



**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HUMAN SERVICES**

<b>PROVIDER NAME/ADDRESS:</b>  Riverside Anesthesia	<b>PROVIDER'S REPRESENTATIVE</b>  Anesthesia Business Consultants  225 W. Michigan Avenue  PO Box 1123  Jackson, MI 49204	<b>PROVIDER'S WITNESS (ES)</b>  XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX
<b>RECIPIENTS INVOLVED:</b>  XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX	<b>DEPARTMENT REPRESENTATIVE</b>  Gina Morris  China Jackson	<b>DEPARTMENT WITNESS(ES)</b>  XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX

<b>CASE #</b>  XXXXXXXXXXXX	<b>BHA ID NUMBER/BHA DOCKET NUMBERS/ISSUE CODES</b>								
<b>DATE ADVERSE ACTION MAILED</b>	<b>DATE APPEAL RECEIVED</b>  POSTMARKED AT DHS	<b>DATE APPEAL RECEIVED</b>  AT BHA  2/11/2019	<b>IR DUE DATE</b>						
<b>DATE SCHEDULING NOTICE MAILED</b>	<b>RESCHEDULED TO</b>	<b>DATE OF HEARING</b>	<b>START TIME</b>						
			<b>END TIME</b>						
<b>HEARING LOCATION</b>	<table border="0"> <tr> <td><b>TELEPHONE</b></td> <td><b>FACE TO FACE</b></td> <td><b>OTHER</b></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table>			<b>TELEPHONE</b>	<b>FACE TO FACE</b>	<b>OTHER</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TELEPHONE</b>	<b>FACE TO FACE</b>	<b>OTHER</b>							
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**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, 2<sup>nd</sup> Floor, Harrisburg, Pennsylvania 17110-9721, **AND** Department of Human Services, Office of General Counsel, 3<sup>rd</sup> Floor West, Health & Welfare Building, Harrisburg, PA 17120.

<p>Bureau of Hearings and Appeals</p> <p>Final Administrative Action and Mailing Date</p> <p>7/24/2019</p>	 <p>Tracy L. Henry, Esquire Chief Administrative Law Judge</p>
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