Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 01D0305573	**(X3) Date Survey Completed** 02/04/2025
Name of Provider or Supplier Alabama Medical Group	**Street Address, City, State** 101 Memorial Hospital Dr Suite 200, Mobile, AL	

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**
D0000	The surveyor determined this laboratory is in substantial compliance with the requirements of the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88).