

Agency for Health Care Administration

10/1/2019 5:02 PM

Hospital Emergency Service Exemptions

LIC NBR	FILE NBR	PROVIDER NAME	ER SERVICE	EXEMPTION DECISION	EXPIRATION DATE
CITRUS: 1					
4116	100249	BAYFRONT HEALTH SEVEN RIVERS	Otolaryngology	Partial exemption, minimum coverage 10 days per month	12/10/19
SANTA ROSA: 1					
4342	100124	SANTA ROSA MEDICAL CENTER	Neurology	Partial exemption, minimum coverage 14 days per month	12/31/19
			Pulmonary Medicine	Partial exemption, minimum coverage 10 days per month	12/31/19