

Site Visit Verification Survey

PROVIDER/SUPPLIER INFORMATION

Provider/Supplier Type:

Provider/Supplier Number: 6F4265

Name: MY THERAPY WITH TIFFANY PLLC

Telephone Number: 5122563422

Address: 9901 BRODIE LN STE 160 #1416

City/State/Zip Code: Austin, TX 78748

REQUESTOR

NOVITAS SOLUTIONS, INC.

SURVEY DATES

Date of First Survey

12/21/2023



Time of First Survey

01:30 PM

Date of Second Survey



Time of Second Survey

GENERAL OBSERVATIONS

1. Type of Facility

Storefront

☐ Yes

☒ No

Office Suite-Strip Mall

☐ Yes

☒ No

Office Suite-Office Building

- ☐ Yes
☒ No

P.O. Box

- ☐ Yes
☒ No

Private Residence

- ☐ Yes
☒ No

If "Other", Please Describe

3. Does the facility appear to have employees/staff present?

- ☐ Yes
☒ No

5. Does the facility have a sign that indicates the business name? (Applicable for DMEPOS Suppliers Only)

- ☐ Yes
☐ No
☒ N/A

7. Does the facility appear to be operational?

- ☐ Yes
☒ No

Warehouse

- ☐ Yes
☒ No

Commercial Mailbox

- ☒ Yes
☐ No

Other

- ☐ Yes
☒ No

2. Is the provider/supplier open for business?

- ☐ Yes
☒ No

4. Does there appear to be signs of customer activity present during the survey?

- ☐ Yes
☒ No

6. Does the facility appear to have inventory present? (Applicable for DMEPOS Suppliers Only)

- ☐ Yes
☐ No
☒ N/A

*Operational means the provider or supplier has a qualified practice location, is open to the public for the purpose of providing health care related services, is prepared to submit valid Medicare claims, and is properly staffed, equipped, stocked (as applicable, based on the type of facility or organization, provider or supplier specialty, or the services or items being rendered), to furnish items or services.

8. Photographs Required

Exterior of building (including business sign & hours of operation if possible)



Latitude: 30.185001238292124
Longitude: -97.84777750276857
Date: 12/21/2023 01:37 PM CST

Interior facility entrance if located within a multiple tenant building (business signs & hours of operation if possible)



Latitude: 30.185001238292124
Longitude: -97.84777750276857
Date: 12/21/2023 01:37 PM CST

Additional Comments

This is a Mail & More commercial mailbox. The store clerk confirmed that the mailbox #1416 is at this location. The provider is not physically at this location.

I prepared this document, which is the report of my inspection of the noted facility pursuant to their enrollment in Medicare program. This report is a true and accurate account of the events that occurred and transpired on the dates describe therein. I am capable and willing to testify as a witness at a hearing about the content of this report. The foregoing information is based on my personal knowledge or is information provided to me in my official capacity. I declare under penalty of perjury that this information is true and correct to the best of my knowledge and belief.

Executed on

12/21/2023



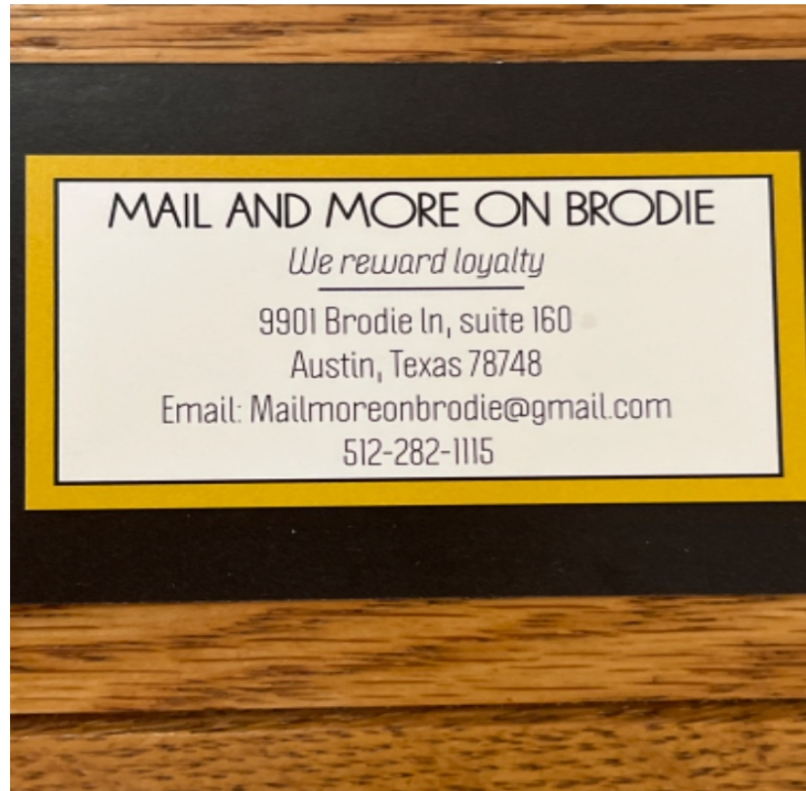
Signature of Declarant

Printed Name

Alison Langley

Organization

Deloitte



Latitude: 30.184989982223243
Longitude: -97.8476007475632
Date: 12/21/2023 01:39 PM CST

Address



Latitude: 30.185001238292124
Longitude: -97.84777750276857
Date: 12/21/2023 01:38 PM CST

Business Signage



Latitude: 30.185001238292124
Longitude: -97.84777750276857
Date: 12/21/2023 01:38 PM CST

Suite Number