Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 034523	**(X3) Date Survey Completed** 08/10/2021
Name of Provider or Supplier Advanced Medical Therapy, Llc	**Street Address, City, State** 15640 North 7th Street, Suite 6, Phoenix, AZ	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
E0000	The following deficiencies were found at the time of the unannounced on-site Medicare Recertification survey conducted August 10, 2021.