

Filed by Corporations Division Administrator Filing Number: 221454509130 Date: 08/20/2021

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**  
**FILING ENDORSEMENT**

***This is to Certify that the*** ARTICLES OF INCORPORATION

***for***

WISDOM HOME HEALTH CARE, INC

***ID Number:*** 802723559

***received by electronic transmission on*** August 19, 2021 ***, is hereby endorsed.***

***Filed on*** August 20, 2021 ***, by the Administrator.***

***The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 20th day of August, 2021.***

*Linda Clegg*

***Linda Clegg, Director***

***Corporations, Securities & Commercial Licensing Bureau***

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

**CERTIFICATE OF WAIVER**

LABORATORY NAME AND ADDRESS

WISDOM HOME HEALTH CARE INC  
26645 W 12 MILE ROAD SUITE 211  
SOUTHFIELD, MI 48034

CLIA ID NUMBER

23D2268920

EFFECTIVE DATE

09/20/2022

EXPIRATION DATE

09/19/2024

LABORATORY DIRECTOR

RIMSHA A SYEDA

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



  
Gregg Brandush, Director  
Division of Clinical Laboratory Improvement & Quality  
Quality & Safety Oversight Group  
Center for Clinical Standards and Quality

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- If this is a Certificate of Registration, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.
- If this is a Certificate for Provider-Performed Microscopy Procedures, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.
- If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.GOV/CLIA](http://WWW.CMS.GOV/CLIA)  
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR  
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.  
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

# CERTIFICATE of ACCREDITATION

ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT

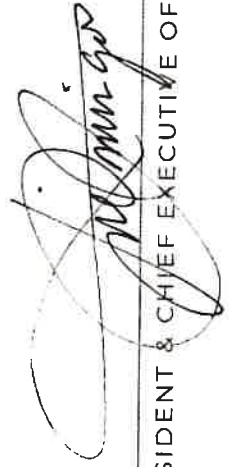
## *Wisdom Home Health Care Inc* SOUTHFIELD, MICHIGAN

HAS DEMONSTRATED A COMMITMENT TO PROVIDING QUALITY CARE AND SERVICES TO  
CONSUMERS THROUGH COMPLIANCE WITH ACHC'S NATIONALLY RECOGNIZED STANDARDS FOR  
ACCREDITATION AND IS THEREFORE GRANTED ACCREDITATION FOR THE FOLLOWING:

### HOME HEALTH

*Accreditation #88578*

FROM *February 8, 2023*, THROUGH *February 8, 2026*



\_\_\_\_\_  
PRESIDENT & CHIEF EXECUTIVE OFFICER



\_\_\_\_\_  
CHAIR OF THE BOARD OF COMMISSIONERS





GRETCHEN WHITMER  
GOVERNOR

State of Michigan  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
Lansing

ORLENE HAWKS  
DIRECTOR

September 21, 2022

Rimsha Syeda, Laboratory Director  
Wisdom Home Health Care Inc  
26645 W 12 Mile Road Suite 211  
Southfield, MI 48034

**RE: CLIA APPLICATION**

Dear Director:

This will acknowledge receipt of your Clinical Laboratory Application (CMS-116), for a Certificate of Waiver, on September 15, 2022.

The document was entered into the Centers for Medicare & Medicaid Services (CMS) Data System on September 20, 2022. Your assigned CLIA Identification Number is **23D2268920**. Please use this number on all forms and correspondence relating to the CLIA and Medicare Programs.

You will receive a coupon from the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, billing your facility for the CLIA Certificate. The CLIA certificate will be issued by the Department of Health and Human Services.

A good resource for information can be found at:  
<http://wwwn.cdc.gov/clia/Resources/WaivedTests/>

If you have any questions, please call (517) 241-2648. For additional information about CLIA topics, please go to: <http://www.cms.hhs.gov/clia>.

Sincerely,

Jessica Harback, RN, BSN  
Laboratory Improvement Section Manager  
BCHS/Federal Survey and Certification Division

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESFORM APPROVED  
OMB No. 0938-0832**HEALTH INSURANCE BENEFIT AGREEMENT**(Agreement with Provider Pursuant to Section 1866 of the Social Security Act,  
as Amended and Title 42 Code of Federal Regulations (CFR)  
Chapter IV, Part 489)**AGREEMENT**

between

THE SECRETARY OF HEALTH AND HUMAN SERVICES  
andWISDOM HOME HEALTH CARE INCdoing business as (D/B/A) WISDOM HOME HEALTH CARE INCIn order to receive payment under title XVIII of the Social Security Act, WISDOM HOME HEALTH CARE INCD/B/A WISDOM HOME HEALTH CARE INC as the provider of services, agrees to conform to the provisions of section of 1866 of the Social Security Act and applicable provisions in 42 CFR.

This agreement, upon submission by the provider of services of acceptable assurance of compliance with title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973 as amended, and upon acceptance by the Secretary of Health and Human Services, shall be binding on the provider of services and the Secretary.

In the event of a transfer of ownership, this agreement is automatically assigned to the new owner subject to the conditions specified in this agreement and 42 CFR 489, to include existing plans of correction and the duration of this agreement, if the agreement is time limited.

ATTENTION: Read the following provision of Federal law carefully before signing.

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or make any false, fictitious or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both (18 U.S.C. section 1001).

Name RIMSHA ALI SYEDA Title ADMINISTRATORDate 10/04/2022

ACCEPTED FOR THE PROVIDER OF SERVICES BY:

NAME (signature)

Rimsha Ali Syeda Rimsha Ali

TITLE

Administrator

DATE

10/04/2022

ACCEPTED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES BY:

NAME (signature)

Alisha Sanders

TITLE

Director, Division of Enrollment Policy & Operations

DATE

02/08/2023

ACCEPTED FOR THE SUCCESSOR PROVIDER OF SERVICES BY:

NAME (signature)

TITLE

DATE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0832. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.



www.NGSMedicare.com

Provider Enrollment Part A, PO Box 6474, Indianapolis, IN 46206-6474

April 10, 2023

WISDOM HOME HEALTH CARE INC  
Attention: RIMSHA A SYEDA  
26645 W 12 MILE ROAD SUITE 211  
SOUTHFIELD, MI 48034-7812

Reference # PE0000580472

Dear WISDOM HOME HEALTH CARE INC,

National Government Services 06004 received a response from the Medicare State Agency. Your initial enrollment application and CMS-1561 is approved. Your executed CMS-1561 is enclosed/attached. The effective date is the date you met all federal requirements.

**Medicare Enrollment and Provider/Supplier Specific Participation Agreement Information**

<b>Medicare Enrollment Information</b>	
Legal Business Name (LBN)	WISDOM HOME HEALTH CARE INC
Doing Business As Name	N/A
Primary Practice Location Address	26645 W 12 MILE ROAD, SUITE 211, SOUTHFIELD, MI 48034-7812
Provider/Supplier Type	Home Health Agency (06)
National Provider Identifier (NPI)	1255095436
Provider Transaction Access Number (PTAN)	239349
Enrollment Effective Date	February 08, 2023

<b>Provider/Supplier Agreement Specific Information</b>	
CMS Certification Number (CCN)	239349
CCN Effective Date	February 08, 2023
Medicare Year-End Cost Report Date	12/31