



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

0291908590



PRV-9006-D/XX/0291908590/1
TEAM POST OP
14133 NW 8TH ST
SUNRISE FL 33325-6268

September 6, 2019

Re: Florida Medicaid Provider ID: 0130152

Dear Provider:

Welcome to the Florida Medicaid program.

The Agency for Health Care Administration (Agency) has approved the Florida Medicaid provider renewal application for the provider listed above, and has elected to enter into an agreement between the Agency and the provider for purposes of the provider's participation in the Florida Medicaid program.

No agency signature is required to make this agreement valid and enforceable.

The agreement will remain in effect until **08/24/2024**, unless otherwise terminated.

The agreement is renewable only by mutual consent of the two parties and may be terminated without cause upon thirty (30) days written notice by either party.

The agreement becomes null and void upon transfer of assets, change of ownership, or upon discovery by the agency of the submission of a materially incomplete, misleading or false provider application unless subsequently ratified or approved by the agency.

For questions related to this letter, or any other provider enrollment or maintenance topic, please contact the Provider Enrollment Call Center at 1-800-289-7799, option 4.

Sincerely,

A handwritten signature in black ink that reads "Gay L. Munyon".

cc:Provider File

Gay L. Munyon, Chief
Medicaid Fiscal Agent Operations

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