



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Mia L. Jones, MBA
Agape Community Health Center
12595 Southwest 137th Avenue
Miami, Florida 33186-4222

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 017234400**

Dear Ms. Jones:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$169,262 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **017234400**

Facility Name (current) : **Agape Community Health Center**

Annual Group 3 distribution to your facility	(A)	\$169,262
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$169,262
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$126,947

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Laura Spencer
Azalea Health
1302 River St.
Patlatka, Florida 32177

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029543400**

Dear Ms. Spencer:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$1,002,606 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **029543400**

Facility Name (current) : **Azalea Health**

Annual Group 3 distribution to your facility	(A)	\$1,002,606
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$1,002,606
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$751,955

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
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MARY C. MAYHEW
SECRETARY

March 3, 2020

Tleana Ruiz-Garcia
Banyan Community Health Clinic
3733 West Flagler Street
Coral Gables, Florida 33134-1601

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 013881900**

Dear Ms. Ruiz-Garcia:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$344,404 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **013881900**

Facility Name (current) : **Banyan Community Health Clinic**

Annual Group 3 distribution to your facility	(A)	\$344,404
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$344,404
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$258,303

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Temple O. Robinson, MD
Bond Community Health Clinic
2650 Municipal Way
Tallahassee, Florida 32304-3804

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 060551401**

Dear Dr. Robinson:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$274,143 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **060551401**

Facility Name (current) : **Bond Community Health Clinic**

Annual Group 3 distribution to your facility	(A)	\$274,143
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$274,143
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$205,607

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Paul Velez
Borinquen Health Care Center
3601 Federal Highway
Miami, Florida 33137-3795

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029554000**

Dear Mr. Velez:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$1,976,399 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **029554000**

Facility Name (current) : **Borinquen Health Care Center**

Annual Group 3 distribution to your facility	(A)	\$1,976,399
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$1,976,399
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$1,482,299

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Lisa Gurri
Brevard Health Alliance
5270 Babcock Street Northeast
Palm Bay, Florida 32905-8630

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 688693100**

Dear Ms. Gurri:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$1,543,969 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **688693100**

Facility Name (current) : **Brevard Health Alliance**

Annual Group 3 distribution to your facility	(A)	\$1,543,969
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$1,543,969
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$1,157,977

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Rosalyn Frazier
Broward Community & Family Health
5010 - 5012 Hollywood Boulevard
Hollywood, Florida 33021-6557

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 680027100**

Dear Ms. Frazier:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$324,379 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **680027100**

Facility Name (current) : **Broward Community & Family Health**

Annual Group 3 distribution to your facility	(A)	\$324,379
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$324,379
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$243,284

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Christopher F. Irizarry, MPA
C.L. Brumbach Palm Beach
1250 Southwinds Drive
Lantana, Florida 33462-1459

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 008037100**

Dear Mr. Irizarry:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$2,416,570 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **008037100**

Facility Name (current) : **C.L. Brumback Palm Beach**

Annual Group 3 distribution to your facility	(A)	\$2,416,570
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$2,416,570
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$1,812,428

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Francis Afram-Gyening
Camillus Health Concern, Inc.
336 Northwest 5th Street
Miami, Florida 33128-0000

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 680002500**

Dear Mr. Afram-Gyening:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$543,933 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **680002500**

Facility Name (current) : **Camillus Health Concern, Inc.**

Annual Group 3 distribution to your facility	(A)	\$543,933
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$543,933
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$407,950

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Rick Siclari
Care Resource
871 West Oakland Park Boulevard
Wilton Manors, Florida 33311-1731

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 003407900**

Dear Mr. Siclari:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$1,272,129 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **003407900**

Facility Name (current) : **Care Resource**

Annual Group 3 distribution to your facility	(A)	\$1,272,129
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$1,272,129
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$954,097

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

T. Delores Dunn, MS
Center For Families & Child Enrichment
1825 Northwest 167th Street
Miami Gardens, Florida 33056-4838

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 010930500**

Dear Ms. Dunn:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$169,239 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010930500**

Facility Name (current) : **Center For Families & Child Enrichment**

Annual Group 3 distribution to your facility	(A)	\$169,239
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$169,239
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$126,929

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Melissa Parker
CenterPlace Health, Inc.
2200 Ringling Blvd
Sarasota, FL 34237

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 025148200**

Dear Ms. Parker:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$469,661 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **025148200**

Facility Name (current) : **CenterPlace Health, Inc.**

Annual Group 3 distribution to your facility	(A)	\$469,661
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$469,661
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$352,246

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Latrice N. Stewart, MBA, CMP
Central Florida Family Health Centers
4930 East Lake Mary Boulevard
Sanford, Florida 32771-5003

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029551500**

Dear Ms. Stewart:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$1,024,285 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **029551500**

Facility Name (current) : **Central Florida Family Health Centers**

Annual Group 3 distribution to your facility	(A)	\$1,024,285
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$1,024,285
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$768,214

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Joy Johnson
Central Florida Health Care - Frostproof
109 West Wall Street
Frostproof, Florida 33843-2043

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029549300**

Dear Ms. Johnson:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$1,141,984 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **029549300**

Facility Name (current) : **Central Florida Health Care - Frostproof**

Annual Group 3 distribution to your facility	(A)	\$1,141,984
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$1,141,984
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$856,488

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Mario Jardon
Citrus Health Network
4175 West 20th Avenue
Hialeah, Florida 33012-5835

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 688571300**

Dear Mr. Jardon:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$945,538 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **688571300**

Facility Name (current) : **Citrus Health Network**

Annual Group 3 distribution to your facility	(A)	\$945,538
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$945,538
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$709,154

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Mike Ellis
Collier Health Services, Inc.
1454 Madison Avenue West
Immokalee, Florida 34142-2200

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029152803**

Dear Mr. Ellis:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$1,397,239 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **029152803**

Facility Name (current) : **Collier Health Services, Inc.**

Annual Group 3 distribution to your facility	(A)	\$1,397,239
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$1,397,239
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$1,047,929

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Brodes H. Hartley, Jr.
Community Health Center South Florida
10300 Southwest 216th Street
Miami, Florida 33190-0000

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029572800**

Dear Mr. Hartley:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$4,164,756 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **029572800**

Facility Name (current) : **Community Health Center South Florida**

Annual Group 3 distribution to your facility	(A)	\$4,164,756
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$4,164,756
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$3,123,567

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Margrette Brennan
Community Health Centers
110 South Woodland Street
Winter Garden, Florida 34787-3546

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029545100**

Dear Ms. Brennan:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$1,806,851 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **029545100**

Facility Name (current) : **Community Health Centers**

Annual Group 3 distribution to your facility	(A)	\$1,806,851
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$1,806,851
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$1,355,138

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Elodie Dorso
Community Health Centers Pinellas
1344 22nd Street South
Saint Petersburg, Florida 33712-2744

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029565500**

Dear Ms. Dorson:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$1,024,022 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **029565500**

Facility Name (current) : **Community Health Centers Pinellas**

Annual Group 3 distribution to your facility	(A)	\$1,024,022
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$1,024,022
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$768,017

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Belita Wyatt
Empower-U
7900 Northwest 27th Avenue
Miami, Florida 33147-4909

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 010739700**

Dear Ms. Wyatt:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$79,516 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010739700**

Facility Name (current) : **Empower-U**

Annual Group 3 distribution to your facility	(A)	\$79,516
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$79,516
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$59,637

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Chandra Smiley
Escambia Community Clinics
14 West Jordan Street
Pensacola, Florida 32501-1736

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 692990700**

Dear Ms. Smiley:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$770,451 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **692990700**

Facility Name (current) : **Escambia Community Clinics**

Annual Group 3 distribution to your facility	(A)	\$770,451
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$770,451
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$577,838

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Dr. Frank Mazzeo Jr.
Family Health Center of SW Florida
2232 Grand Avenue
Fort Myers, Florida 33901-3717

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029570100**

Dear Dr. Mazzeo:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$926,721 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **029570100**

Facility Name (current) : **Family Health Center of SW Florida**

Annual Group 3 distribution to your facility	(A)	\$926,721
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$926,721
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$695,041

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Laurie Asbury
Family Health Source - Pierson
216 North Frederick Street
Pierson, Florida 32180-0000

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 687955100**

Dear Ms. Asbury:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$146,234 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **687955100**

Facility Name (current) : **Family Health Source - Pierson**

Annual Group 3 distribution to your facility	(A)	\$146,234
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$146,234
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$109,676

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Wihelmina Lewis, MD
Florida Community Health Centers
1871 Southeast Tiffany Avenue
Port Saint Lucie, Florida 34952-7567

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 684660200**

Dear Dr. Lewis:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$903,151 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **684660200**

Facility Name (current) : **Florida Community Health Centers**

Annual Group 3 distribution to your facility	(A)	\$903,151
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$903,151
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$677,363

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Yolette Bonnet
Foundcare
2330 South Congress Avenue
Palm Springs, Florida 33406-7608

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 001182600**

Dear Ms. Bonnet:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$1,733,835 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **001182600**

Facility Name (current) : **Foundcare**

Annual Group 3 distribution to your facility	(A)	\$1,733,835
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$1,733,835
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$1,300,376

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

DeAnna Warren
Genesis
2815 South Seacrest Boulevard
Palm Beach, Florida 33435-7934

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 006608600**

Dear Ms. Warren:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$127,996 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **006608600**

Facility Name (current) : **Genesis**

Annual Group 3 distribution to your facility	(A)	\$127,996
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$127,996
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$95,997

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

John Goodrich
Health Care for The Homeless
232 North Orange Blossom Trail
Orlando, Florida 32805-1612

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 687429100**

Dear Mr. Goodrich:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$878,122 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **687429100**

Facility Name (current) : **Health Care for The Homeless**

Annual Group 3 distribution to your facility	(A)	\$878,122
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$878,122
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$658,592

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Jamie Ulmer
Heart of Florida Health Center
1025 Southwest 1st Avenue
Ocala, Florida 34471-0900

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 001718300**

Dear Mr. Ulmer:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$519,771 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **001718300**

Facility Name (current) : **Heart of Florida Health Center**

Annual Group 3 distribution to your facility	(A)	\$519,771
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$519,771
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$389,828

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Annie Neasman, MS, RN
Jessie Trice Community Health Center
901 East 10th Avenue
Hialeah, Florida 33010-3762

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029540000**

Dear Ms. Neasman:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$2,096,068 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **029540000**

Facility Name (current) : **Jessie Trice Community Health Center**

Annual Group 3 distribution to your facility	(A)	\$2,096,068
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$2,096,068
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$1,572,051

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Joseph Hanratty
Langley Health Services
1425 S. US Highway 301
Sumterville, FL 33585

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029547700**

Dear Mr. Hanratty:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$419,520 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **029547700**

Facility Name (current) : **Langley Health Services**

Annual Group 3 distribution to your facility	(A)	\$419,520
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$419,520
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$314,640

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Robert Johns
Lee Community Healthcare
13279 North Cleveland Avenue
North Fort Myers, Florida 33903-4818

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 014789100**

Dear Mr. Johns:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$221,741 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **014789100**

Facility Name (current) : **Lee Community Healthcare**

Annual Group 3 distribution to your facility	(A)	\$221,741
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$221,741
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$166,306

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Walter L. Presha
Manatee County Rural Health Services
12271 US Highway 301 North
Parrish, Florida 34219-8410

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029561200**

Dear Mr. Presha:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$2,422,202 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **029561200**

Facility Name (current) : **Manatee County Rural Health Services**

Annual Group 3 distribution to your facility	(A)	\$2,422,202
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$2,422,202
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$1,816,652

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Mark L. Rabinowitz
Miami Beach Community Health Center
110 South Woodland Street
Winter Garden, Florida 34787-3546

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029544200**

Dear Mr. Rabinowitz:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$1,655,333 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **029544200**

Facility Name (current) : **Miami Beach Community Health Center**

Annual Group 3 distribution to your facility	(A)	\$1,655,333
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$1,655,333
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$1,241,500

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Jeanne Freeman
Neighborhood Medical Center
438 West Brevard Street
Tallahassee, Florida 32301-1004

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 262263700**

Dear Ms. Freeman:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$374,472 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **262263700**

Facility Name (current) : **Neighborhood Medical Center**

Annual Group 3 distribution to your facility	(A)	\$374,472
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$374,472
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$280,854

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Amie Johns
New River - Union County Health Department
495 East Main Street
Lake Butler, Florida 32054-1731

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 010946400**

Dear Ms. Johns:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$117,560 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **010946400**

Facility Name (current) : **New River - Union County Health Department**

Annual Group 3 distribution to your facility	(A)	\$117,560
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$117,560
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$88,170

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Lane Lunn
North Florida Medical Center
255 West River Road
Wewahatchka, Florida 32465-4533

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029568000**

Dear Ms. Lunn:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$395,339 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **029568000**

Facility Name (current) : **North Florida Medical Center**

Annual Group 3 distribution to your facility	(A)	\$395,339
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$395,339
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$296,504

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Edward Mesco
North Broward Hospital District
1608 Southeast 3rd Avenue
Fort Lauderdale, Florida 33316

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 060075002**

Dear Mr. Mesco:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$561,168 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **060075002**

Facility Name (current) : **North Broward Hospital District**

Annual Group 3 distribution to your facility	(A)	\$561,168
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$561,168
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$420,876

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Belinda Johnson-Cornett
Osceola Community Health Services
109 North Doverplum Avenue
Poinciana, Florida 24759

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 020530900**

Dear Ms. Johnson-Cornett:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$961,697 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **020530900**

Facility Name (current) : **Osceola Community Health Services**

Annual Group 3 distribution to your facility	(A)	\$961,697
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$961,697
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$721,273

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Anita Riels
Palms Medical Group
911 South Main Street
Trenton, Florida 32693-0640

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029506000**

Dear Ms. Riels:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$809,227 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **029506000**

Facility Name (current) : **Palms Medical Group**

Annual Group 3 distribution to your facility	(A)	\$809,227
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$809,227
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$606,920

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

R. Michael Hill
PanCare Health Center
2309 East 15th Street
Panama City, Florida 32405-6345

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 689693600**

Dear Mr. Hill:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$677,957 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **689693600**

Facility Name (current) : **PanCare Health Center**

Annual Group 3 distribution to your facility	(A)	\$677,957
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$677,957
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$508,468

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Daisy Rodriguez
Pinellas County Health and Community Services
647 1st Avenue North
Saint Petersburg, Florida 33701-3601

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 688412100**

Dear Ms. Rodriguez:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$438,492 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **688412100**

Facility Name (current) : **Pinellas County Health and Community Services**

Annual Group 3 distribution to your facility	(A)	\$438,492
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$438,492
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$328,869

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Joseph D. Resnick, MHA, FACHE
Premier HealthCare Group
14027 5th Street
Dade City, Florida 33525-4207

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029550700**

Dear Mr. Resnick:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$1,343,395 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **029550700**

Facility Name (current) : **Premier HealthCare Group**

Annual Group 3 distribution to your facility	(A)	\$1,343,395
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$1,343,395
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$1,007,546

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Rochelle Pearson
Rural Health Network of Monroe County
3706 North Roosevelt Boulevard
Key West, Florida 33040-4566

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 006558500**

Dear Ms. Pearson:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$61,543 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **006558500**

Facility Name (current) : **Rural Health Network of Monroe County**

Annual Group 3 distribution to your facility	(A)	\$61,543
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$61,543
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$46,157

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Cindy Funkhouser
Sulzbacher Ctr. for the Homeless
611 East Adams Street
Jacksonville, Florida 32202-2847

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 686032000**

Dear Ms. Funkhouser:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$519,655 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **686032000**

Facility Name (current) : **Sulzbacher Ctr. for the Homeless**

Annual Group 3 distribution to your facility	(A)	\$519,655
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$519,655
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$389,741

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Brad Herremans
Suncoast Health Community Center
2814 14th Ave SE
Ruskin, Florida 33750-5471

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029557400**

Dear Mr. Herremans:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$1,943,210 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **029557400**

Facility Name (current) : **Suncoast Health Community Center**

Annual Group 3 distribution to your facility	(A)	\$1,943,210
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$1,943,210
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$1,457,408

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Sherry Hoback
Tampa Family Health Center
3901 South West Shor Boulevard
Tampa, Florida 33611-1003

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 029548500**

Dear Ms. Hoback:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$2,618,630 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **029548500**

Facility Name (current) : **Tampa Family Health Center**

Annual Group 3 distribution to your facility	(A)	\$2,618,630
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$2,618,630
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$1,963,973

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Vicki Soule, MBA, MS (FACHE)
Treasure Coast
12196 County Road 512
Fellsmere, Florida 32948-5463

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 680005000**

Dear Ms. Soule:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$497,726 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **680005000**

Facility Name (current) : **Treasure Coast**

Annual Group 3 distribution to your facility	(A)	\$497,726
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$497,726
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$373,295

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 3, 2020

Holly Holt
Walton County Health Department
1338 South Boulevard
Chipley, Florida 32428-0000

**RE: State Fiscal Year 2019 - 2020
First Scheduled Low Income Pool (LIP) Group 3 Distribution
Medicaid Number: 027976500**

Dear Ms. Holt:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% (rounded) of your annual appropriation of \$211,491 for state fiscal year 2019 - 2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 3

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **027976500**

Facility Name (current) : **Walton County Health Department**

Annual Group 3 distribution to your facility	(A)	\$211,491
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 3 Payments	(A - B) = (C)	\$211,491
Total of your Group 3 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 3 Payment [1] [2]	(C x 0.75) = (E)	\$158,618

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.