

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED  
AHCA  
AGENCY CLERK

2014 FEB 13 P 1:54

STATE OF FLORIDA,  
AGENCY FOR HEALTH CARE  
ADMINISTRATION,

Petitioner,

vs.

OPEN MRI OF TALLAHASSEE, LLC,

Respondent.

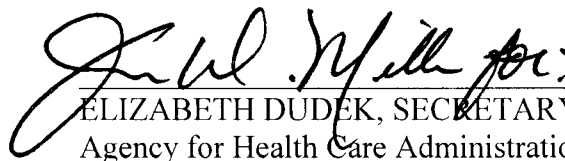
CASE NO.: 13-4377MPI  
C.I. NO.: 13-0409-000  
PROVIDER NO.: 274675100  
NPI NO.: 1053380915  
LICENSE NO.: ME87143

FINAL ORDER

The Respondent, **OPEN MRI OF TALLAHASSEE, LLC**, by and through its counsel, Jay Adams, Esquire, voluntarily withdrew on November 20, 2013, the Petition for Formal Administrative Hearing challenging the Self Audit Final Audit Report in this case. Based on the foregoing, it is hereby **ORDERED AND ADJUDGED**:

Respondent shall pay to the **AGENCY FOR HEALTH CARE ADMINISTRATION** within thirty (30) days of entry of this Final Order, the lump sum of eighty-one thousand, seven hundred forty-one dollars and seven cents (\$81,741.07) in Medicaid overpayments. Interest shall accrue at the rate of ten per cent (10%) per annum on the outstanding balance, as provided by section 409.913(25)(c), Florida Statutes.

DONE and ORDERED on this the 12<sup>th</sup> day of February, 2014,  
Tallahassee, Florida.

  
ELIZABETH DUDEK, SECRETARY  
Agency for Health Care Administration

**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:

**Beverly H. Smith**  
**Assistant General Counsel**  
Agency for Health Care Administration  
Office of the General Counsel  
(Interoffice Mail)

**Jay Adams, Esquire**  
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**Lester J. Perling, Esquire**  
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**Richard Zenuch, Bureau Chief, Medicaid Program Integrity**

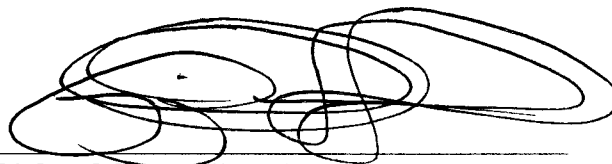
**Finance and Accounting**

**Health Quality Assurance**

**Florida Department of Health**

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished to the above named addressees by U.S. Mail or other designated method on this the 13<sup>th</sup> day of February, 2014.



**Richard Shoop, Esquire**  
**Agency Clerk**  
State of Florida  
Agency for Health Care Administration  
2727 Mahan Drive, MS #3  
Tallahassee, Florida 32308-5403  
(850) 412-3630/FAX (850) 921-0158