

William F. Hawley Fawcett Memorial Hospital 21298 Olean Boulevard Port Charlotte, FL 33952

RE: State Fiscal Year 2019 - 2020

Second Graduate Medical Education (GME) Primary Care Payment

Medicaid Number: 011746300

Dear Mr. Hawley:

Your hospital is eligible to receive the enclosed payment pursuant to proviso language following specific appropriation 202, Laws of Florida General Appropriations Act for fiscal year 2019 - 2020.

This payment (electronically transferred) represents approximately 100% of your projected annual amount of \$14,473 for this fiscal year.

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



Graduate Medical Education – Primary Care

State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number: 011746300

Facility Name (current): Fawcett Memorial Hospital

Annual GME Primary Care Payment to your facility	(A)	\$14,473
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual GME Primary Care Payments	(A - B) = (C)	\$14,473
Total of your "GME Primary Care" Payments previously paid in this fiscal year	(D)	\$5,863
Your scheduled GME Primary Care Payment [1] [2]	(C - D) = (E)	\$8,610

- [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.



Lawrence R. Antonucci Lee Memorial Hospital P.O. Box 2218 Fort Myers, FL 33901

RE: State Fiscal Year 2019 - 2020

Second Graduate Medical Education (GME) Primary Care Payment

Medicaid Number: 010110900

Dear Mr. Antonucci:

Your hospital is eligible to receive the enclosed payment pursuant to proviso language following specific appropriation 202, Laws of Florida General Appropriations Act for fiscal year 2019 - 2020.

This payment (electronically transferred) represents approximately 100% of your projected annual amount of \$2,192,092 for this fiscal year.

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



Graduate Medical Education – Primary Care

State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number: 010110900

Facility Name (current): Lee Memorial Hospital

Annual GME Primary Care Payment to your facility	(A)	\$2,192,092
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual GME Primary Care Payments	(A - B) = (C)	\$2,192,092
Total of your "GME Primary Care" Payments previously paid in this fiscal year	(D)	\$459,844
Your scheduled GME Primary Care Payment [1] [2]	(C - D) = (E)	\$1,732,248

- [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.



Paul Hiltz Naples Community Hospital 350 7th Street North Naples, FL 34102

RE: State Fiscal Year 2019 - 2020

Second Graduate Medical Education (GME) Primary Care Payment

Medicaid Number: 010031500

Dear Mr. Hiltz:

Your hospital is eligible to receive the enclosed payment pursuant to proviso language following specific appropriation 202, Laws of Florida General Appropriations Act for fiscal year 2019 - 2020.

This payment (electronically transferred) represents approximately 100% of your projected annual amount of \$1,658,752 for this fiscal year.

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



Graduate Medical Education – Primary Care

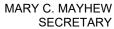
State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number: 010031500

Facility Name (current): Naples Community Hospital

Annual GME Primary Care Payment to your facility	(A)	\$1,658,752
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual GME Primary Care Payments	(A - B) = (C)	\$1,658,752
Total of your "GME Primary Care" Payments previously paid in this fiscal year	(D)	\$671,947
Your scheduled GME Primary Care Payment [1] [2]	(C - D) = (E)	\$986,805

- [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.





David Verinder Sarasota Memorial Hospital 1743 Main Street Sarasota, FL 34236

RE: State Fiscal Year 2019 - 2020

Second Graduate Medical Education (GME) Primary Care Payment

Medicaid Number: 010176100

Dear Mr. Verinder:

Your hospital is eligible to receive the enclosed payment pursuant to proviso language following specific appropriation 202, Laws of Florida General Appropriations Act for fiscal year 2019 - 2020.

This payment (electronically transferred) represents approximately 100% of your projected annual amount of \$4,384,183 for this fiscal year.

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



Graduate Medical Education – Primary Care

State Fiscal Year 2019 – 2020 Second Payment

Medicaid Number: 010176100

Facility Name (current): Sarasota Memorial Hospital

Annual GME Primary Care Payment to your facility	(A)	\$4,384,183
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual GME Primary Care Payments	(A - B) = (C)	\$4,384,183
Total of your "GME Primary Care" Payments previously paid in this fiscal year	(D)	\$919,688
Your scheduled GME Primary Care Payment [1] [2]	(C - D) = (E)	\$3,464,495

- [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.