Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	22D2107944	01/09/2018
Name of Provider or Supplier	**Street Address, City, State**	
Right Choice Health Group, Llc	125 Liberty St, Suite 205, Springfield, MA	

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**
No Tags	No deficiency details available.