

From: MQAOperations@flhealth.gov

To: [REDACTED]

Subject: Florida Department of Health - MQA Services - Submitted Renewal

Date: Tue, 10 Jul 2018 12:55:45 +0000

Attachments: flmqa_SummaryPDF_DATE180710085543_6138138968752922074.pdf

*****This is an automatic response. Please do not reply.*****

Thank you for using the Medical Quality Assurance Online Services. Attached is a summary of the answers that were submitted for your renewal. Please keep a copy for your records.

This automatic response was generated based upon receipt of your request for renewal. Press "Pay Now" from your online renewal transaction to proceed with payment. Or, you may print the attached application summary to submit payment by mail to the Florida Department of Health Post Office Box 6320 Tallahassee, Florida 32314-6320. Payments must be postmarked before your expiration or delinquent fees will apply. Please allow seven to ten days for processing by mail.

Please take time to fill out our survey.

License Renewal Survey

<http://survey.doh.state.fl.us/survey/entry.jsp?id=1167315266717>

If you have any issues, please call the MQA Customer Contact Center at (850) 488-0595, Monday through Friday from 8:00 a.m. to 6:00 p.m. Eastern Time or email at : MQAOnlineService@flhealth.gov.

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