

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Office of Clinical Standards and Quality/Survey & Certification Group

INTERNATIONAL LAB PAYMENTS

To make a wire transfer to CMS to pay your CLIA fees, please give your bank the following information.

Subtype/Type Code:	10.00
Amount:	_____
Sending Bank Routing Number:	_____
ABA Number of Receiving Institution:	021 030 004
SWIFT Code:	FRNYUS33
Receiving Institution Name:	Treasury New York
Beneficiary Account Number (Agency Location Code):	75050080 CMS
For assistance, contact the Credit Gateway:	(877) 815-1206
Originator to Beneficiary Info	CLIA Lab Payment
	CLIA ID# _____

*Fees are payable to Originator. Do not deduct these fees from payment to Beneficiary.