

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

**NON-CHARGING SERVICE CERTIFICATION STATEMENT For 2025**

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 2024 Rate application must sign and return the completed Certification, by email, to: [renee.holota@ct.gov](mailto:renee.holota@ct.gov) at the Office of Emergency Medical Services, **by September 30, 2024**.