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
6464 JOHN RYAN DRIVE
FORT WORTH, TX 76132

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: 130148

Expiration Date: 05/31/2017

Non-Transferable

121618

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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AMBULATORY SURGICAL CENTER RENEWAL NOTICE

February 27, 2015

PLANNED PARENTHOOD OF GREATER TEXAS SURGICAL HEALTH SERVICES
7424 GREENVILLE AVENUE, #206
DALLAS, TX 75231

Client Code: 6813
License #: 130148
Expiration Date: 05/31/2015
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:

070149

Texas Department of State Health Services
Regulatory LicensingUnit/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

☐ Facility Name (d/b/a):	PLANNED PARENTHOOD OF GREATER TEXAS SURGICAL HEALTH SERVICES
☐ Facility Address:	6464 JOHN RYAN DRIVE FORT WORTH, TX 76132
☐ Mailing Address:	7424 GREENVILLE AVENUE, #206 DALLAS, TX 75231
☐ Telephone Number:	8173467740
☐ Fax Number:	817-346-7703
☐ Owner/Legal Name:	PLANNED PARENTHOOD OF GREATER TEXAS SURGICAL HEALTH SERVICES
☐ Owner Mailing Address:	7424 GREENVILLE AVENUE # 206 DALLAS, TX 75231
☐ Tax Id Number or SS #:	201121091

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.

Sheila McKinney
Name of Administrator/Program Sponsor/CEO (Please Print)

Signature of Administrator/Program Sponsor/CEO

COO
Title

3-17-15
Date

sheila.mckinney@ppgt.org
pam.smallwood@ppgt.org
Email Address

214-363-2004
Phone Number

An Equal Employment Opportunity Employer and Provider

DEPT ID: Z.Z101/FUND: 168

Ambulatory Surgical Center License Renewal Addendum

Please complete the following:

1. Services:

☐ Cardiovascular	☐ Foot	☐ General	☐ Gastroenterology
☐ Neurological	☒ OB/GYN	☐ Ophthalmology	☐ Pain Management
☐ Oral	☐ Orthopedic	☐ Otolaryngology	☐ Chiropractic
☐ Plastic	☐ Thoracic	☐ Urology	☐ Endoscopy
☒ Abortion	☐ Other : _____		

2. Personnel:

Submit information for the following individuals:

a. Administrator: Sheila McKinney sheila.mckinney@ppgt.org 214-363-2004
Name Email Phone Number

b. Medical Chief of Staff: Darrel Jordan M.D. J8615 2/28/2017
Name License # Expiration Date *(mm/dd/yyyy)*

c. Director of Nurses: Kasia White RN 0060655 12/31/2015
Name License # Expiration Date *(mm/dd/yyyy)*

3. Accreditation Status: ☐ JCAHO ☐ AAAHC ☐ AAAASF ☐ AOA ☐ Other ☒ None

If applicable, attach a copy of the accreditation letter or certificate from the accrediting agency which shows effective dates of accreditation.

4. Total # of Operating Rooms: 1 **Total # of Treatment/Procedure Rooms:** 2

5. Ownership and Control Interest Disclosure:

a. The owner must disclose the following data for the two-year period preceding the application date. Check yes or no to 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.

1. Eviction involving any property used as a health care facility in any state?	**Yes** ____ **No** X
2. Federal or state (any state) tax liens?	**Yes** ____ **No** X
3. Unsatisfied final judgments?	**Yes** ____ **No** X
4. Federal or state (any state) criminal misdemeanor arrests or convictions?	**Yes** ____ **No** X
5. Injunctive orders from any court?	**Yes** ____ **No** X
6. Unresolved final state or federal Medicare or Medicaid audit exceptions?	**Yes** ____ **No** X

b. The owner must disclose the following data. Check yes or no to each question. If yes is checked, provide details on a separate sheet, including all ownership and facility information, circumstances, dates and final action.

1. Denial, suspension, or revocation of an ambulatory surgical center license or any health agency in any state or any other enforcement action?	**Yes** ____ **No** X
2. Denial, suspension or revocation or other enforcement action against a health care facility license in any state, which is or was proposed by the licensing agency and the status of the proposal?	**Yes** ____ **No** X
3. Surrendered a license before expiration of the license or allowing a license to expire in lieu of the department proceeding with enforcement action?	**Yes** ____ **No** X
4. Federal or state (any state) criminal felony arrests or convictions?	**Yes** ____ **No** X
5. Federal or state Medicaid or Medicare sanctions or penalties relating to the operation of a health care facility?	**Yes** ____ **No** X
6. Operating a health care facility that has been decertified with Medicare or Medicaid?	**Yes** ____ **No** X
7. Debarment, exclusion, or contract cancellation from Medicare or Medicaid in any state?	**Yes** ____ **No** X