

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT



**Bureau of Community Health Systems
Right-to-Know Program
1000 SW Jackson Street, Suite 330
Topeka KS 66612-1365
(785) 296-1560**

State law allows you to pay Tier II and Form R fees by credit card. We are accepting MasterCard, Visa, and Discover. There is a 2.5% handling fee when using **Discover Card**, which must be paid.

Payment for (check one): Tier II fees Form R fees

Payment type (check one):



Payment Amount \$ _____

2.5% fee with Discover card only \$ _____

Total payment amount \$ _____

I hereby certify all information provided on this payment form is complete and accurate and understand a 2.5% convenience fee has been included in the total of this transaction, if using a Discover Card only.

Signature: _____ Date: _____

Account Number: _____		
Expiration Date: _____ / _____		
Name (as it appears on card):	Email address:	
Company Name:		
Mailing Address:		
City:	State:	Zip:

PLEASE NOTE: After the transaction has been processed, a receipt will be sent to the email address above and this form properly disposed of by shredding.