



**FILED**

Dec 04, 2023, 10:12 am

OFFICE OF FAIR HEARINGS

**STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION  
OFFICE OF FAIR HEARINGS**



**PETITIONER,**

**AHCA Case No.: 23-FH2660**

**Plan ID No.:** 

**vs.**

**UNITEDHEALTHCARE OF FLORIDA, INC.,**

**RESPONDENT.**



**FINAL ORDER**

At all times relevant to this proceeding, Petitioner received Medicaid benefits through UnitedHealthcare of Florida, Inc. On October 16, 2023, Petitioner requested a Fair Hearing based on Respondent's denial of adult day care services.

A Hearing Officer may deny or dismiss a Fair Hearing request if the Recipient files a written withdrawal of the request. A Hearing Officer may also deny or dismiss a Fair Hearing request if the Recipient testifies on the record that he or she wishes to withdraw the request. *See* Rule 59G-1.100(9)(b)(5)(a), Florida Administrative Code.


On November 29, 2023, Petitioner sent to Office of Fair Hearings a faxed letter withdrawing the request for a Fair Hearing.

Based on the foregoing,

**IT IS THEREFORE ORDERED AND ADJUDGED THAT:**

Petitioner's Fair Hearing request is hereby deemed withdrawn, and this matter is now closed.

**DONE AND ORDERED** this 4th day of December, 2023, in Tallahassee, Leon County,  
Florida.

  
Kameisha  
Presley  
23-FH2660  
2023.12.04  
10:02:53 -05'00'

---

**KAMEISHA PRESLEY, Hearing Officer**  
**Agency for Health Care Administration**  
**Office of Fair Hearings**  
**2727 Mahan Drive, Mail Stop # 11**  
**Tallahassee, FL 32308-5407**

**NOTICE OF A RIGHT TO JUDICIAL REVIEW**

A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO JUDICIAL REVIEW, WHICH SHALL BE INSTITUTED BY FILING THE ORIGINAL NOTICE OF APPEAL WITH THE AGENCY CLERK OF AHCA, AND A COPY, ALONG WITH THE FILING FEE PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT WHERE THE AGENCY MAINTAINS ITS HEADQUARTERS OR WHERE A PARTY RESIDES. REVIEW PROCEEDINGS SHALL BE CONDUCTED IN ACCORDANCE WITH THE FLORIDA APPELLATE RULES. THE NOTICE OF APPEAL MUST BE FILED WITHIN 30 DAYS OF THE RENDITION OF THE ORDER TO BE REVIEWED.

**COPIES FURNISHED TO:**



**UnitedHealthcare of Florida, Inc.**  
**UHC\_Hearings@uhc.com**

**AHCA Medicaid Hearing Unit**  
**MedicaidHearingUnit@ahca.myflorida.com**