

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



**FILED**

May 22, 2024, 1:14 pm

OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 24-FH0646

Plan ID No.: [REDACTED]

vs.

LIBERTY DENTAL PLAN OF FLORIDA, INC.,

RESPONDENT.

\_\_\_\_\_ /

**FINAL ORDER**

At all times relevant to this proceeding, Petitioner received Medicaid benefits through LIBERTY Dental Plan of Florida, Inc. On February 29, 2024, [REDACTED] (“Complainant”) requested a Fair Hearing based on Respondent’s denial of dental 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 May 22, 2024, Counsel for Petitioner sent to Office of Fair Hearings a Notice to Withdraw Medicaid Fair Hearing, which withdrew 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Petitioner’s Fair Hearing request is hereby deemed withdrawn, and this matter is now closed.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 22nd day of May, 2024, in Tallahassee, Leon County, Florida.

Laura Gallagher

24-FH0646



2024.05.22

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**LAURA GALLAGHER, 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:**



**LIBERTY Dental Plan of Florida, Inc.**  
**regulatory@libertydentalplan.com**

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