Health Facility Services		NJ/Health(
A Contact Us My Facilities	ansika Somsole 👻			Improving Health Through Leadenhip and Import
Payment has been added please proceed with	the application submission			×
Facility Information				
3				
Application Details				
Application Details Facility	License Number	Last Expiration Date	Applications Number	
Application Details Facility EDISON ADULT DAY CARE CENTER,	License Number 12010	Last Expiration Date 3/31/2024	Applications Number LR-12010-19198	
Application Details Facility EDISON ADULT DAY CARE CENTER, Eacility Information	License Number 12010	Last Expiration Date 3/31/2024	Applications Number LR-12010-19198	

Health Facility Services	Paper payment MUST have facility datas attachment will significantly delay proce	sheet attached. Paper payment without essing.	Governor Phil Murphy • Lt.	Governor Tahesha Way FAQs Translate Search NJ Health
🕅 Contact Us My Facilities 🚨 H	ar	0	k	
Payment has been added please proceed with	the application submission			
Facility Information				
Facility	License Number	Last Expiration Date	Applications Number	
Facility ID	Facility Type	Medicaid #	Medicare #	
Facility Type Group Class	Facility Official Phone	Facility Official Email	Facility Official Fax	

Step 3.2.2 Please note that for Renewal applications, once you hit Ok button on this page, Renewal Datasheet document will be downloaded to your system. Please share the datasheet to the correspondence address mentioned in the document.

Sample Renewal Datasheet 7	Renew al Femplate:	Datasheet. odf		
in 25 dohhisqa.nj.gov/FacilityDetail/Kenewals/EAF	RenewalsLIC/fid=d1e89/34-c492-ee11-81/9-0	U1dd80bf6f48kstatus=chkPending	ম য	🛎 🔲 👗 Kelaunch t
	dohhfsga.ni.gov says			C AI
OFFICIAL SITE OF THE STATE OF NEW JERSEY	Thank you!	T	Governor Phil Murphy - Lt. Go NJ.gov Services Agencies FA	vernor Tahesha Way Qs Translate Search
Health Facility Services	and Licensing (CNL) Intake team application for all fees, forms an	realth (NDDH), Centricate of Need n will now review the renewal d required documents for EDISON		Ingraving Tradity Through Landensky and Tennes
↑ Contact Us My Facilities ▲ Hans	Sika Somsole Once processing is completed, a be emailed to the official facility	copy of the renewed license will email address. Please allow 7-10		
Application Submitted to Department		ОК		×
Payment has been added please proceed with th	e application submission			×
Facility Information				
Application Details				
Facility	License Number	Last Expiration Date	Applications Number	
EDISON ADULT DAY CARE CENTER,	12010	3/31/2024	LR-12010-19198	
Facility Information				
Facility ID	Facility Type	Medicaid #	Medicare #	
NJ12010	ADULT DAY HEALTH SERVICES FACI	0180875		
Facility Type Group Class	Facility Official Phone	Facility Official Email	Facility Official Fax	

Step 3.2.3 Please see the submission completion acknowledgement and hit Ok.

Page	19
------	----

ppiloutorrieco		Inspection Fee		Beds Fee		Service Fee	
\$1,500.00		\$225.00		\$1,480.00		\$0.00	
yments In-Progress							
Transaction Number	Type of Payment	Is Credit Card	Reference Number	Amount	Payment submitted	Payment Processing	Date 🕹
LIC2751	Check/Money Order	No	R0123	\$3,205.00	No	Pending	12/4/2023
ayments History							
		1. O			here been d	Table Basses	Permant Data

Step 3.2.4 Please see the Payment completion record under Payments which will be approved by DOH upon receival of Payment through Paper Check from the facility.

CN & L : Renewal Application and Payment Successful Submission

TestUser2, CRM [DOH]	5
() If there are problems with how this message is displayed, click here to view it in a web browser.	
Hello	
** This is an automatically generated email, please do not reply directly to this email. **	
Greetings from the New Jersey Department of Health (DOH).	
This is a Renewal Application report submission confirmation for the CN & L Application: LR-12010-19198	
Here are the transaction details made through portal.	
Application Name : CN and Licensing Application Type : Renewal License Number : 12010	
Type of Service : Paper Check Application Payment Amount : \$3205.00	
For more transaction details, please login into portal: https://dohlicensing.nj.gov/ and navigate to Payment information tab.	
If you believe you received this email in error, or you have any questions, please contact us Licensing team at Phone number: 609-376-7800 and Email to: CNandLicensingRequests@doh.nj.gov	

Thank you,

Step 3.2.5 Please note that you will receive an email confirmation as an acknowledgement to Paper Check payment as seen above.