AGENCY FOR HEALTH CARE ADMINISTRATION

HOME | ABOUT US | MEDICAID | LICENSURE & REGULATION | FIND A FACILITY | REPORT FRAUD

Provider:

Provider Type:
Abortion Clinic

File#:
License #:
Expires:

Application:
Type: Renewal Licensure
Status:
Date Received:

= Entered
= Entry Required

- Provider/Facility Information
  - Details
  - Contact Person
- Licensee Information
- Controlling Interests
- Management Company Information
- Personnel
- Required Disclosure
- Procedures/Transfer Agreement
- Days and Hours of Operation
- Supporting Documents
- Finalize Submission

Health Care Licensing Online Application
Abortion Clinic
AHCA Form 3110-1000 OL, July 2016
59A-9.020, Florida Administrative Code

Logged in as :

Dashboard | OL Help | Documents | Logout

Provider/Facility Information

Under the authority of Chapters 408, Part II and 390, Florida Statutes (F.S.), and Chapters 59A-35 and 59A-9, Florida Administrative Code (F.A.C.), an application is hereby made to operate an abortion clinic as indicated below.

Pursuant to section 408.806 (1)(a) and (b), Florida Statutes, an application for licensure must include: the name, address and social security number of the applicant, administrator or similarly titled person who is responsible for the day to day operation of the provider, financial officer or similarly titled person who is responsible for the financial operation of the licensee or provider and each controlling interest, if the applicant or controlling interest is an individual; and the name, address, and federal employer identification number (EIN) of the applicant and each controlling interest, if the applicant or controlling interest is not an individual. Disclosure of social security number(s) is mandatory. The Agency for Health Care Administration shall use such information for purposes of securing the proper identification of persons listed on this application for licensure.

Review the information below and make any necessary edits. Provider/Facility name, address and telephone number will be listed on http://www.floridahealthfinder.gov

Provider/Facility Information

License #

National Provider Identifier ☐ None ☐ Pending

Name of Abortion Clinic (If operated under a fictitious name, enter as it appears in Florida Division of Corporations.)

Provider/Facility Location Address

Edit Address

Provider Location Address

Telephone Ext Fax # ☐ None

Email Address **Note:** *By providing your email address, you agree to accept email correspondence from the Agency.* ☐ None

Provider/Facility Website ☐ None

Provider/Facility Mailing Address (All mail will be sent to this address.)

☐ Check if same as Provider/Facility Location Address

Edit Address

Address

Telephone Ext Email Address ☐ None

Undo | Save | << Back | Next >>

Privacy Policy | Doing Business with AHCA | Refund Policy | Disclaimer | Contact Webmaster | Find a Facility | Download Adobe Reader

AGENCY FOR HEALTH CARE ADMINISTRATION

HOME | ABOUT US | MEDICAID | LICENSURE & REGULATION | FIND A FACILITY | REPORT FRAUD

Provider:

Provider Type:
Abortion Clinic

File#:
License #:
Expires:

Application:
Type: Renewal Licensure
Status:
Date Received:

= Entered
= Entry Required

- Provider/Facility Information
  - Details
  - Contact Person
- Licensee Information
- Controlling Interests
- Management Company Information
- Personnel
- Required Disclosure
- Procedures/Transfer Agreement
- Days and Hours of Operation
- Supporting Documents
- Finalize Submission

Logged in as :

Dashboard | OL Help | Documents | Logout

Provider/Facility Information

Provider/Facility Contact Person for this Application

First Name | Middle Name | Last Name | Suffix

Telephone | Ext | Fax #

None

Contact Email Address (By providing your email address, you agree to accept email correspondence from the Agency.)

None

Undo | Save | << Back | Next >>

Health Care Licensing Online Application
Abortion Clinic
AHCA Form 3110-1000 OL, July 2016
59A-9.020, Florida Administrative Code

AGENCY FOR HEALTH CARE ADMINISTRATION

HOME | ABOUT US | MEDICAID | LICENSURE & REGULATION | FIND A FACILITY | REPORT FRAUD

Provider:

Provider Type:
Abortion Clinic

File#:
License #:
Expires:

Application:
Type: Renewal Licensure
Status:
Date Received:

= Entered
= Entry Required

- Provider/Facility Information
- Licensee Information
  - Licensee Details
- Controlling Interests
- Management Company Information
- Personnel
- Required Disclosure
- Procedures/Transfer Agreement
- Days and Hours of Operation
- Supporting Documents
- Finalize Submission

Logged in as :

Dashboard | OL Help | Documents | Logout

Licensee Information

Description of licensee (select only one option below)

○ For Profit ○ Not for Profit ○ Public

Ownership Types

Entity Licensee Details

Licensee Name (may be same as provider name)

Federal Employer Identification # (EIN)

Mailing Address

Edit Address

Address

Telephone | Ext | Fax # | Email Address

☐ None ☐ None

Undo | Save | << Back | Next >>

Health Care Licensing Online Application
Abortion Clinic
AHCA Form 3110-1000 OL, July 2016
59A-9.020, Florida Administrative Code

AGENCY FOR HEALTH CARE ADMINISTRATION

HOME | ABOUT US | MEDICAID | LICENSURE & REGULATION | FIND A FACILITY | REPORT FRAUD

Provider:

Provider Type:
Abortion Clinic

File#:
License #:
Expires:

Application:
Type: Renewal Licensure
Status:
Date Received:

= Entered
= Entry Required

- Provider/Facility Information
- Licensee Information
- Controlling Interests
  - Controlling Interests
- Management Company Information
- Personnel
- Required Disclosure
- Procedures/Transfer Agreement
- Days and Hours of Operation
- Supporting Documents
- Finalize Submission

Logged in as :

Dashboard | OL Help | Documents | Logout

Controlling Interests of Licensee

Controlling Interests, as defined in Section 408.803(7), F.S., are the applicant or licensee; a person or entity that serves as an officer of, is on the board of directors of, or has a 5% or greater ownership interest in the applicant or licensee; or a person or entity that serves as an officer of, is on the board of directors of, or has a 5% or greater ownership interest in the management company or other entity, related or unrelated, with which the applicant or licensee contracts to manage the provider. The term does not include a voluntary board member."

Do any individuals or entities possess 5% or greater ownership interest in the licensee, or, function as a board member with less than 5% ownership?

( ) Yes ( ) No

To **add** a controlling interest -
Utilizing the pick list below, either choose an individual/entity that is already associated with this application or select 'New Controlling Interest - Individual' or 'New Controlling Interest - Entity' .

To **edit** an existing controlling interest -
Select "Edit/View"and edit as needed.

To **remove** an existing controlling interest -
Select "Remove" and enter the date the controlling interest's relationship with the licensee ended.

	Full Name of Individual/Entity	Type	Tax ID	Effective Date	End Date	%
Remove Edit/View		SSN				100.00

Total 100.00

Removed: (-) Added: (+)

If the percentage of ownership interest indicated above does not equal 100%, please explain why in the space below:

Undo | Save | << Back | Next >>

Health Care Licensing Online Application
Abortion Clinic
AHCA Form 3110-1000 OL, July 2016
59A-9.020, Florida Administrative Code

AGENCY FOR HEALTH CARE ADMINISTRATION

HOME | ABOUT US | MEDICAID | LICENSURE & REGULATION | FIND A FACILITY | REPORT FRAUD

Provider:

Provider Type:
Abortion Clinic

File#:
License #:
Expires:

Application:
Type: Renewal Licensure
Status:
Date Received:

= Entered
= Entry Required

- Provider/Facility Information
- Licensee Information
- Controlling Interests
- Management Company Information
  - Management Company Information
  - Management Company Controlling Interest
- Personnel
- Required Disclosure
- Procedures/Transfer Agreement
- Days and Hours of Operation
- Supporting Documents
- Finalize Submission

Logged in as :

Dashboard | OL Help | Documents | Logout

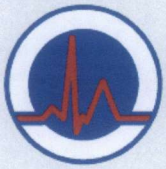
Management Company Information

Does a company other than the licensee manage the licensed provider?

○ Yes ○ No

Undo | Save | << Back | Next >>

Health Care Licensing Online Application
Abortion Clinic
AHCA Form 3110-1000 OL, July 2016
59A-9.020, Florida Administrative Code



AGENCY FOR HEALTH CARE ADMINISTRATION

HOME | ABOUT US | MEDICAID | LICENSURE & REGULATION | FIND A FACILITY | REPORT FRAUD

Provider:

Provider Type:
Abortion Clinic

File#:
License #:
Expires:

Application:
Type: Renewal Licensure
Status:
Date Received

= Entered
= Entry Required

- Provider/Facility Information
- Licensee Information
- Controlling Interests
- Management Company Information
  - Management Company Information
  - Management Company Controlling Interest
- Personnel
- Required Disclosure
- Procedures/Transfer Agreement
- Days and Hours of Operation
- Supporting Documents
- Finalize Submission

Logged in as :

Dashboard | OL Help | Documents | Logout

Management Company Controlling Interest

Controlling interests, as defined in Section 408.803(7), F.S., are the applicant or licensee; a person or entity that serves as an officer of, is on the board of directors of, or has a 5% or greater ownership interest in the applicant or licensee; or a person or entity that serves as an officer of, is on the board of directors of, or has a 5% or greater ownership interest in the management company or other entity, related or unrelated, with which the applicant or licensee contracts to manage the provider. The term does not include a voluntary board member.

To **add** a controlling interest -
Utilizing the pick list below, either choose an individual/entity that is already associated with this application or select 'New Controlling Interest - Individual' or 'New Controlling Interest - Entity' .

To **edit** an existing controlling interest -
Select "Edit/View"and edit as needed.

To **remove** an existing controlling interest -
Select "Remove" and enter the date the controlling interest's relationship with the licensee ended.

	Full Name of Individual/Entity	Type	Tax ID	Effective Date	End Date	%
Remove Edit/View	(+)					

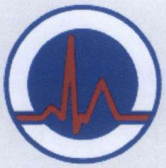
Total 100.00

Removed: (-) Added: (+)

If the percentage of ownership interest indicated above does not equal 100%, please explain why in the space below:

Undo | Save | << Back | Next >>

Health Care Licensing Online Application
Abortion Clinic
AHCA Form 3130-1000 OL, July 2016
59A-9.020, Florida Administrative Code



AGENCY FOR HEALTH CARE ADMINISTRATION

HOME | ABOUT US | MEDICAID | LICENSURE & REGULATION | FIND A FACILITY | REPORT FRAUD

Provider:

Provider Type:
Abortion Clinic

File#:
License #:
Expires:

Application:
Type: Renewal Licensure
Status:
Date Received:

= Entered
= Entry Required

- Provider/Facility Information
- Licensee Information
- Controlling Interests
- Management Company Information
- Personnel
  - Administration
- Required Disclosure
- Procedures/Transfer Agreement
- Days and Hours of Operation
- Supporting Documents
- Finalize Submission

Health Care Licensing Online Application
Abortion Clinic
AHCA Form 3110-1000 OL, July 2016
59A-9.020, Florida Administrative Code

Logged in as :

Dashboard | OL Help | Documents | Logout

Personnel

Personnel

Note: For the administrator and financial officer, an AHCA Screening through the Care Provider Background Screening Clearinghouse (Clearinghouse) is needed, or the Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0006 if background screening was conducted by the Department of Financial Services for an applicant for a certificate of authority to operate a continuing care retirement community under Chapter 651, F.S. To verify who is to be screened, visit http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Rqrd_Screening.shtml

Provide the information for the individual(s) who perform the following roles:

- Administrator / Facility Manager
- Financial Officer

To **add** an individual -
Utilizing the pick list below, either choose an individual that is already associated with this application or select 'New Individual'.

To **edit** an existing individual -
Select "Edit/View"and edit as needed.

To **remove** an existing individual -
Select "Remove" and enter the date the individual's relationship with the licensee ended.

	Full Name of Individual	Type	Tax ID	Roles	Effective Date	End Date
Remove Edit/View		SSN		Administrator / Facility Manager		
				Financial Officer		

Removed: (-) Added: (+)

Undo | Save | << Back | Next >>

Provider:

Provider Type:
Abortion Clinic

File#:
License #:
Expires:

Application:
Type: Renewal Licensure
Status:
Date Received:

= Entered
= Entry Required

- Provider/Facility Information
- Licensee Information
- Controlling Interests
- Management Company Information
- Personnel
- Required Disclosure
  - Convictions
  - Exclusions
  - Felonies/Terminations
- Procedures/Transfer Agreement
- Days and Hours of Operation
- Supporting Documents
- Finalize Submission

Health Care Licensing Online Application
Abortion Clinic
AHCA Form 3110-1000 OL, July 2016
59A-9.020, Florida Administrative Code

Logged in as :

Dashboard | OL Help | Documents | Logout

Required Disclosure

Convictions

Pursuant to subsection 408.809, F.S., the applicant shall submit to the agency a description and explanation of any convictions or offenses prohibited by sections 435.04 and 408.809(4), F.S., for each controlling interest.

Has the applicant or any individual listed in the Controlling Interests or Management Company Controlling Interests sections of this application been convicted of any level 2 offense pursuant to subsection 408.809, Florida Statutes?)

◯ Yes ◯ No

Undo | Save | << Back | Next >>

AGENCY FOR HEALTH CARE ADMINISTRATION

HOME | ABOUT US | MEDICAID | LICENSURE & REGULATION | FIND A FACILITY | REPORT FRAUD

Provider:

Provider Type:
Abortion Clinic

File#:
License #:
Expires:

Application:
Type: Renewal Licensure
Status
Date Received:

= Entered
= Entry Required

- Provider/Facility Information
- Licensee Information
- Controlling Interests
- Management Company Information
- Personnel
- Required Disclosure
  - Convictions
  - Exclusions
  - Felonies/Terminations
- Procedures/Transfer Agreement
- Days and Hours of Operation
- Supporting Documents
- Finalize Submission

Health Care Licensing Online Application
Abortion Clinic
AHCA Form 3110-1000 OL, July 2016
59A-9.020, Florida Administrative Code

Logged in as :

Dashboard | OL Help | Documents | Logout

Required Disclosure

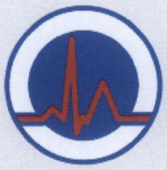
Exclusions

Pursuant to section 408.810(2), F.S., the applicant must provide a description and explanation of any exclusions, suspensions, or terminations from the Medicare, Medicaid, or federal Clinical Laboratory Improvement Amendment (CLIA) programs.

Has the applicant or any individual/entity listed in the Controlling Interests or Management Company Controlling Interests sections of this application been excluded, suspended, terminated or involuntarily withdrawn from participation in Medicare or Medicaid in any state?

◯ Yes ◯ No

Undo | Save | << Back | Next >>



AGENCY FOR HEALTH CARE ADMINISTRATION

Provider:

Provider Type:
Abortion Clinic

File#:
License #
Expires:

Application:
Type: Renewal Licensure
Status:
Date Received

= Entered
= Entry Required

- Provider/Facility Information
- Licensee Information
- Controlling Interests
- Management Company Information
- Personnel
- Required Disclosure
  - Convictions
  - Exclusions
  - Felonies/Terminations
- Procedures/Transfer Agreement
- Days and Hours of Operation
- Supporting Documents
- Finalize Submission

Health Care Licensing Online Application
Abortion Clinic
AHCA Form 3110-1000 OL, July 2016
59A-9.020, Florida Administrative Code

Logged in as :

Required Disclosure

Felonies/ Terminations

Pursuant to section 408.815(4), F.S., has the applicant or a controlling interest in the applicant, or any entity in which a controlling interest of the applicant was an owner or officer when the following actions occurred ever been:

1. Convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, chapter 893, 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396, Medicaid fraud, Medicare fraud or insurance fraud, within the previous 15 years prior to the date of this application;

○ Yes ○ No

2. Terminated for cause from the Medicare program or a state Medicaid program.

○ Yes ○ No

If yes, has applicant been in good standing with the Medicare program or a state Medicaid program for the most recent 5 years and the termination occured at least 20 years before the date of the application.

○ Yes ○ No

Undo | Save | << Back | Next >>

AGENCY FOR HEALTH CARE ADMINISTRATION

HOME | ABOUT US | MEDICAID | LICENSURE & REGULATION | FIND A FACILITY | REPORT FRAUD

Provider:

Provider Type:
Abortion Clinic

File#:
License #:
Expires:

Application:
Type: Renewal Licensure
Status:
Date Received:

= Entered
= Entry Required

- Provider/Facility Information
- Licensee Information
- Controlling Interests
- Management Company Information
- Personnel
- Required Disclosure
- Procedures/Transfer Agreement
  - Procedures Performed
  - Transfer Agreement/Admitting Privileges
- Days and Hours of Operation
- Supporting Documents
- Finalize Submission

Health Care Licensing Online Application
Abortion Clinic
AHCA Form 3110-1000 OL, July 2016
59A-9.020, Florida Administrative Code

Logged in as :

Dashboard | OL Help | Documents | Logout

Procedures Performed

Indicate the procedures performed at the clinic:

- [ ] First Trimester - which is the period of time from fertilization through the end of the 11th week of gestation.
- [ ] Second Trimester - which is the period of time from the beginning of the 12th week of gestation through the end of the 23rd week of gestation.

Note: If second trimester abortions are performed, a medical director must be added.

To edit the existing director -
Select 'Edit/View' and edit as needed.

To remove the existing director -
Select 'Remove' and enter the applicable end date.

		Medical Director Name	Florida License#	Effective Date	End Date
Remove	Edit/View				

Removed: (-) Added: (+)

Undo | Save | << Back | Next >>

Privacy Policy | Doing Business with AHCA | Refund Policy | Disclaimer | Contact Webmaster | Find a Facility | Download Adobe Reader

AGENCY FOR HEALTH CARE ADMINISTRATION

HOME | ABOUT US | MEDICAID | LICENSURE & REGULATION | FIND A FACILITY | REPORT FRAUD

Provider:

Provider Type:
Abortion Clinic

File#:
License #:
Expires:

Application:
Type: Renewal Licensure
Status:
Date Received:

= Entered
= Entry Required

- Provider/Facility Information
- Licensee Information
- Controlling Interests
- Management Company Information
- Personnel
- Required Disclosure
- Procedures/Transfer Agreement
  - Procedures Performed
  - Transfer Agreement/Admitting Privileges
- Days and Hours of Operation
- Supporting Documents
- Finalize Submission

Logged in as :

Dashboard | OL Help | Documents | Logout

Transfer Agreement/Admitting Privileges

Check all that apply:

- [ ] All the physicians performing abortions have admitting privileges at a hospital within reasonable proximity.
- [ ] The abortion clinic has a transfer agreement with a hospital within reasonable proximity. If checked, provide the Hospital(s) information below:

Undo | Save | << Back | Next >>

Health Care Licensing Online Application
Abortion Clinic
AHCA Form 3130-1000 OL, July 2016
59A-9.020, Florida Administrative Code

AGENCY FOR HEALTH CARE ADMINISTRATION

HOME | ABOUT US | MEDICAID | LICENSURE & REGULATION | FIND A FACILITY | REPORT FRAUD

Provider:

Provider Type:
Abortion Clinic

File#:
License #:
Expires:

Application:
Type: Renewal Licensure
Status:
Date Received:

= Entered
= Entry Required

- Provider/Facility Information
- Licensee Information
- Controlling Interests
- Management Company Information
- Personnel
- Required Disclosure
- Procedures/Transfer Agreement
- Days and Hours of Operation
  - Days and Hours of Operation
- Supporting Documents
- Finalize Submission

Health Care Licensing Online Application
Abortion Clinic
AHCA Form 3110-1000 OL, July 2016
59A-9.020, Florida Administrative Code

Logged in as :

Dashboard | OL Help | Documents | Logout

Days and Hours of Operation

List the regular operating hours.

Note - Site inspections by surveyors will occur during the business hours submitted. Failure to be open during the listed hours may result in a fine.

Day	OpeningTime	Closing Time	By Appointment
MONDAY			☐
TUESDAY			☐
WEDNESDAY			☐
THURSDAY			☐
FRIDAY			☐
SATURDAY			☐
SUNDAY			☐

Undo | Save | << Back | Next >>

AGENCY FOR HEALTH CARE ADMINISTRATION

HOME | ABOUT US | MEDICAID | LICENSURE & REGULATION | FIND A FACILITY | REPORT FRAUD

Provider:

Provider Type:
Abortion Clinic

File#:
License #:
Expires:

Application:
Type: Renewal Licensure
Status:
Date Received:

= Entered
= Entry Required

- Provider/Facility Information
- Licensee Information
- Controlling Interests
- Management Company Information
- Personnel
- Required Disclosure
- Procedures/Transfer Agreement
- Days and Hours of Operation
- Supporting Documents
  - Supporting Documents
- Finalize Submission

Logged in as :

Dashboard | OL Help | Documents | Logout

Supporting Documents

Applicants **MUST** include the following attachments as stated in Chapters 408 Part II and 390, Florida Statutes (F.S.) and Chapter 59A-35 and 59A-9, Florida Administrative Code (F.A.C)

The following file types are suggested for uploading and submitting electronic documents to the Agency:
.DOC, .PDF, .TIFF, .TXT, .JPG, .XLS, and .PPT.

The following file types are **NOT** permitted for upload: .ZIP, .EXE, .BIN, .COM, .CMD, .SYS, .BAT, and .JS.
The upload and submission process will fail if any of these unpermitted file types are selected.

Approved Repayment Plan

☐ An electronic or scanned copy of the document is not available. A hard copy along with the Document Mailer (available for printing upon completing your application) will be mailed to the Agency immediately. I acknowledge that failure to send the required supporting documents to the Agency in a timely manner could impact the issuance of a license.

Browse...

Additional Documentation

☐ An electronic or scanned copy of the document is not available. A hard copy along with the Document Mailer (available for printing upon completing your application) will be mailed to the Agency immediately. I acknowledge that failure to send the required supporting documents to the Agency in a timely manner could impact the issuance of a license.

Browse...

Required Medicare/Medicaid/CLIA Disclosures

☐ An electronic or scanned copy of the document is not available. A hard copy along with the Document Mailer (available for printing upon completing your application) will be mailed to the Agency immediately. I acknowledge that failure to send the required supporting documents to the Agency in a timely manner could impact the issuance of a license.

Browse...

Undo | Save | << Back | Next >>

Health Care Licensing Online Application
Abortion Clinic
AHCA Form 3110-1000 OL, July 2016
59A-9.020, Florida Administrative Code

AGENCY FOR HEALTH CARE ADMINISTRATION

HOME | ABOUT US | MEDICAID | LICENSURE & REGULATION | FIND A FACILITY | REPORT FRAUD

Provider:

Provider Type:
Abortion Clinic

File#:
License #:
Expires:

Application:
Type: Renewal Licensure
Status:
Date Received:

= Entered
= Entry Required

- Provider/Facility Information
- Licensee Information
- Controlling Interests
- Management Company Information
- Personnel
- Required Disclosure
- Procedures/Transfer Agreement
- Days and Hours of Operation
- Supporting Documents
- Finalize Submission
  - Finalize Application

Logged in as :

Dashboard | OL Help | Documents | Logout

Finalize Application

Any areas marked in red are incomplete and must be completed before the application can be submitted. To submit the application, select the appropriate subsection below, or from the Applications Components list to the left, and provide the missing information.

1. Provider/Facility Information
   a. Details
   b. Contact Person
2. Licensee Information
   a. Licensee Details
3. Controlling Interests
   a. Controlling Interests
4. Management Company Information
   a. Management Company Information
   b. Management Company Controlling Interest
5. Personnel
   a. Administration
6. Required Disclosure
   a. Convictions
   b. Exclusions
   c. Felonies/Terminations
7. Procedures/Transfer Agreement
   a. Procedures Performed
   b. Transfer Agreement/Admitting Privileges
8. Days and Hours of Operation
   a. Days and Hours of Operation
9. Supporting Documents
   a. Supporting Documents

After completing all sections of your application, click the button below to submit your uploaded documents to the Agency and make payment (if necessary).

Submit Application

Health Care Licensing Online Application
Abortion Clinic
AHCA Form 3110-1000 OL, July 2016
59A-9.020, Florida Administrative Code

AGENCY FOR HEALTH CARE ADMINISTRATION

HOME | ABOUT US | MEDICAID | LICENSURE & REGULATION | FIND A FACILITY | REPORT FRAUD

Logged in as : Dashboard | OL Help | Documents | Logout

Provider:

Provider Type:
Abortion Clinic

File#:
License #:
Expires:

Application:
Type: Renewal Licensure
Status
Date Received:

= Entered
= Entry Required

- Provider/Facility Information
  - Details
  - Contact Person
- Licensee Information
- Controlling Interests
- Management Company Information
- Personnel
- Required Disclosure
- Procedures/Transfer Agreement
- Days and Hours of Operation
- Supporting Documents
- Finalize Submission

Health Care Licensing Online Application
Abortion Clinic
AHCA Form 3130-1000 OL, July 2016
59A-9.020, Florida Administrative Code

Payment Summary

If you exit this application without selecting a payment method, you will not be able to return to this page without first contacting the Agency.

You must provide payment before your application can be accepted by the Agency. Review the information below, and select one of the payment methods at the bottom of the page.

Item	Description	Type	Total Amount	Current Due	Payment	Due Date
1	Application Fee					
☑	Biennial Assessment	13BA				
		Total:				

** Amounts shown may not reflect recent payments.*

Note - You may submit your application without paying all outstanding amounts, but you will not receive your license until they are settled. If you choose not to pay a particular amount at this time, uncheck the box to the left of the amount.

Biennial Licensure Fee and Other Amounts Due Upon Submission of Application

- The biennial licensure fee is $ $550.50
- The biennial health care assessment fee is $300
- Other amounts due (fines, assessment, fees, etc.) will be detailed in the application

I _____ attest as follows:

(1) Pursuant to section 837.06, Florida Statutes (F.S.), I have not knowingly made a false statement with the intent to mislead the Agency in the performance of its official duty.

(2) Pursuant to section 408.815, Florida Statues (F.S.), I acknowledge that false representation of a material fact in the license application or omission of any material fact from the license application by a controlling interest may be used by the Agency for denying and revoking a license or change of ownership application.

(3) Pursuant to section 408.806, Florida Statues (F.S.), under penalty of perjury, the applicant is in compliance with the provisions of section 408.806 and Chapter 435, Florida Statutes (F.S.).

(4) Pursuant to section 408.809 and 435.05, Florida Statutes (F.S.), every employee of the applicant required to be screened has attested, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to Chapter 408, Part II and Chapter 435, Florida Statutes (F.S.), and has agreed to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer.

(5) Pursuant to section 435.05, Florida Statutes (F.S.), the applicant has conducted a level 2 background screening through the Agency on every employee required to be screened under Chapter 408, Part II or Chapter 435, Florida Statutes (F.S.), as a condition of employment and continued employment and that every such employee has satisfied the level 2 background screening standards or obtained an exemption from disqualification from employment.

_____	_____	10/21/2016
Signature of Licensee or Authorized Representative	Title	Date

☐ I agree

Pay Online | Pay By Mail

Note - Your application will not be considered received until payment has been received. Selecting the "Pay by Mail" option will delay the Agency's receipt of your application, resulting in the assessment of late fees if payment is not received by the due date.

*****Please Note: Following your selection of payment method, you will not be able to make changes or additional payments until AHCA licensure staff have completed their review.*****

AGENCY FOR HEALTH CARE ADMINISTRATION

HOME | ABOUT US | MEDICAID | LICENSURE & REGULATION | FIND A FACILITY | REPORT FRAUD

Provider:

Provider Type:
Abortion Clinic

File#:
License #:
Expires:

Application:
Type: Renewal Licensure
Status:
Date Received:

= Entered
= Entry Required

- Provider/Facility Information
  - Details
  - Contact Person
- Licensee Information
- Controlling Interests
- Management Company Information
- Personnel
- Required Disclosure
- Procedures/Transfer Agreement
- Days and Hours of Operation
- Supporting Documents
- Finalize Submission

Logged in as :

Dashboard | OL Help | Documents | Logout

Pay Online

Item	Description	Type	Total Amount	Current Due	Payment	Due Date
1	Application Fee					
☑	Late Fee					
☑	Biennial Assessment					
		Total:				

** Amounts shown may not reflect recent payments.*

Division

Transaction Amount ***Service Charge*** ***Total Amount***

Select Payment Method

○ Credit Card ○ Checking

Pay Total Amount

Terms, Conditons & Fees for Payments:
A non-refundable convenience fee of 3.25% will be added to all credit card payments and $0.18 on all e-check (checking) payments. Please allow 2 to 5 business days for the payments to be settled and posted.

Refund Policy
The refund processing of your payment will begin upon receipt of the Application for Refund form. Applications for refund are processed in accordance with Florida Administrative Code 12-26.002 and Florida Administrative Code 69I-44.020. We will notify you if, for any reason, we are not able to process the refund. Section 215.26, Florida Statutes, requires all requests for refunds be submitted within 3 years of the initial payment to the State of Florida. Depending upon the users's method of payment, refunds may be issued using the original method of payment.

Health Care Licensing Online Application
Abortion Clinic
AHCA Form 3110-1000 OL, July 2016
59A-9.020, Florida Administrative Code

AGENCY FOR HEALTH CARE ADMINISTRATION

To schedule your one-time payment enter your credit card and payment information below.

Remit Information	
* Transaction Amount:	
* Service Fee:	
* Division Name:	
* Account Number:	
* eMail Address:	
* indicates a required field	

Payment Information for Transaction ID: 3392	
*Payment Account Type:	
*Name on Credit Card:	(The name must appear as it does on the credit card account.)
*Address Line 1:	
Address Line 2:	
*City, State, Zip:	
*Credit Card Account Number:	
*Credit Card Security Value:	Click on the image to see Credit Card Security Value locations.
*Expiration Date:	/
Please enter payment amount. For on-time posting of the payment to your account, please allow 3 business days prior to the due date for processing.	
*Payment Date:	
*Payment Amount:	
* indicates a required field	

Continue Cancel

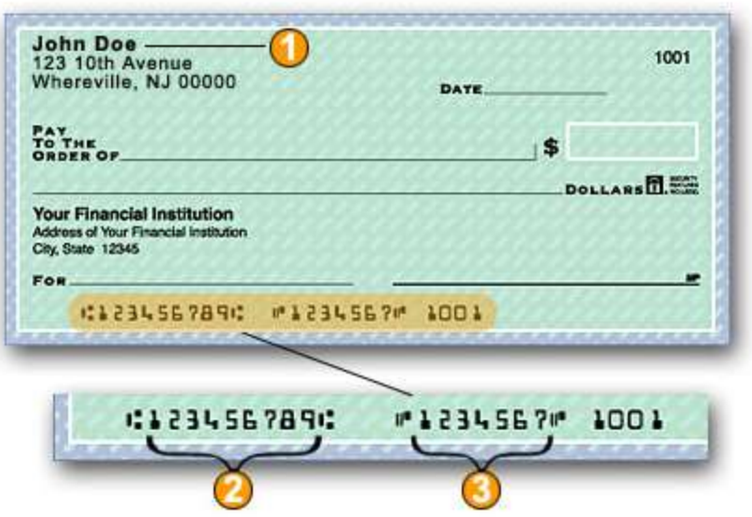
AGENCY FOR HEALTH CARE ADMINISTRATION

To schedule your one-time payment enter your banking and payment information below.

Remit Information	
* Transaction Amount:	
* Service Fee:	
* Division Name:	
* Account Number:	
* eMail Address:	
* indicates a required field	

Payment Information for Transaction ID #: 3390	
*Payment Account Type:	○ Personal Checking ○ Personal Savings ○ Business Checking ○ Business Savings
*Name on Bank Account:	
*Bank Routing Number (ABA):	
*Banking Account Number (DDA):	
Please enter payment amount. For on-time posting of the payment to your account, please allow 3 business days prior to the due date for processing.	
*Payment Date:	
*Payment Amount:	
* indicates a required field	

Continue Cancel



(1) The name on the account is found at the top of your check.
(2) The Bank Routing Number is found on the bottom of your check between the two colons.
(3) The Bank Account Number is found on the bottom of your check after the nine-digit bank routing number.

AGENCY FOR HEALTH CARE ADMINISTRATION

HOME | ABOUT US | MEDICAID | LICENSURE & REGULATION | FIND A FACILITY | REPORT FRAUD

Logged in as : Dashboard | OL Help | Documents | Logout

Provider:

Provider Type:
Abortion Clinic

File#:
License #:
Expires:

Application:
Type: Renewal Licensure
Status:
Date Received:

= Entered
= Entry Required

- Provider/Facility Information
  - Details
  - Contact Person
- Licensee Information
- Controlling Interests
- Management Company Information
- Personnel
- Required Disclosure
- Procedures/Transfer Agreement
- Days and Hours of Operation
- Supporting Documents
- Finalize Submission

Health Care Licensing Online Application
Abortion Clinic
AHCA Form 3110-1000 OL, July 2016
59A-9.020, Florida Administrative Code

Status

Application Submitted

Your application has been submitted to the Agency and is now under review. You will be contacted by the Agency should there be any questions or further information needed regarding your application.

Also, if you indicated that you will be mailing documents to the Agency, do so as soon as possible as a delay could impact the issuance of a license.

Division	*Account Number*
Transaction Amount	*Service Charge*	*Total Amount*
Payment Method	*Payment Status*	*Approval Code*

Print This Page

PLEASE KEEP THIS FOR YOUR RECORDS

Current Date :
File # :
License # :
Application # :
Provider Type :
Licensure Unit :

Paid to:

Agency for Health Care Administration
2727 Mahan Drive; (MS #31)
Tallahassee, FL 32308

Online Licensing (Renewal Licensure) Payment

Item	Description	Type	Total Amount	Current Due	Payment	Due Date
1	Application Fee					
☑	Late Fee					
☑	Biennial Assessment	13BA				
		Total:				

** Amounts shown may not reflect recent payments.*

View Statement

Provider:

Provider Type:
Abortion Clinic

File#:
License #:
Expires:

Application:
Type: Renewal Licensure
Status:
Date Received:

= Entered
= Entry Required

- Provider/Facility Information
  - Details
  - Contact Person
- Licensee Information
- Controlling Interests
- Management Company Information
- Personnel
- Required Disclosure
- Procedures/Transfer Agreement
- Days and Hours of Operation
- Supporting Documents
- Finalize Submission

Status

Application Submitted - Awaiting Payment

Your application has been submitted to the Agency. As a reminder, your application is not considered received until the appropriate payment has been received by the Agency. Be sure to include the statement with your mailed payment.

Also, if you indicated that you will be mailing documents to the Agency, do so as soon as possible as a delay could impact the issuance of a license.

Once your payment and any additional documents have been received, you will be contacted by the Agency should there be any questions or further information regarding your application.

IN ORDER TO ENSURE THAT YOUR FUNDS ARE PROPERLY APPLIED, YOU MUST INCLUDE THIS STATEMENT WITH YOUR SUBMISSION TO THE AGENCY

File # :
License # :
Application # :
Provider Type :
Licensure Unit :

Mail to:

Agency for Health Care Administration
2727 Mahan Drive; (MS #31)
Tallahassee, FL 32308

Online Licensing (Renewal Licensure) Statement

Item	Description	Type	Total Amount	Current Due	Payment	Due Date
1	Application Fee					
☑	Late Fee					
☑	Biennial Assessment					
		Total:*				

** Amounts shown may not reflect recent payments*

View Statement

Health Care Licensing Online Application
Abortion Clinic
AHCA Form 3110-1000 OL, July 2016
59A-9.020, Florida Administrative Code