

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D0933802	(X3) Date Survey Completed 05/02/2018
Name of Provider or Supplier Patrick M Hatfield M D , P A	Street Address, City, State 299 Eagle Mountain Blvd, Batesville, AR	
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	Patrick M. Hatfield, M.D. P.A. Laboratory is in compliance with the applicable Standards and conditions of 42 CFR Part 493, Laboratory Requirements.