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| ***SCHEDULE 11*** |  |  |  |
|  | **All Applicants** |  | **FINES, LIENS, OR OVERPAYMENTS** |
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***Section 408.831, F.S. states:***

(1) In addition to any other remedies provided by law, the agency may deny each application or suspend or revoke each license, registration, or certificate of entities regulated or licensed by it:

(a) If the applicant, licensee, or a licensee subject to this part which shares a common controlling interest with the applicant has failed to pay all outstanding fines, liens, or overpayments assessed by final order of the agency or final order of the Centers for Medicare and Medicaid Services, not subject to further appeal, unless a repayment plan is approved by the agency; or

(b) For failure to comply with any repayment plan.

***Please complete the following:***

\_\_\_\_\_ No. There are no outstanding fines, liens, or overpayments.

\_\_\_\_\_ Yes. There are outstanding fines, liens, or overpayments, as described below.

If you checked “yes” above, provide the following information on each outstanding obligation (use additional sheets as necessary):

Name of Agency/Department Owed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Owed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Original Debt Incurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Balance Owed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Last Payment Made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your signature on this application will serve as your attestation that the information contained above is true and accurate. A license, certificate or registration can be suspended or revoked, and an application denied, for failure to pay outstanding fines, liens, and overpayments per section 408.831, F.S.

I*f you have any questions, please call the Certificate of Need Office at (850) 412-4401.*

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