



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

0316937577



PRV-9008-R/XX/0316937577/1
LOVE 2 LIVE CARE INC
310 E 47TH ST
HIALEAH FL 33013-1845

May 25, 2023

Dear Provider,

Welcome to the Florida Medicaid program.

Your agreement for participation as a fully enrolled provider in the Florida Medicaid program has been approved by the Agency for Health Care Administration. This type of enrollment allows you to serve Medicaid eligible recipients who are enrolled in the Medicaid state plan, and to bill Medicaid directly for reimbursement within the scope of coverage of your provider type.

This enrollment also allows you to seek to participate as a network provider with one of the Medicaid health plans. Enrollment in Florida Medicaid does not entitle you to participate in a health plan network. Each health plan has its own credentialing and contracting requirements and determines the providers who can participate in their network.

Please review the demographic information printed below for accuracy. Earnings will be reported to the IRS under the name and Tax ID as shown below and payments will be mailed to the address as listed. If changes are necessary, please notify the Medicaid fiscal agent immediately.

Florida Medicaid Provisional Provider Enrollment Information

Name: **LOVE 2 LIVE CARE INC**
D/B/A Name:
Address: **1275 W 47TH PL STE 328**
HIALEAH, FL

Provider NPI: Medicaid Provider ID: **117382400** Provider Tax ID (last 4): **7241**

Provider Type: **HOME HEALTH SERVICES**

Provider Specialty: **PERSONAL CARE**

The effective dates of your enrollment are: **03/08/2023** through **03/07/2028**.

Name: **LOVE 2 LIVE CARE INC**

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