

TEXAS DEPARTMENT OF STATE HEALTH SERVICES REGULATORY LICENSING UNIT

Ambulatory Surgical Center License

This is to certify that

PLANNED PARENTHOOD CENTER FOR CHOICE ASC

4600 GULF FREEWAY, SUITE 300 HOUSTON, TX 77023

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: 130061

Expiration Date: 11/30/2016

Non-Transferable 121458



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

AMBULATORY SURGICAL CENTER RENEWAL NOTICE

September 02, 2014

Received

PLANNED PARENTHOOD CENTER FOR CHOICE ASC 4600 GULF FREEWAY ATTN: KATHY LUCK

HOUSTON, TX 77023

SEP 2 4 2014

DSHS/RLU/FLG

Client Code: 6813 License #: 130061

Expiration Date: 11/30/2014 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 - Budget ZZ101/Fund 168 PO Box 149347 Austin, TX 78714-9347

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

| JA | | 09/10/2014 | 713-831-6560 | | | | |
|--|---|---|---|--|--|--|--|
| | | | | | | | |
| Name of Administrator/Program Sponsor/CEO (Please Print) | | Title | Email Address | | | | |
| TRAM NGUYEN | | ASC DIRECTOR | melaney.linton@ppgulfcoast.org | | | | |
| | | | Tram NguYEM melaney.linton@ppgulfcoast.org | | | | |
| | - | | | | | | |
| to comply with Health and Safety | Code, Chapter 243 and | d Texas Administrative Code, Chapter 13 | 35. | | | | |
| To the best of my knowledge, | the information on | this renewal notice and accompanying | renewal application are true and correct. I agree | | | | |
| Tax Id Number or SS #: | 68-06106 | 36 | | | | | |
| Owner Mailing Address: | 4600 GULF FREE' | WAY HOUSTON, TX 77023 | | | | | |
| Owner/Legal Name: | PLANNED PARENTHOOD CENTER FOR CHOICE, INC | | | | | | |
| Fax Number: | 7135352418 | | | | | | |
| Telephone Number. | 7135352400 | | | | | | |
| Mailing Address: | 4600 GULF FREE | WAY ATTN: KATHY LUCK HOUSTO | ON, TX 77023 | | | | |
| Facility Address: | 4600 GULF FREE | WAY, SUITE 300 HOUSTON, TX 7702 | 23 | | | | |
| Facility Name (d/b/a): | PLANNED PAREI | NTHOOD CENTER FOR CHOICE ASC | | | | | |



Ambulatory Surgical Center License Renewal Addendum

| Please comp | lete the follov | ving: | | | | |
|---|---|--|---|---|---|-----------------------------------|
| 1. Services: | Cardiovas Neurologi Oral Plastic Abortion | | Foot OB/GYN Orthopedic Thoracic Other: | ☐ General ☐ Ophthalmology ☐ Otolaryngology ☑ Urology | Gastroentero Pain Manage Chiropractic Endoscopy | |
| 2. Personnel: Submit inf | ormation for the | e following | g individuals: | | | |
| a. Adminis | strator: <u>TRF</u> | Name | BUYEN | Tram. Nguyen Q Email | ppgulfeoast. Phone | <i>Drg 713,831,6</i> 56 Number |
| b. Medical | Chief of Staff: | Paul Name | M. Fine, M.D. | E- 7 917 License # | 2/28/ Expiration Date | |
| c. Director | of Nurses: | Macaz Name | Truett-Buelle | License # | 6 5/3/ Expiration Date | 2015 (mm/dd/yyyy) |
| 3. Accreditati | ion Status: | | | AAAASF AOA the accreditation letter or creditation. | | |
| 4. Total # of 0 | Operating Roo | ms: | Total # of Tr | eatment/Procedure Roo | oms: | |
| 5. Ownership | and Control I | nterest Di | sclosure: | | | |
| the follow | ing questions. | If yes is | | ear period preceding the a rovide details, including with this application. | | |
| 2. Federal3. Unsatist4. Federal5. Injunction | or state (any stated final judgm or state (any state) or orders from a | ate) tax lientents? ate) criminates court? | sed as a health care factors? al misdemeanor arrests Medicare or Medicaid a | or convictions? | Yes Yes Yes Yes Yes | |
| | | | | no to each question. If y ation, circumstances, date | | ide details on a |
| Denial, suspension, or revocation of an ambulatory surgical center license or any health agency in any state or any other enforcement action? Denial, suspension or revocation or other enforcement action against a health care | | | | | Yes | No |
| status of | f the proposal? | | - | the licensing agency and allowing a license to expi | Yes | |
| | in lieu of the department proceeding with enforcement action? | | | | | No |
| 5. Federal | or state Medica | id or Med | al felony arrests or con icare sanctions or penal | victions? Ities relating to the operat | | No 🗸 |
| of a health care facility? 6. Operating a health care facility that has been decertified with Medicare or Medicaid? | | | | | Yes | No / |
| | | | | with Medicare or Medica licare or Medicaid in anv | | No V |
| / LICUALIII | CHE CACHIMENT. | or omittaci | . CHIEVIIIIII II II IVICI | ADDIO DE IVICUIDANT III ATTV | 010104 153 | 1749 / |