

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 16D0385785	(X3) Date Survey Completed 05/21/2019
Name of Provider or Supplier Methodist Physicians Clinic	Street Address, City, State 201 Ridge Street, Suite 302, Council Bluffs, IA	
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 the CLIA regulations (42 CFR Part 493, effective April 24, 2003). No deficiencies were cited.