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**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES**

PROVIDER NAME/ADDRESS: Summit Physician Services 785 5 th Avenue, Suite 3 Chambersburg, PA 17201	PROVIDER'S REPRESENTATIVE Jodi Smith, Billing Specialist Summit Physician Services	PROVIDER'S WITNESS (ES)
RECIPIENTS INVOLVED: XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX	DEPARTMENT REPRESENTATIVE Sandra Migliorisi, Human Services Program Specialist Bureau of Fee For Service Programs (BFFS)	DEPARTMENT WITNESS(ES)

CASE # XXXXXXXXXX	BHA ID NUMBER/BHA DOCKET NUMBERS/ISSUE CODES RID #9801518839 926		
DATE ADVERSE ACTION MAILED 11/6/2017	DATE APPEAL RECEIVED POSTMARKED AT DPW 12/11/2017	DATE APPEAL RECEIVED AT BHA 12/11/2017	IR DUE DATE 4/16/2018
DATE SCHEDULING NOTICE MAILED 12/27/2017	RESCHEDULED TO	DATE OF HEARING 1/16/18	START TIME 10:35 AM END TIME 11:02 AM
HEARING LOCATION Philadelphia, PA	TELEPHONE <input checked="" type="checkbox"/>	FACE TO FACE <input type="checkbox"/>	OTHER <input type="checkbox"/>


ORDER

AND NOW, after careful review and consideration of the Recommendation of the Administrative Law Judge, it is hereby **ORDERED** that the Recommendation be adopted in its entirety.

Either party to this proceeding has thirty (30) calendar days from the date of this decision to request reconsideration by the Secretary of the Department. To seek reconsideration, you must fully complete the enclosed application/petition for reconsideration. The application/petition shall be addressed to the Secretary, but delivered to the Director, Bureau of Hearings and Appeals, P.O. Box 2675, Harrisburg, Pennsylvania, 17105-2675, and must be received in the Bureau of Hearings and Appeals within thirty (30) calendar days from the date of this Order. This action does not stop the time within which an appeal must be filed to Commonwealth Court. The applicant/petitioner shall serve a copy of the application/petition for reconsideration on the opposing party(ies).

The appropriate party(ies), where permitted, may take issue with this Adjudication, and Order, and may appeal to the Commonwealth Court of Pennsylvania, within thirty (30) days from the date of this order. This appeal must be filed with the Clerk of Commonwealth Court of Pennsylvania, 601 Commonwealth Avenue, Suite 2100, P.O. Box 69185, Harrisburg, Pennsylvania 17106-9185.

If you file an appeal with the Commonwealth Court, a copy of the appeal must be served on the government unit which made the determination in accordance with Pa. R.A.P. 1514. In this case, service must be made to: Department of Human Services, Bureau of Hearings and Appeals, 2330 Vartan Way, 2nd Floor, Harrisburg, Pennsylvania 17110-9721, **AND** Department of Human Services, Office of General Counsel, 3rd Floor West, Health & Welfare Building, Harrisburg, PA 17120.

<p>Bureau of Hearings and Appeals</p> <p>Final Administrative Action and Mailing Date</p> <p>3/1/2018</p>	 <p>Tracy L. Henry, Esquire Chief Administrative Law Judge</p>
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<p>CC:</p> <p>XXXXXXXXXXXX XXXXXXXXXXXX</p> <p>XXXXXXXXXXXX XXXXXXXXXXXX</p> <p>XXXXXXXXXXXX XXXXXXXXXXXX</p> <p>XXXXXXXXXXXX XXXXXXXXXXXX</p> <p>XXXXXXXXXXXX XXXXXXXXXXXX</p>
