



Rhode Island Department of Attorney General  
Office of Health Care Advocate  
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Providence, RI 02903-2907  
Phone: 401-274-4400  
Fax: 401-222-2995  
[www.riag.ri.gov](http://www.riag.ri.gov)



Rhode Island Department of Health  
Office of Health Systems Development  
Three Capitol Hill, Room 407  
Providence, RI 02908-5097  
Phone: (401) 222-2788  
Fax: (401) 273-4350  
[www.health.ri.gov/hsr/healthsystems/index.php](http://www.health.ri.gov/hsr/healthsystems/index.php)

**INITIAL APPLICATION**  
(Pursuant to R.I. General Laws § 23-17.14-6)  
**Instructions**

Please respond to every question and each appendix unless directed to do otherwise. When you have completed the Initial Application, submit two (2) copies of the completed Initial Application by certified United States Mail or hand delivery, with return receipt requested (one (1) copy shall be in an electronic format acceptable to the Department of Health and the Department of Attorney General and (1) copy of the Initial Application in three (3) ring binders with a spine label setting forth the volume number and the range of the unique identifier and tab for each question) to:

Rhode Island Department of Attorney General  
Office of Health Care Advocate  
150 South Main Street  
Providence, RI 02903-2907

Rhode Island Department of Health  
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Three Capitol Hill, Room 407  
Providence, RI 02908-5097

For both the electronic formatted version and the hard copy of the Initial Application, each page submitted as part of the Initial Application shall be labeled with a sequential unique identifier, such as the Bates system, and contain a complete index of pages of the Initial Application, setting forth the unique identifier for each page and a description of the document in a format acceptable to the Department of Health and the Department of Attorney General.

All information submitted as part of the Initial Application shall be public except for information submitted pursuant to Rhode Island General Laws §§ 23-17.14-6 (31) and 23-17.14-6 (c).

