

State of Connecticut
Department of Public Health
Office of Emergency Medical Services

NON-CHARGING SERVICE CERTIFICATION STATEMENT For 2026

I certify that _____
Name of Provider

does not impose a fee for the provision of any emergency medical services rendered and does not have an approved Rate Schedule issued by the Department of Public Health (DPH). I also certify that in adherence to the provisions of Section 19a-179-21(e) of Connecticut DPH Regulations, the above referenced provider will not charge for services provided in the future unless it applies for, and is granted, an approved Rate Schedule from the DPH.

License or Certification Number

Name and Title of Authorized Person

Signature of Person Named Above

Business Telephone Number

Business E-mail Address

Date

All providers that do not charge for emergency medical services rendered and did not submit a 2025 Rate application must sign and return the completed Certification, by mail, to: Renee Holota at the Office of Emergency Medical Services, **by August 31, 2025**.

CT Department of Public Health
Office of Emergency Medical Services
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P.O. Box 340308
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