# Approved Entities

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| ***Waiver Number*** | **304** | | |
| ***Primary Entity Name*** | **Lexington Hearing and Speech Center, Inc.** | | |
| ***Primary Address*** | *74-20 25th Avenue*<br>*Jackson Heights*<br>*New York*<br>*11370-* | ***Primary Phone Number*** | *(718) 350-3171* |
| | | ***Current Waiver Issued Beginning Period*** | *7/1/2013* |
| | | ***Current Waiver Ending Period*** | *6/30/2016* |
| ***County*** | *Queens* | | |

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|---|---|---|---|
| ☐ LMSW | ☐ CAT | ☑ Physical Therapy | ☐ Nursing (RN or Nurse Practitioner) |
| ☐ LCSW | ☐ Psychology | ☐ Occupational Therapy | ☐ Medicine (Physician, Physician Asst., Specialist Asst.) |
| ☐ Mental Health Counseling | ☐ Optometry | ☑ Audiology/Speech Lang. | ☐ Other: |

***Additional Sites if any - with Certificate Number***

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|---|---|
| ***Certificate Number*** | **-  -** |