STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

AHCA AGENCY CLERK

2014 FEB 13 P 1: 54:

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,

Petitioner,

CASE NO.: 13-4377MPI C.I. NO.: 13-0409-000

PROVIDER NO.: 274675100

NPI NO.: 1053380915 LICENSE NO.: ME87143

vs.

Respondent.

Ttosponuon.

OPEN MRI OF TALLAHASSEE, LLC,

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 /2 day of // day of // day of // Johnson, 2014

ELIZABETH DUDEK, SECKETARY Agency for Health Care Administration

1 AHCA vs. Open MRI of Tallahassee, Inc., C.I. 13-0409-000 Final Order 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 Broad and Cassel

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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 _/3 day

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Richard Shoop, Esquire

Agency Clerk

State of Florida

Agency for Health Care Administration

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