



AHCA USE ONLY:

File #: _____
 Application #: _____
 Check #: _____
 Check Amt: _____
 Batch #: _____

Application for Certificate of Exemption from Licensure as a Health Care Clinic

Under the authority of Chapter 400, Part X, Florida Statutes (F.S.), and Chapter 59A-33, Florida Administrative Code (F.A.C.), an application is hereby made to obtain a certificate of exemption from the health care clinic licensure requirements, as indicated below:

1. Provider / Owner Information

A. PROVIDER INFORMATION – Please complete the following for the provider name and location. Provider name, address and telephone number will be listed on http://www.floridahealthfinder.gov/				
Exemption # (if applicable)	National Provider Identifier (NPI) (if applicable)	Medicare # (CMS CCN) (if applicable)	Florida Medicaid # (if applicable)	
Name of the Exempt Clinic (if operated under a fictitious name, enter as it appears in Florida Division of Corporations)				
Street Address				
City		County	State	Zip
Telephone Number		Fax Number		
Mailing Address or <input type="checkbox"/> Same as above				
City		County	State	Zip
Telephone Number		Provider Email Address		
Provider Website		NOTE: By providing your e-mail address you agree to accept e-mail correspondence from the Agency		
B. OWNER INFORMATION – Please complete the following for the entity seeking the exemption from clinic licensure.				
Owner Name (This is the legal name of the owner of the exempt clinic)			Federal Employer Identification Number (EIN)	
Mailing Address or <input type="checkbox"/> Same as above				
City		State	Zip	
Telephone Number	Fax Number		Email Address	
Description of Licensee (check one):				
<u>For Profit</u> <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other		<u>Not for Profit</u> <input type="checkbox"/> Corporation <input type="checkbox"/> Religious Affiliation <input type="checkbox"/> Other		<u>Public</u> <input type="checkbox"/> State <input type="checkbox"/> City/County <input type="checkbox"/> Hospital District

C. CONTACT PERSON - For this application	
Contact Person for this application	Contact Telephone Number
Contact e-mail address or <input type="checkbox"/> Do not have e-mail	Contact Fax Number

2. Application Type and Fees

A. TYPE OF APPLICATION

Initial Exemption

Proposed Effective Date: _____

Was this entity previously licensed or exempt from licensure as a Health Care Clinic in Florida? YES NO

If YES, please provide the name of the clinic (if different), the EIN # and the year the prior license or exemption expired or closed:

NAME:	EIN #	Year Expired/Closed:
-------	-------	----------------------

Renewal

Change During Exemption Period: (check all that apply)

Proposed Effective Date: _____

Fee Required

No Fee Required

Name change of the clinic

Change to clinic type

Address change of the clinic

Change to service providers

Duplicate certificate

B. APPLICATION FEES

ACTION	FEE	TOTAL FEES
Certificate of Exemption Fee (Initial and Renewal):	\$100.00	\$
Change During Exemption Period/Replacement Certificate	\$25.00	\$
TOTAL FEES INCLUDED WITH APPLICATION		\$
Make check or money order payable to the Agency for Health Care Administration (AHCA).		

3. Clinic Type and Service Providers

A. CLINIC TYPE: Check all that apply.

Client Payment Options – attach a schedule of charges as described in s. 400.9935(6), F.S.

Accepts self-pay including cash, check, credit card and debit card.

Receives or intends to receive reimbursement from Automobile Personal Injury Protection (PIP) Insurance, s. 627.736(5), F.S.

Receives or intends to receive reimbursement from Medicare, Medicaid or other third party payor.

Designations

Pain Management Clinic – registration with the Florida Department of Health will be required.

Urgent Care Center – refer to s. 395.107, F.S.

B. SERVICE PROVIDERS AT THE CLINIC: Check all that apply.

<input type="checkbox"/>	Acupuncturist	<input type="checkbox"/>	Naturopathic Physician
<input type="checkbox"/>	Advanced Registered Nurse Practitioner	<input type="checkbox"/>	Nutrition Counselor
<input type="checkbox"/>	Athletic Trainer	<input type="checkbox"/>	Occupational Therapist
<input type="checkbox"/>	Certified Nursing Assistant	<input type="checkbox"/>	Optician
<input type="checkbox"/>	Chiropractic Physician	<input type="checkbox"/>	Optometrist
<input type="checkbox"/>	Clinical Laboratory Personnel	<input type="checkbox"/>	Pharmacist
<input type="checkbox"/>	Clinical Social Worker	<input type="checkbox"/>	Physical Therapist
<input type="checkbox"/>	Dentist	<input type="checkbox"/>	Physician (M.D., D.O.)
<input type="checkbox"/>	Dietetics/Nutritionist	<input type="checkbox"/>	Physician Assistant
<input type="checkbox"/>	Electrologist	<input type="checkbox"/>	Podiatric Physician
<input type="checkbox"/>	Licensed Practical Nurse	<input type="checkbox"/>	Prosthetist-Orthotist
<input type="checkbox"/>	Marriage & Family Therapist	<input type="checkbox"/>	Psychologist
<input type="checkbox"/>	Massage Therapist	<input type="checkbox"/>	Registered Nurse
<input type="checkbox"/>	Mental Health Counselor	<input type="checkbox"/>	Speech-language Pathologist
<input type="checkbox"/>	Midwife	<input type="checkbox"/>	Other:

4. Qualifications for Exemption from Clinic Licensure

Select the exemption type you are seeking for your facility. Complete only one section. **NOTE:** Documentation, as specified in Section 6, is required and must be submitted with the application. Lack of documentation will deem your application incomplete.

A. Entities licensed or registered by the state as defined in section 400.9905(4)(a), F.S.

License or Registration Type: _____

B. Entities that own, directly or indirectly, entities that are licensed or registered by the state as defined in section 400.9905(4)(b), F.S.

License or Registration Type: _____

C. Entities that are owned, directly or indirectly, by an entity licensed or registered by the state as defined in section 400.9905(4)(c), F.S.

License or Registration Type: _____

D. Entities that are under common ownership, directly or indirectly, with an entity licensed or registered by the state as defined in section 400.9905(4)(d), F.S.

License or Registration Type: _____

E. An entity that is exempt from federal taxation under 26 U.S.C. section 501(c)(3) or (4), an employee stock ownership plan under 26 U.S.C. section 409 that has a board of trustees at least two-thirds of which are Florida-licensed health care practitioners and provides only physical therapy services under physician orders, any community college or university clinic, and any entity owned or operated by the federal or state government, including agencies, subdivisions, or municipalities thereof. (health departments, clinics and federal health care facilities). [section 400.9905(4)(e), F.S.]

F. A sole proprietorship, group practice, partnership, or corporation that provides health care services by physicians covered by section 627.419 [allopaths, osteopaths, chiropractors, podiatrists, optometrists, or dentists only] as defined in section 400.9905(4)(f), F.S.

Note: If selecting this exemption, the application must be signed by the licensed health care practitioner owner.

Complete Section 5 - Licensed Florida Health Care Practitioner(s) Ownership

G. A sole proprietorship, group practice, partnership, or corporation that provides health care services by licensed health care practitioners under chapter 457, chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, chapter 466, chapter 467, chapter 480, chapter 484, chapter 486, chapter 490, chapter 491, or part I, part III, part X, part XIII, or part XIV of chapter 468, or s. 464.012, and that is wholly owned by one or more licensed health care practitioners, or the licensed health care practitioners set forth in this paragraph and the spouse, parent, child, or sibling of a licensed health care practitioner if one of the owners who is a licensed health care practitioner is supervising the business activities and is legally responsible for the entity's compliance with all federal and state laws. However, a health care practitioner may not supervise services beyond the scope of the practitioner's license, except that, for the purposes of this part, a clinic owned by a licensee in section 456.053(3)(b) which provides only services authorized pursuant to section 456.053(3)(b) may be supervised by a licensee specified in section 456.053(3)(b). [section 400.9905(4)(g), F.S.]

Note: If selecting this exemption, the application must be signed by the supervising licensed health care practitioner owner.

Complete Section 5 - Licensed Florida Health Care Practitioner(s) Ownership

H. Clinical facilities affiliated with an accredited medical school as defined in section 400.9905(4)(h), F.S.

I. Entities that provide only oncology or radiation therapy services by physicians licensed under chapter 458 or chapter 459 or entities that provide oncology or radiation therapy services by physicians licensed under chapter 458 or chapter 459 which are owned by a corporation whose shares are publicly traded on a recognized stock exchange. [section 400.9905(4)(i), F.S.]

J. Clinical facilities affiliated with a college of chiropractic accredited by the Council on Chiropractic Education as defined in section 400.9905 (4)(j), F.S.

K. Entities that provide licensed practitioners to staff emergency departments or to deliver anesthesia services as defined in section 400.9905 (4)(k), F.S.

L. Orthotic, prosthetic, pediatric cardiology, or perinatology clinical facilities or anesthesia clinical facilities that are not otherwise exempt under paragraph (a) or paragraph (k) and that are a publicly traded corporation or are wholly owned, directly or indirectly, by a publicly traded corporation. As used in this paragraph, a publicly traded corporation is a corporation that issues securities traded on an exchange registered with the United States Securities and Exchange Commission as a national securities exchange. [section 400.9905 (4)(l), F.S.]

Indicate the clinical facility type as described above: _____

M. Entities that are owned by a corporation that has \$250 million or more in total annual sales of health care services provided by licensed health care practitioners and supervised by Florida health care practitioner as defined in section 400.9905 (4)(m), F.S.

Name of supervising licensed health care practitioner: _____

Supervising health care practitioner Florida License Number: _____

N. Entities that employ 50 or more licensed health care practitioners licensed under chapter 458 or chapter 459 where the billing for medical services is under a single tax identification number as defined in section 400.9905 (4)(n), F.S. The entity and the health care clinics owned or operated by the entity has not received payment for health care services under personal injury protection insurance coverage for the preceding year.

5. Licensed Florida Health Care Practitioner(s) Ownership

To be completed by entities seeking an exemption under sections 400.9905(4)(f) and 400.9905(4)(g), F.S. Attach additional sheets if necessary.

A. Practitioner Ownership

FULL NAME	PERSONAL/PRIMARY ADDRESS	LICENSE NUMBER	% OWNERSHIP INTEREST

B. Family Member Ownership (If Applicable)

FULL NAME	PERSONAL/PRIMARY ADDRESS	RELATIONSHIP TO PRACTITIONER	% OWNERSHIP INTEREST

6. Supporting Documentation

Note: Required documents listed below are dependent upon the type of exemption you are seeking.

Documents to be Provided:	Qualification Type:
Documentation of schedule of charges of the medical services offered to patients.	All exemption types
Copy of the qualifying facility license, registration, or certification.	section 400.9905(4)(a), F.S.
Copy of the qualifying facility license, registration, or certification. Ownership documents or a diagram or organizational chart showing the parent, subsidiary or common ownership which qualifies the entity for the exemption.	section 400.9905(4)(b)-(d), F.S.
<u>As Applicable:</u> Copy of the I.R.S. letter granting the tax exemption. A letter describing the ownership structure, listing the Florida practitioner names, their Florida license, and indicating if the facility provides physical therapy services under physician orders. A letter, on official letterhead and signed by an authorized representative of the university, community college, or federal or state government office confirming that the entity is applying for an exemption.	section 400.9905(4)(e), F.S.
A copy of the health care practitioner(s) license(s) with the Florida Department of Health. Documentation demonstrating the relationship between the licensed practitioner owner and the family member(s) owner [i.e. copy of birth certificate, marriage certificate], if applicable. Documentation confirming the ownership of the entity.	section 400.9905(4)(f)-(g), F.S.
A letter, on official letterhead and signed by an authorized representative of the medical school, confirming that training for medical students, residents or fellows is provided at this facility.	section 400.9905(4)(h), F.S.
A letter, on official letterhead and signed by an authorized representative of the facility attesting that the facility provides only oncology or radiation therapy services by physicians licensed under chapter 458 or chapter 459. Documentation demonstrating that the entity is owned by a corporation whose shares are publicly traded on a recognized stock exchange, if applicable.	section 400.9905(4)(i), F.S.
A letter, on official letterhead and signed by an authorized representative of the college of chiropractic medicine attesting that the facility is affiliated with the college and confirming that training is provided for chiropractic students. Documentation demonstrating that the college is accredited by the Council on Chiropractic Education.	section 400.9905(4)(j), F.S.
Provide a list of locations, licensed under chapter 395, where the entity provides licensed practitioners to staff emergency departments or to deliver anesthesia services. Documentation demonstrating that the entity derives at least 90 percent of their gross annual revenues from the provision of such services.	section 400.9905(4)(k), F.S.
Documentation demonstrating that the entity is a publicly traded corporation or is wholly owned, directly or indirectly, by a publicly traded corporation.	section 400.9905(4)(l), F.S.
Documentation showing that the corporation has \$250 million or more in total annual sales of health care services provided by licensed health care practitioners. A copy of the contract or agreement between the entity and the supervising health care practitioner accepting responsibility for supervising the business activities of the entity and for the entity's compliance with state law for purposes of this part. A copy of health care practitioner supervisor's license with the Florida Department of Health.	section 400.9905(4)(m), F.S.
A complete list of the names and contact information of all officers and directors of the corporation. The name, residence address, business address, and medical license number of each licensed Florida health care practitioner employed by the entity. A listing of health care services to be provided by the entity at the clinics owned or operated by the entity. A certified statement prepared by an independent certified public accountant, which states that the entity and the health care clinics owned or operated by the entity have not received payment for health care services under personal injury protection insurance coverage for the preceding year.	section 400.9905(4)(n), F.S.

7. Attestation

I, _____, attest as follows:

- (1) Pursuant to section 837.06, Florida Statutes, 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 400.9935(4)(e), Florida Statutes, I acknowledge that false representation of a material fact in the application or omission of any material fact from the application by a controlling interest may be used by the Agency for denying the application and revoking a certificate of exemption.

Signature of Licensee or Authorized Representative

Title

Date

INSURANCE FRAUD NOTICE.—A person who knowingly submits a false, misleading, or fraudulent application or other document when applying for licensure as a health care clinic, seeking an exemption from licensure as a health care clinic, or demonstrating compliance with part X of chapter 400, Florida Statutes, with the intent to use the license, exemption from licensure, or demonstration of compliance to provide services or seek reimbursement under the Florida Motor Vehicle No-Fault Law, commits a fraudulent insurance act, as defined in s. 626.989, Florida Statutes. A person who presents a claim for personal injury protection benefits knowing that the payee knowingly submitted such health care clinic application or document, commits insurance fraud, as defined in s. 817.234, Florida Statutes.

NOTICE: If you are a **Medicaid** provider, you may have a separate obligation to notify the Medicaid program of a name/address change, change of ownership or other change of information. Please refer to your Medicaid handbooks for additional information about Medicaid program policy regarding changes to provider enrollment information.

RETURN THIS COMPLETED FORM WITH FEES AND ALL REQUIRED DOCUMENTS TO:

AGENCY FOR HEALTH CARE ADMINISTRATION
HOSPITAL AND OUTPATIENT SERVICES UNIT
2727 MAHAN DR., MS 53
TALLAHASSEE FL 32308-5407

Questions?

Review the information available at <http://ahca.myflorida.com/> or contact the Hospital & Outpatient Services Unit at (850) 412-4549

The Agency for Health Care Administration scans all documents for electronic storage. In an effort to facilitate this process, we ask that you please remember to:

- Please place checks or money orders on top of the application
- Include certificate of exemption number or case number on your check
- Do not submit carbon copies of documents
- No staples, paperclips, binder clips, folders, or notebooks
- Please **do not bind any** of the documents submitted to the Agency