

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AMCA
AGENCY CLERK

2012 MAY 22 A 8: 52

STATE OF FLORIDA,
AGENCY FOR HEALTH CARE
ADMINISTRATION,

FILED

2012 MAY 23 A 11: 26

Petitioner,

DIVISION OF
ADMINISTRATIVE
HEARINGS

vs.

Audit No.: CI 11-2800-000
Provider No. 252076100
License No. ME69909
NPI No. 1417985888

ASHRAF BEHARRIE, M.D.,

Respondent.

FINAL ORDER

THIS CAUSE is before me for issuance of a Final Order. In a letter issued by the Agency for Health Care Administration ("Agency"), Bureau of Medicaid Program Integrity, the Respondent, ASHRAF BEHARRIE, M.D., a Florida Medicaid provider, was informed that the Agency was seeking to recoup Medicaid overpayments in the amount of \$40,055.08 and costs in the amount of \$4,381.91, and to impose a fine in the amount of \$8,011.02, for a total amount due of \$52,448.01.

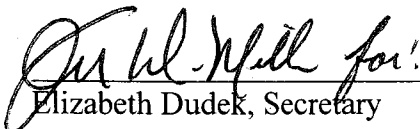
Agency records indicate that the Respondent has satisfied the obligations that were set forth in the letter, which is attached hereto and incorporated by reference herein. The Agency incorporates and adopts each and every relevant statement and conclusion of law set forth in the letter.

The Respondent has satisfied and paid in full the total amount of \$52,448.01 to the Agency's Finance and Accounting Department. Copies of the payments, checks and Final Agency Action Report are incorporated by reference herein.

ORDER


BASED on the forgoing, it is ORDERED and ADJUDGED that this matter is CLOSED.

DONE AND ORDERED this 18th day of May, 2012, in Tallahassee, Florida.


Elizabeth Dudek, Secretary
Agency for Health Care Administration

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been served on the above-named persons by U.S. Mail or interoffice mail as indicated on this the 18th day of May, 2012.


Richard Shoop, Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, Building #3
Tallahassee, Florida 32308-5403
(850) 412-3630

A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO A JUDICIAL REVIEW WHICH SHALL BE INSTITUTED BY FILING ONE COPY OF A NOTICE OF APPEAL WITH THE AGENCY CLERK OF AHCA, AND A SECOND COPY ALONG WITH FILING FEE AS PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT WHERE THE AGENCY MAINTAINS ITS HEADQUARTERS OR WHERE A PARTY RESIDES. REVIEW PROCEEDINGS SHALL BE CONDUCTED IN ACCORDANCE WITH THE FLORIDA APPELLATE RULES. THE NOTICE OF APPEAL MUST BE FILED WITHIN 30 DAYS OF RENDITION OF THE ORDER TO BE REVIEWED.

Copies furnished to:

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Jessica E. Varn
Administrative Law Judge
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Mike Blackburn, Bureau Chief, Medicaid
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(E-mail) or other means as appropriate