

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 15D2195862	(X3) Date Survey Completed 03/23/2022
Name of Provider or Supplier Covid Clinic, Inc	Street Address, City, State 800 N Green River Rd, Evansville, IN	
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 laboratory was found to be in substantial compliance with CLIA regulations (42 CFR 493, effective April 24, 2003). No deficiencies were cited.