Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D0908313	01/16/2018
Name of Provider or Supplier	**Street Address, City, State**	
Mycare Medical Of Texas, Pllc	7013 South Cage Suite C, Pharr, TX	

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.