

TEXAS DEPARTMENT OF STATE HEALTH SERVICES REGULATORY LICENSING UNIT

Ambulatory Surgical Center License

This is to certify that

PLANNED PARENTHOOD OF GREATER TEXAS SURGICAL HEALTH SERVICES 201 E. BEN WHITE BLVD. AUSTIN, TX 78704

is licensed as an Ambulatory Surgical Center under the provision of the Health and Safety Code, Chapter 243, and the Ambulatory Surgical Center Licensing Rules.

License Number: 130121

Expiration Date: 08/31/2016

Non-Transferable



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

AMBULATORY SURGICAL CENTER RENEWAL NOTICE

May 29, 2014

PLANNED PARENTHOOD OF GREATER TEXAS SURGICAL HEALTH SERVICE:

201 E. BEN WHITE BLVD.

AUSTIN, TX 78704

Client Code: 6813 License #: 130121

Expiration Date: 08/31/2014

Amount due: \$ 5,220.00

The information below reflects data currently stored in our database. Please review the data for accuracy. If your data does not match our records, please select the appropriate box(es) below.

Additionally, prior approval by the department is required for all design bed(s)/station(s) changes, location changes, changes in services, or a change of ownership. For additional information regarding these processes, please review the licensing rules at www.dshs.state.tx.us/hfp. Please complete, sign, date the attached renewal application, and return it with all related documents and your license fee, within 30 day of the expiration date to:

> Texas Department of State Health Services Regulatory Licensing Unit Facility Licensing Group Mail Code 2003 - Sudget ZZ101/Fund 168 19347 Austin, TX

Failure to submit your application timely may delay the renewal process. If you have any questions, please do not hesitate to contact the Facility Licensing Group at (512) 834-6646.

Attachments

CHECK OFF ITEMS BELOW THAT MAY DIFFER FROM YOUR FACILITY RECORDS

Facility Name (d/b/a):	PLANNED PARENTHOOD OF GREATER TEXAS SURGICAL HEALTH SEI	RVICES	
Facility Address:	201 E. BEN WHITE BLVD. AUSTIN, TX 78704		
Mailing Address:	201 E. BEN WHITE BLVD. AUSTIN, TX 78704	Received	
Telephone Number:	5122750171	ļ.	9
Fax Number:	512-271-0181 PLANNED PARENTHOOD OF GREATER TEXAS SURGICAL HEALTH SEI 7424 GREENVILLE AVENUE # 206 DALLAS, TX 75231	AUG 90 2014	1
Owner/Legal Name:	PLANNED PARENTHOOD OF GREATER TEXAS SURGICAL HEALTH SEI	RVICES	6
Owner Mailing Address:	7424 GREENVILLE AVENUE # 206 DALLAS, TX 75231	DSHS/RLU/FLO	
Tax Id Number or SS #:		UDITO!! ***O'!	

To the best of my knowledge, the information on this renewal notice and accompanying renewal application are true and correct. I agree to comply with Health and Safety Code, Chapter 243 and Texas Administrative Code, Chapter 135.

Signature of Administrator/Program Sponsor/CEO

COO Acministrator Sheila Mekinneye ppar Title Email Address or

8-13-14
214-254-3021
Phone Number

Ambulatory Surgical Center License Renewal Addendum

Please complete the following:		
1. Services: Cardiovascular Foot General Neurological OB/GYN Ophthalmology Oral Orthopedic Otolaryngology Plastic Thoracic Urology Abortion Other:	☐ Gastroenterology ☐ Pain Management ☐ Chiropractic ☐ Endoscopy	
2. Personnel: Submit information for the following individuals:		
a. Administrator: Sheila McKinney Sheila. McKinney Email	Dpgt_Org (214) 254-3 Phone Number	
b. Medical Chief of Staff: Darvell Jordan J8615 Name License #	02 28 2015 Expiration Date (mm/dd/yyyy)	
c. Director of Nurses: Angle Rojas 802563 Name License #	Ole 30/2015 Expiration Date (mm/dd/yyyy)	
3. Accreditation Status:		
4. Total # of Surgery Suites:		
5. Ownership and Control Interest Disclosure:		
The owner must disclose the following data for the two-year period preceding the application date. Check yes or no the following questions. If yes is checked, you must provide details, including ownership and facility information circumstances, dates and final action, on a separate sheet with this application.		
 Eviction involving any property used as a health care facility in any state? Federal or state (any state) tax liens? Unsatisfied final judgments? Federal or state (any state) criminal misdemeanor arrests or convictions? Injunctive orders from any court? Unresolved final state or federal Medicare or Medicaid audit exceptions? 	Yes No Yes No Yes No Yes No Yes No Yes No Yes No	
The owner must disclose the following data. Check yes or no to each question. If yes is checked, provide deta eparate sheet, including all ownership and facility information, circumstances, dates and final action.		
 Denial, suspension, or revocation of an ambulatory surgical center license or any hea agency in any state or any other enforcement action? Denial, suspension or revocation or other enforcement action against a health care 	Yes No	
facility license in any state, which is or was proposed by the licensing agency and th status of the proposal?3. Surrendered a license before expiration of the license or allowing a license to expire	YesNo	
in lieu of the department proceeding with enforcement action? 4. Federal or state (any state) criminal felony arrests or convictions?	Yes No No	
5. Federal or state Medicaid or Medicare sanctions or penalties relating to the operation of a health care facility?	Yes No Yes No	
6. Operating a health care facility that has been decertified with Medicare or Medicaid	? Yes No	
7. Debarment, exclusion, or contract cancellation from Medicare or Medicaid in any sta		