

HOW TO VIEW & PRINT A BILL / INVOICE

- 1) Login to <https://dphregprograms.iowa.gov/PublicPortal/Iowa/IDPH/common/index.jsp>
- 2) Click "Continue" from your profile page.
 - a. (For **business** invoices, click on your business FIRST then click "Continue.")

IDPH REGULATORY PROGRAMS
Radiological Health ■ Emergency Medical Services ■ Environmental Health

Home > My Profile

Home | **Sign Off** | **Help**

Basic Profile Details PIN: 349246

Name: Dorothy Knight
Date of Birth: 08/04/1986
Email Address*: narayana.b@launchitcorp.co
Preferred Address: [Dropdown]

Registered User's Memberships

- Backflow
- DK City EMS
- DK Dental
- DK Help Desk Test
- DK MAMO
- DK Plumbing Inc
- DK Tanning
- DK Vet Clinic
- ECIA
- IDPH
- Iowa Medical
- Lead Prevention

Select a Membership for your Actions

Physical Address Details

Address is: [Dropdown] ATTN: [Text]
Street Number*: 21781 City*: Monticello [Dropdown]
Street Prefix: [Dropdown] County: Jones [Dropdown]
Street Name*: Business Hwy 151 State*: Iowa [Dropdown]
Street Type*: Highway [Dropdown] Country: [Dropdown]
Street Direction: [Dropdown] Zip Code*: 52610
Unit Type: POBOX [Dropdown] Phone 1*: 3194653941
Unit Number: 634 Phone 2: 3194800045

[Continue] [Reset] [Addresses]

WELCOME TO YOUR PROFILE PAGE!

On your programs page, you will see your license number.

- 3) If you need an invoice for fees generated for a Renewal license application, click "Details" on your **renewal**.

IDPH REGULATORY PROGRAMS
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Home > My Programs Dorothy Knight - Iowa Medical

Home | **Public Search** | **My Profile** | **Company Profile** | **Member Management** | **Apply for a Program** | **Sign Off** | **Help**

Programs for Iowa Medical

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
MED 30032		Radiological Facility	Active	06/28/2018	01/01/2019	Des Moines	Details	Online Services	
MED 30032		Radiological Facility	Renewal			Des Moines	Details	Online Services	

[Make Payment]

- 4) If you need an invoice for a fee generated on an Active license, click "Details" on your **active** license.

IDPH REGULATORY PROGRAMS
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Home > My Programs Dorothy Knight

- Home
- Public Search
- My Profile
- New Company Registration
- Apply for a Program
- Sign Off
- Help

Programs for Dorothy Knight

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
RNTST10050	Dorothy Knight	Radon Individual	Active	11/08/2017	11/30/2018	Monticello	Details	Online Services	
	Dorothy Knight	Permit To Practice	New			Monticello	Edit	Online Services	

[Make Payment](#)

This will take you into the details of the license or license renewal application.

- 5) Scroll to the bottom of the page and click "Print Bill."

Home > My Programs > Program Details

Radiological Facility - Medical/Chiro

License #	Application Date	Issue Date	Expiry Date	Status	Description
MED 30032	12/19/2018			Renewal	Renewal Folder

People Details

Role	Name(LastName FirstName MiddleName NameSuffix)
Facility	Iowa Medical

Application Form Expand All

- Affirmation
- Facility Details

Application Form Details Collapse All

- Equipment List
- Mobile Sites

License Processes Expand All

Description	Status	Requested Date	Expiry Date
Radiological Facility Application Review	Calculate Fees	06/28/2018	
Xray Machine	Approved	12/13/2017	

Fees

Bill Number	Description	Fee Amount	Payment
16373	Radiological Equipment Fee	\$51.00	No payment to be displayed.
Total		\$51.00	

Total Due: \$51.00 **Print Bill** [Make Payment](#)

Attachments

Attachment Description

[Add New Attachment](#) [Upload Attachments](#)

[Online Services](#) [Back](#)

6) Click "Print" as shown:

Home > Print Bill

Please click **PRINT** here for your bill copy if necessary.

Bill (Copy)

Billed To

Folder Name:	Iowa Medical
LPCRO No:	MED 30032
Reference No:	546677

Receipt Details

Bill No	Fee Description	Bill Generated Date	Amount
546677 - 16373	Radiological Equipment Fee	12/19/2018	\$51.00
Total:			\$51.00

[Back](#)

Print

Total: 1 sheet of paper

Print Cancel

Destination [Change...](#)

Pages All
 e.g. 1-5, 8, 11-13

Copies

Layout

Color

Options Two-sided

[+ More settings](#)

[Print using system dialog... \(Ctrl+Shift+P\)](#)

Home > Print Bill

Please click **PRINT** here for your bill copy if necessary.

Bill (Copy)

Billed To

Folder Name:	Iowa Medical
LPCRO No:	MED 30032
Reference No:	546677

Receipt Details

Bill No	Fee Description	Bill Generated Date	Amount
546677 - 16373	Radiological Equipment Fee	12/19/2018	\$51.00
Total:			\$51.00

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