

**TPEP Provider Info and Logo**

**TLC DRIVER HEALTHCARE SERVICES FEE COLLECTION**

Medallion Number: **X#XX**

Healthcare Services Fee Period: **mm/dd/yyyy – mm/dd/yyyy**

Client Name: **To be populated by TPEP Provider based on customer info**

Street Address: **To be populated by TPEP Provider based on customer info**

Phone Number: **To be populated by TPEP Provider based on customer info**

Bank ID Number:

##### to be provided by TLC

**AMOUNT DUE: \$ ###.##**

**OFFICE  
USE ONLY**

Payment Due Date: **mm/dd/yyyy**

**PAYMENT INSTRUCTIONS:**

- Do not make any changes to the amount due indicated above. Questions regarding amounts owed should be directed to your TPEP Provider for resolution so that a new amount owed can be provided and a revised statement printed. If you change the amount due on the statement and pay an amount other than what is listed your payment will be rejected and your payment returned to you. You will then be subject to the issuance of a summons and the possible suspension of your license for non-payment.
- If you are paying for more than one medallion please note that there is a limit of twenty-five (25) invoices per check submitted. All twenty-five (25) statements must be included with the check being presented for payment.
- You MUST mail your Driver Healthcare Services Fee form together with your payment to: New York City Taxi & Limousine Commission, Post Office Box 28602, New York NY 10087-8602. Attn: Driver Healthcare.
- You MUST include a Certified Check or a Money Order in the amount indicated above payable to: "NYC Taxi and Limousine Commission."
- Please print your TLC Medallion Number on the front of the certified check or money order.
- Payment is due by the due date stated above. Failure to submit your payment by that date may result in the issuance of a summons which could result in the imposition of additional fines and/or possible suspension of your license until compliance.