

COMPLIANCE MANAGEMENT UNIT FINE/COSTS INVOICE

Name:			
Profession:		License Number:	
Case Number:			

Fine	
Costs	
Other	
TOTAL:	

To receive credit for your payment attach cashier's check or money order here and return to:

Please make checks payable to the Department of Health

**Department of Health
Compliance Management Unit, BIN C-76
P.O. Box 6320
Tallahassee, Florida 32314-6320**