
Approved Entities

Waiver Number **84**

Primary Entity Name **AlliedMedix Resources, Inc.**

Primary Address *31-00 47th Avenue*
Suite 2120D 2nd Floor
Long Island
NY
11101-

Primary Phone *(718) 593-4121*
Number

Current Waiver Issued Beginning Period
7/1/2016

Current Waiver Ending Period
6/30/2019

County *Queens*

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> LMSW | <input type="checkbox"/> CAT | <input checked="" type="checkbox"/> Physical Therapy | <input type="checkbox"/> Nursing (RN or Nurse Practitioner) |
| <input type="checkbox"/> LCSW | <input type="checkbox"/> Psychology | <input checked="" type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Medicine (Physician, Physician Asst., Specialist Asst.) |
| <input checked="" type="checkbox"/> Licensed_Applied_Behavior_Analyst | <input checked="" type="checkbox"/> Certified_Behavior_Analyst_Assistant | <input checked="" type="checkbox"/> Audiology/Speech Lang. | <input type="checkbox"/> Mental Health Counseling |
| <input type="checkbox"/> Optometry | <input type="checkbox"/> Other: <input type="text"/> | | |

Additional Sites if any - with Certificate Number

Certificate Number

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