Due Dates for Franchise Permit Fee Payments:

December 15
February 14
May 15
August 14

Submitting Payment

To ensure prompt credit for all FPF payments, please do the following:

1) Write the customer number (located on the assessment notice) on all checks/payment forms.
2) Make remittance payable to: Treasurer of State of Ohio (ODM)
3) Enclose a copy of the entire assessment notice with each quarterly payment.
4) Mail payment to:
   The Ohio Department of Medicaid
   Fiscal Operations/Franchise Fee
   L-3669
   Columbus, Ohio 43260-3669

Questions? Contact: Nursing.Home.Correspondent@medicaid.ohio.gov or 614-752-4389

For more information, go online: medicaid.ohio.gov