

North Carolina 2014 State Medical Facilities Plan Order Form

Name: _____
(Required)

Organization: _____
(Optional)

Mailing Address: _____
(Required)

E-Mail: _____
(Optional)

Phone Number: _____
(Required)

If your zipcode is inside N.C.
and does not begin with
287, 288 or 289:

\$20.60	NC 2014 SMFP
<u>7.45</u>	Shipping
\$28.05	Per Copy

If your zipcode begins with
287, 288, 289 or outside of NC:

\$20.60	NC 2014 SMFP
<u>8.90</u>	Shipping
\$29.50	Per Copy

Number of copies _____ x \$ = \$ _____
(Required) Total Due

Check enclosed in amount of: \$ _____
Same as Total Due

Checks should be made to: North Carolina Division of Health Service Regulation

Return completed form to: Division of Health Service Regulation
Medical Facilities Planning Branch
2714 Mail Service Center
Raleigh, N.C. 27699-2714