Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 11D2091367	**(X3) Date Survey Completed** 07/15/2026
Name of Provider or Supplier Select Interventional Pain, Pc	**Street Address, City, State** 794 Mcdonough Road, Suite 108, Jackson, GA	

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	Based on a CLIA recertification survey performed on July 15, 2026 this facility was not in complaince with applicable CLIA requirements found at 42 CFR 493.1 through 42 CFR 493.1780. The following deficiency was cited: