## STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION



2017 APR 17 P 3: 41

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,

Petitioner,

DOAH CASE NO.: 15-3874MPI MPI CASE NO.: 2015-0001969

C.I. NO.: 13-0107-000

PROVIDER NO.: 010111700

NPI NO.: 1083669683 LICENSE NO.: 4395

RENDITION NO.: AHCA-/フ - 02つと-8-MDO

vs.

LEHIGH HMA, INC., d/b/a LEHIGH REGIONAL MEDICAL CENTER,

Respondent.

## FINAL ORDER

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

DONE and ORDERED on this the 15 day of April, 2017, in Tallahassee, Florida.

WUSTIN M. SENIOR, SECRETARY
Agency for Health Care Administration

Agency for Health Care Administration vs. Lehigh HMA, Inc. d/b/a Lehigh Regional Medical Center (C. I. No.: 13-0107-000; MPI Case No.: 2015-0001969)

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:

LEHIGH HMA INC., DBA Lehigh Regional Medical Center P. O. BOX 281 388 Atlanta, GA 30384-1388 (U.S. mail)

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Bureau of Financial Services (Interoffice mail)

## **CERTIFICATE OF SERVICE**

	ΙH	IEREB'	Y CERTIFY	that a	true an	d correct	t copy of	f the	foregoin	ng has	been	furnish	ned to
he a	ibove	named	addressees	by U.S	S. Mail	or other	designa	ited n	nethod	on this	s the	17 td	lay of

April\_\_\_, 2017.

Richard J. Shoop, Esquire
Agency Clerk
State of Florida
Agency for Health Care Administration

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