



Department of Aging

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

2015 Ohio Bed Fee Collection Invoice Transmittal Sheet

Facility Name: _____

Address: _____

City, ST ZIP: _____

The 2015 Bed Fee is now due. Payment must be received by December 30, 2015. Ohio Revised Code 173.26 provides that each long-term care facility "shall annually pay to the Department of Aging six dollars for each bed maintained by the facility for use by a resident during any part of the previous year." Long-term care facilities subject to this provision include licensed or certified nursing homes, residential care facilities, county homes, VA homes, long-term acute care hospitals and adult care facilities.

A facility that fails to submit their payment within ninety days of the initial invoice date will be required to pay two times the original invoice amount pursuant to Ohio Revised Code 173.26.

For more information, please visit http://ltc.ohio.gov/Help.aspx. Additional questions may be referred to bedfee@age.ohio.gov or 614-466-1221.

Please note: The Bed Fee 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.

Table with 4 columns: FACILITY NAME & BED COUNT, INVOICE #: 200-_____, AMT DUE: (\$6 per bed), CHECK #: _____, AMT ENCLOSED: _____

Send payment along with this form to:

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

OR

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:

Table with 4 columns: INVOICE: 200-_____, CUSTOMER ID: _____, AMT DUE: _____, SPEEDCHART: BF