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# REQUESTED	TESTS / SERVICE REQUESTED	SELF-PAY TESTING FEES	SKILLED NURSING FACILITY RATE ONLY	TOTALS
	KNOWLEDGE TEST OR RETAKE	$35.00/CANDIDATE	$26.06/CANDIDATE	
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	Test Review Fee (see note below) NOTE: Please fill out, submit and pay the fee using the 1403 Test Review Form found at: www.hdmaster.com under 'Test Disputes'	$25.00	$25.00 (NO AZBN REIMBURSEMENT)	
	Refund Request Fee (see note below) NOTE: Please fill out, submit and pay the fee using the 1405 Refund Request Form found at: www.hdmaster.com under 'Refund Request Form'	$35.00	$35.00 (NO AZBN REIMBURSEMENT)	
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	PERSONAL CHECKS AND CASH ARE NOT ACCEPTED.		**GRAND TOTAL:**	

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If this is a re-take test, I must re-test only on the portion that I failed. I understand that if I paid by credit card that my credit card will be billed for the knowledge and/or skill test **or** for the portion of the test that I failed plus the fax fee (if I fax this payment form into D&SDT-Headmaster). PLEASE CALL (800)393-8664 IF YOU DO NOT RECEIVE AN E-MAIL AND/OR TEXT MESSAGE LETTING YOU KNOW YOUR FEES HAVE BEEN PAID AND YOU ARE READY TO SCHEDULE INTO A TEST EVENT.

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