Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	51D0968213	01/19/2018
Name of Provider or Supplier	**Street Address, City, State**	
Associated Specialists Inc	527 Medical Park Drive, Suite 204, Bridgeport, WV	

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.