STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

SOLUTIONS DENTAL OFFICE

Respondent.

CASE NO. 13-1500MPI PROVIDER NO. 076496500 NPI NO. 1508901083 C.I. No. 11-3253-000

RENDITION NO .: AHCA- 14 - 0276 -S-MDO

FINAL ORDER

THE PARTIES resolved all disputed issues and executed a Stipulation and Agreement. The parties are directed to comply with the terms of the attached Stipulation and Agreement. Based on the foregoing, this file is CLOSED.

DONE AND ORDERED this 28 day of March

2014, in Tallahassee, Leon County, Florida.

BETH

Agency for Health Care Administration

Filed April 2, 2014 4:00 PM Division of Administrative Hearings



2014 NAR 31 P 3:38

CASE NO. 13-1500MPI C.I. No. 11-3253-000

> 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:

Todd P. Resavage Administrative Law Judge Division of Administrative Hearings The DeSoto Building 1230 Apalachee Parkway Tallahassee, Florida 32399-3060

Solutions Dental Office ATTN: Ana 3095 S. Military Trail, Suite 22 Lake Worth, Florida 33463 Email address: solutionsdentaloffice@gmail.com

Agency for Health Care Administration Debora E. Fridie, Assistant General Counsel, MS #3

Agency for Health Care Administration Division of Health Quality Assurance

Agency for Health Care Administration Home Care Unit, MS #34

Agency for Health Care Administration Bureau of Financial Services, MS #14

Agency for Health Care Administration Bureau of Medicaid Program Integrity, MS #6

Florida Department of Health

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CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order was furnished by United States Mail, interoffice mail, or email transmission to the above-referenced addressees this 3/2 day of <u>March</u>, 20/4.

RICHARD J. SHOOP, Agency Clerk Agency for Health Care Administration 2727 Mahan Drive, MS #3 Tallahassee, Florida 32308 Telephone No. (850)-412-3630 Fax No. (850)-921-0158