STATE OF CONNECTICUT

Department of Public Health

LICENSE

License N0. 0009

Family Planning

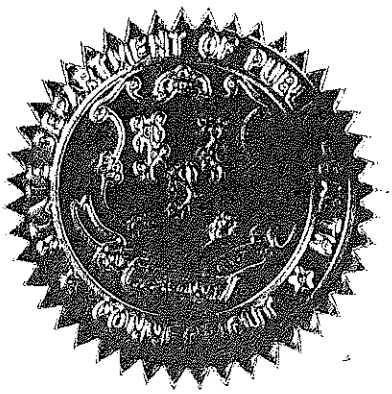
In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:
Connecticut Public Health Code, Section 19-13-D54 and Section 19a-116-1:

Hartford Physician's Management Corporation of Hartford, CT d/b/a Hartford GYN Center is hereby licensed to maintain and operate a Family Planning Clinic.

Hartford GYN Center is located at 1 Main Street, Hartford CT 06106.

This license expires **June 30, 2017** and may be revoked for cause at any time.

Dated at Hartford Connecticut July 1, 2013. RENEWAL



Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

FACILITY LICENSE & INVESTIGATIONS SECTION

LICENSURE APPLICATION

[ ] INITIAL [✓] RENEWAL [ ] CHANGE OF OWNERSHIP [ ] RELOCATION

NOTICE: The State of Connecticut values the quality of care provided to all nursing home residents. Please know that any nursing home licensee, owner or officer, including, but not limited to , a director, trustee, limited partner, managing partner, general partner or any person having at least 10 percent (10%) ownership interest in the nursing home or the entity that owns the nursing home, and any administrator, assistant administrator, medical director, director of nursing or assistant director of nursing, may be subject to civil and criminal liability, as well as administrative sanction under applicable federal and state law, for the abuse or neglect of a resident of the nursing home perpetrated by an employee of the nursing home.

NOTE: A separate application must be completed for each licensed level of care, whether or not, that level is located at the same address

1. HARTFORD GYN CENTER
Facility "d/b/a" (doing business as) Name

One Main Street, Unit 1 Hartford CT 06106-1806 860-525-1900
Business Address City State Zip Code Telephone

(same as above)
Mailing Address (if applicable) City State Zip Code

2. 23-2149551
Federal Employer Identification Number

Phone: (860) 509-7444
Telephone Device for the Deaf (860) 509-719
410 Capitol Avenue - MS # 12HFL
P.O. Box 340308 Hartford, CT 06134

An Equal Opportunity Employer

In accordance with Section 19a-491 and/or Section 19a-506 of the Connecticut General Statutes, application is hereby made for a license to operate the following (please check the appropriate box that applies):

[ ] Assisted Living Services Agency
[ ] Children's Hospital
[ ] Chronic and Convalescent Nursing Home
[ ] Chronic Disease Hospital
[✓] Family Planning Clinic
[ ] General Hospital
[ ] Home Health Care Agency
[ ] Homemaker-Home Health Aide Agency
[ ] Hospice/19a-495-5a & 19-13-D1(C)
[ ] Hospital for Mentally Ill Persons
[ ] Infirmary Operated by an Educational Institution
[ ] Maternity Home
[ ] Maternity Hospital
[ ] Outpatient Clinic/Primary Care/Dental
[ ] Outpatient Dialysis Unit
[ ] Outpatient Surgical Facility
[ ] Residential Care Home
[ ] Rest Home with Nursing Supervision
[ ] In-Patient Hospice Unit
[ ] Well Child Clinic

3. Bed Capacity Requested (if applicable). If submitting this application for multiple levels of care, please list the bed capacity for each level of care being requested. N/A

Level of Care	Beds/ Hemodialysis Stations	Bassinets (if applicable)
N/A		

4. Disclose the **legal entity which owns/operates the facility**. (Note: The license will be issued to thi entity.)

Hartford Physicians Management Corp d/b/a Hartford GYN Center
Licensee

One Main Street, Unit N1 Hartford CT 06106-1806 860-525-1900
Business Address City State Zip Code Telephone

601 Chapel Avenue East Cherry Hill, NJ 08034
Mailing Address (if applicable)

5. Is the above named legal entity a (please check the box which applies):

[ ] Individual/Sole proprietor
[ ] General Partnership
[ ] Limited Partnership
[ ] Limited Liability Company
[ ] Other: _____
[ ] Non-profit Corporation
[ ] Municipality
[ ] Trust
[✓] Profit Corporation

6. Is the above named entity authorized by the Office of the Secretary of State to transact business in the State of Connecticut and considered in Good Standing? [✓] YES [ ] NO

7. Please disclose the name, business address and telephone number of the Agent for Service for the Licensee.

Jamie Beers — One Main street, Unit N1 Hartford, CT 06106-1806 — (860)525-1900

Name | Address | Telephone

8. Attach an organizational chart which reflects the current ownership structure of the licensee and the licensee's relationship with the facility/agency.

9. Respond to the specific question that reflects the ownership structure of the licensee. **The Licensee is the legal entity which will be issued the license to operate.**

   A. If the Licensee is a **general partnership, limited partnership or limited liability company,** complete Form 1 (attached).

   B. If the Licensee is a **trust,** complete Form 2 (attached) for the Licensee.
      i. Attach a list including the name, address and telephone number of all trustees.

   C. If the Licensee is a **corporation (profit or non-profit),** complete Form 3 (attached) for the Licensee. Complete a separate Form 3 for each additional corporate entity having 10% or greater ownership interest in the Licensee.
      i. If the corporation is incorporated in a state other than Connecticut, please attach a Certificate of Good Standing from the Secretary of State of the state of incorporation.
      ii. Attach a list including the name, address and telephone number of all officers and all directors of the corporation.

10. Attach a current copy of the facility's Certificate of malpractice and public liability insurance. (Note: Information Pages and Insurance Binders are unacceptable. Only Certificates of Insurance will be accepted.). Please note that All Behavioral Health levels of care, except hospitals, and RCH facilities are exempt from the malpractice requirement.

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FACILITY LICENSING & INVESTIGATIONS SECTION

11. Attach evidence of current compliance with the worker's compensation insurance coverage requirements in the form of one of the following:

   A. a certificate of self-insurance issued by a worker's compensation commissioner pursuant to Section 31-284 of the Conn. General Statutes; or
   B. a certificate of compliance issued by the Insurance Commissioner pursuant to Section 31-286 of the Conn. General Statutes; or
   C. a Certificate of Insurance issued by any stock or mutual insurance company or mutual association authorized to write worker's compensation insurance in this state. (Note: Information pages and Insurance Binders are unacceptable. Only Certificates of Insurance will be accepted.)

****

FOR OFFICE USE ONLY

CHECK # 2254 AMOUNT $ 1,000

DATE RECEIVED 5/18/17 INITIALS CK

12. Ownership of Real Property

Polis + Sanders
Name

One Main Street, Unit N1 Hartford, CT 06106 860-525-1900
Business Address¹ City State Zip Code Telephone

13. Annual Fire Marshal's Certificate of Inspection Form (attached) must be completed by the Local Fire Marshal. **NOTE: Hospitals must have a separate Fire Marshal's Certificate of Inspection completed for each building on the hospital's campus and each satellite listed on the hospital's license. Additional forms may be copied if necessary. (Not applicable for Homemaker Home Health and Home Health Agencies).**

14. Affidavit of Owner:
I attest that the information provided within this application is true and accurate and not made with the intent to mislead a public servant. I attest that such statement is made under oath, that any changes in the information submitted will be reported to the Department as required by law. Any such false statement made therein is punishable by law, as per the CGS 53a-157b.

Signature

5/9/17
Date Signed

Check one as applicable:

[ ] Individual/Sole Proprietor
[ ] General/Managing Partner
[ ] President of Corporation
[ ] Secretary of Corporation
[ ] Municipal Officer
[ ] Trustee
[ ] Member of the LLC

State of Connecticut)
County of Camden) ss May 9 20 17

Personally appeared before me the above named Randy Lazarus and made oath to the truth of the statements contained in his/her answers to the foregoing questions.

BRETT TYLER VENNELL
Notary Public
State of New Jersey
My Commission Expires Apr 10, 2018

Notary Public [ ]
Justice of the Peace [ ]
Town Clerk [ ]
Commissioner of the Superior Court [ ]

My Commission Expires: 4/10/18
(If Notary Public)

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING & INVESTIGATIONS SECTION

Attachment 3

FORM 3

FACILITY/AGENCY NAME: Hartford Physician's Management Corp dba Hartford GYN Center

Form 3 must be completed if the facility/agency or Real Property Owner is owned/operated by a corporation (profit or non-profit). Please copy additional sheets if necessary.

For each stockholder with a 10% or greater ownership interest in the Licensee, provide the information requested below. If no owner owns 10% or more of the total shares, please indicate the two largest stockholders. **Please complete a separate form for each legal entity listed below that is not an individual.**

This information is for: ☑ Licensee Hartford Physician's Management Corp dba Hartford GYN Center.
Next entity on the organizational chart: _____
☐ Real Property Owner _____

1. Name: Randy Lazarus
   Address: 2301 Cherry Street Philadelphia, PA 19103
   Telephone: 856-356-4000
   Stockholder's percentage of ownership: 25%
   Stockholder's occupation with the owner: N/A

2. Name: Malcolm Polis
   Address: 6 Melissa Way Plymouth Meeting, PA 19462
   Telephone: 856-356-4000
   Stockholder's percentage of ownership: 33%
   Stockholder's occupation with the owner: N/A

3. Name: Howard Sanders
   Address: 16606 Victoria Point Circle, Weston, FL 33327
   Telephone: 856-356-4000
   Stockholder's percentage of ownership: 42%
   Stockholder's occupation with the owner: N/A

4. Name: _____
   Address: _____
   Telephone: _____
   Stockholder's percentage of ownership: _____
   Stockholder's occupation with the owner: _____

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FACILITY LICENSING & INVESTIGATIONS SECTION

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING & INVESTIGATIONS SECTION

LICENSURE APPLICATION - ADDITIONAL INFORMATION REQUIRED

OUTPATIENT CLINICS, WELL CHILD CLINICS AND FAMILY PLANNING CLINICS

Please respond to all of the following questions:

1. Hartford Gyn Center
Facility "d/b/a" (doing business as) Name

1 Main Street Suite N1 Hartford CT 06106 860-525-1100
Business Address City State Zip Code Telephone

2. Is this program a School Based Health Center? [ ] Yes [X] No

3. Check the appropriate box/boxes describing the services to be provided by the clinic:
   - [ ] Primary Care
   - [ ] Well Child Clinic
   - [ ] Dental
   - [X] Family Planning
   - [X] Abortion Procedures
   - [ ] Mental Health Services

Be advised that mental health services does NOT include Substance Abuse Services.

4. Jamie Beers
Administrator (Your name needs to appear as it is shown on your Professional License).

5. Carol L. Watson, MD
Medical Director
Dental Director (if applicable)
(Your name needs to appear as it is shown on your Professional License).

6. Days & Hours of Operation: Monday - Friday 8a-4p, Sat 7a-2p
You MUST notify this agency when ANY change to the noted day/time changes. We accept email and fax.

7 Please provide a list of services that will be provided. If this is for the addition of services, please also provide the resume of the person(s) who will be providing the services.

8. Business Fax Number: 860-522-9913

9. Business Email Address: jbeers@hartfordgyncenter.com
Mandatory for Emergency Preparedness purposes

10. Business Cell Phone Number with Texting capabilities of the Administrator: 860-377-8508
Mandatory for Emergency Preparedness purposes

Department of Administrative Services
Division of Construction Services
Office of State Fire Marshal

State Of Connecticut

Hartford Fire Department
Fire Marshal's Office
253 High Street
Hartford, CT 06103
Main: (860) 757-4530 Fax: (860) 722-8249

On this Tuesday, April 25, 2017, the Hartford Fire Marshal's Office conducted a inspection/plan review of the following premises:

Harford Gyn Center
1 Main St
Hartford, CT 06105

This inspection/plan review was used to determine the degree of compliance with the fire safety requirements of the Connecticut General Statutes Chapter 541 as authorized by Section 29-305 of the statues. This facility was evaluated as classified as:

I-2
Health Care Facility

by the CONNECTICUT FIRE SAFETY CODE. As a result of this inspection/plan review, the following conditions were found:

☒ I. At the time of inspection, no code violations were identified.
Certificate of approval recommended.

☐ II. At the time of inspection/plan review, conditions were discovered to be contrary to be minimum requirements of those codes. An acceptable plan of correction was submitted (see attached information).
Certificate of approval recommended.

☐ III. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. No approved plan of correction was submitted (see attached information).
Certificate of approval NOT recommended.

☐ IV. Based on the extreme hazard to the public safety discovered at the time of this inspection, this office is currently seeking an injunction from the court through our City Attorney for the purpose of closing or restricting usage of this facility by the public (see attached information).
Certificate of approval NOT recommended.

R. [illegible]
Fire Marshal

Tuesday, April 25, 2017
Date

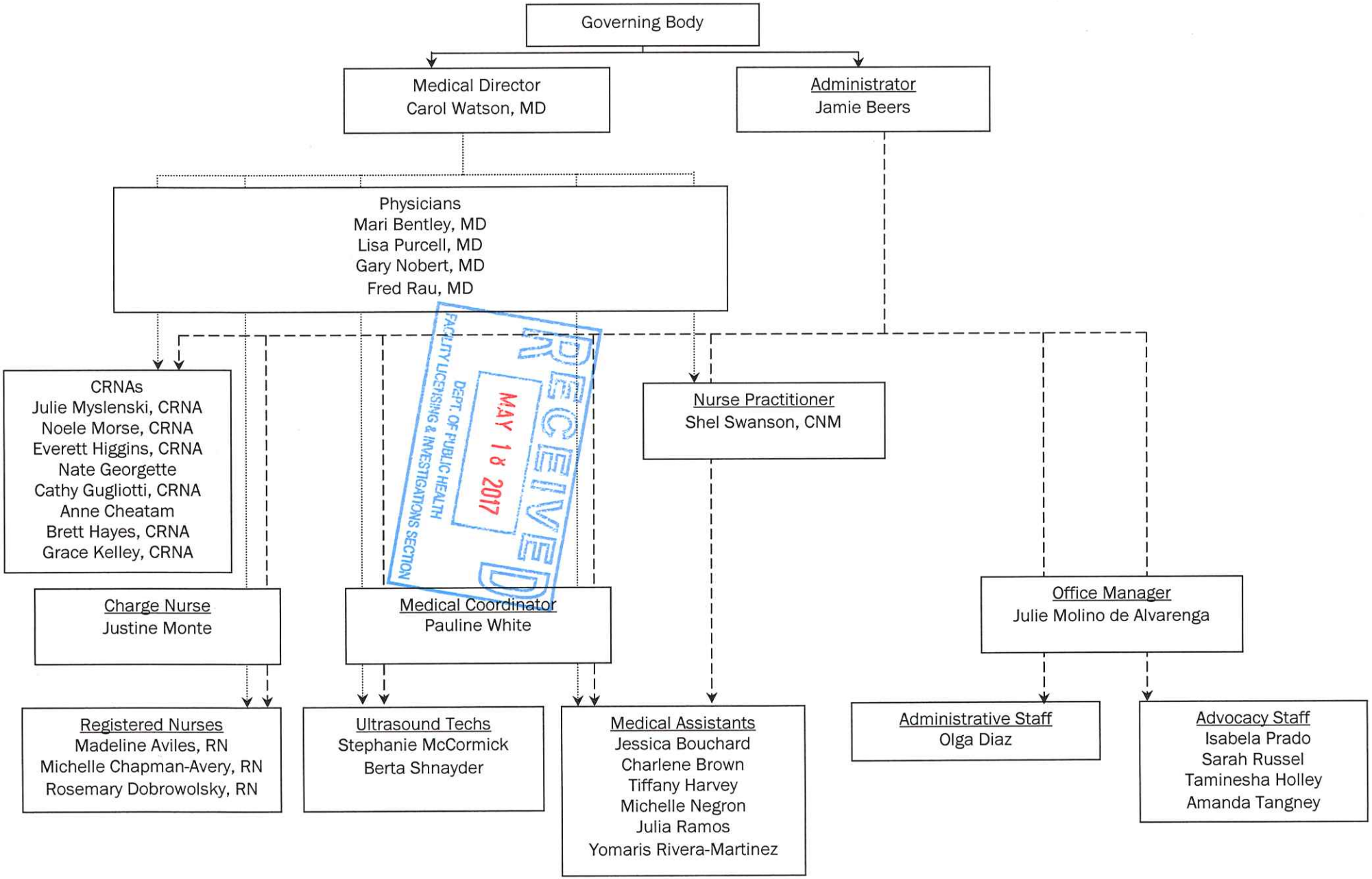
OPERATIONAL PERMIT

On Friday, April 21, 2017, this facility, Harford Gyn Center 1 Main St. Ste N1, located in Hartford, Connecticut, was inspected in accordance with CGS §29-292 and CGS §29-291(a) of the Connecticut Fire Safety and Fire Prevention Codes and is found to be in compliance with the aforementioned codes. Therefore, this establishment is permitted to operate as a(n) Group I-2 Health Care Facility pursuant to City of Hartford Ordinance 13-244.

This permit shall expire on Saturday, April 21, 2018.

Deputy Chief Roger S. Martin Jr., Fire Marshal

Hartford GYN Center Organizational Chart



Updated 5/5/17

HARTFORD GYN CENTER
One Main Street
Unit N1
Hartford, CT 06106
860-525-1900
(Fax) 860-522-9913

List of Services:

- Terminations of Pregnancy:
  - 1st Trimester Abortions
  - 2nd Trimester Abortions
  - Anesthesia for Surgical Abortions
  - Medication Abortions
  - Follow-up Care
  - Fetal Health Abnormality Genetic Testing
- Walk-in Pregnancy Testing
- Ultrasound for Gestational Sizing
- Birth Control
  - The birth control pill
  - The vaginal ring
  - The implant
  - The Depo shot
  - Hormonal and non-hormonal IUDs
- Testing and treatment for Chlamydia and Gonorrhea
- Emergency Contraception
- Colposcopy
- LEEP
- Gynecological Care
- Sterilization
- Endometrial Ablation

DOCUMENT INCLUDES VISIBLE FIBERS, CHEMICAL REACTIVE PROPERTIES AND FEATURES A FOIL HOLOGRAM

2254

HARTFORD PHYSICIAN'S MGMT. CORP.
DBA HARTFORD GYN CENTER
ONE MAIN ST., UNIT N-1
HARTFORD, CT 06106

55-2/212

WELLS FARGO

5/8/2017

PAY TO THE ORDER OF TREASURER, STATE OF CONNECTICUT $**1,000.00

One Thousand and 00/100********** DOLLARS

VOID AFTER 90 DAYS

Treasurer State of Connecticut
Atten: Rose McLellan
Facility Licensing & Investigations Sec.
410 Capitol Avenue, MS#12FLIS
Hartford, CT 06134

MEMO Application for Family Planning Center

Shield

DETECTION CIRCLE REVEALS A LOCK WHEN TESTED

Details on back. Security Features Included.

PAPER CONTAINS TONER ADHESION PROPERTIES

HEAT SENSITIVE RED IMAGE DISAPPEARS WITH HEAT

⑈002254⑈ ⑆021200025⑆ 643662716 7⑈

2254

HARTFORD PHYSICIAN'S MGMT. CORP.
DBA HARTFORD GYN CENTER

TREASURER, STATE OF CONNECTICUT

5/8/2017

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
5/8/2017	Bill	050517	1,000.00	1,000.00		1,000.00
					Check Amount	1,000.00

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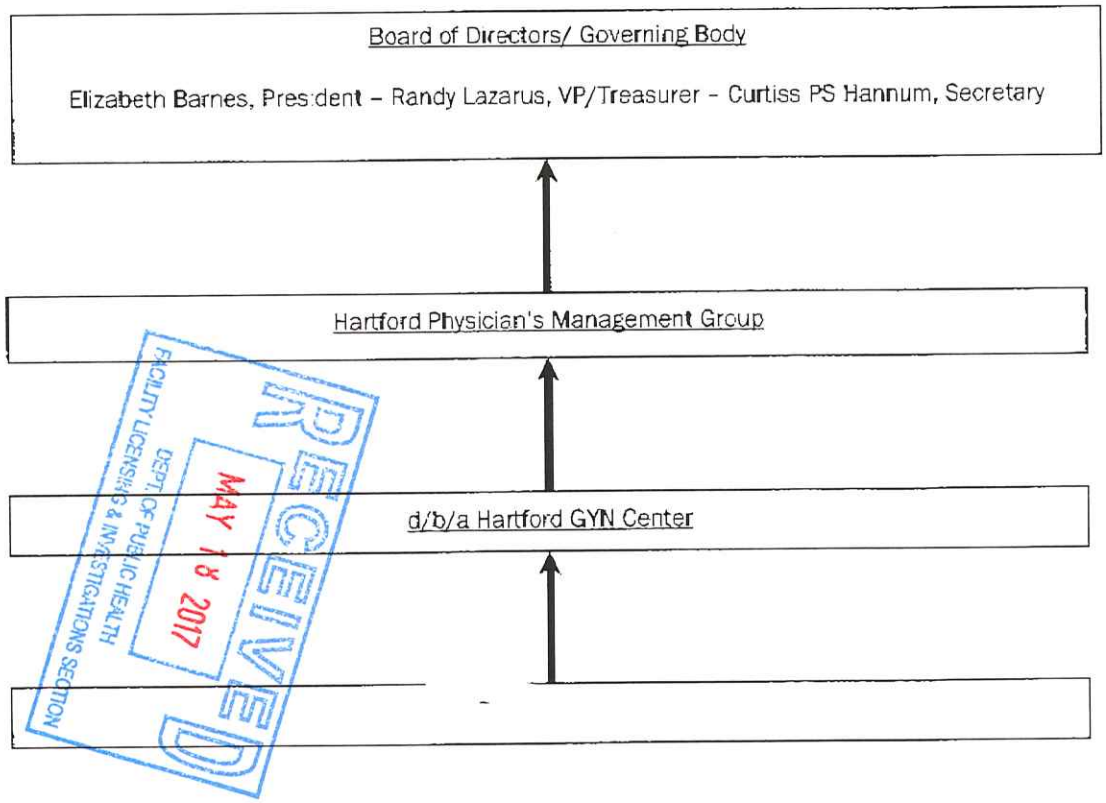
WELLS FARGO Application for Family Planning Center 1,000.00

HGC Organizational Chart updated 6/27/17



Client#: 23215 HUMEDCORP

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/03/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC One Executive Drive Somerset, NJ 08873	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: somersetclsupport@mma-ne.com
INSURED Hartford Physicians Management Corp. dba Hartford GYN Center One Main St., Unit N1 Hartford, CT 06106	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : Praetorian Insurance Company 37257 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		WHC0200063	07/01/2015	07/01/2016	x PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$1,000,000
							E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance

CERTIFICATE HOLDER

Hartford Physician's Mgt Corp
dba Hartford GYN Center
One Main Street, Unit N1
Hartford, CT 06106

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Wm. C. Cleland

NSDMR

Client#: 23215 HUMEDCORP

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/01/2017

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PRODUCER Marsh & McLennan Agency LLC One Executive Drive Somerset, NJ 08873	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: somersetclsupport@mma-ne.com
INSURED Hartford Physician's Mgt Corp d/b/a Hartford GYN Center One Main Street, Unit N-1 Hartford, CT 06106	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : General Star Indemnity Company — 37362 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐	N / A					E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
A	Professional Liability			IJG418484C	02/28/2017	02/28/2018	$1,000,000 Per Claim $5,000,000 Aggregate	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Insurance

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FACILITY LICENSING & INVESTIGATIONS SECTION

CERTIFICATE HOLDER

Hartford Physician's Mgt Corp
d/b/a Hartford GYN Center
One Main Street, Unit N-1
Hartford, CT 06106

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Wm. C. Cleland

NSDMR

Client#: 23215 HUMEDCORP

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/02/2017

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PRODUCER Marsh & McLennan Agency LLC One Executive Drive Somerset, NJ 08873	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: somersetclsupport@mma-ne.com
INSURED Hartford Physician's Mgt Corp d/b/a Hartford GYN Center One Main Street, Unit N-1 Hartford, CT 06106	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : General Star Indemnity Company 37362 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			IJG418484C	02/28/2017	02/28/2018	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$50,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$2,000
	POLICY PRO-JECT LOC						PERSONAL & ADV INJURY	$1,000,000
	OTHER:						GENERAL AGGREGATE	$3,000,000
							PRODUCTS - COMP/OP AGG	$1,000,000
							Deductible	$25,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A					E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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MAY 18 2017
DEPT. OF PUBLIC HEALTH
FACILITY LICENSING & INVESTIGATIONS SECTION

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Insurance

CERTIFICATE HOLDER

Hartford Physician's Mgt Corp
d/b/a Hartford GYN Center
One Main Street, Unit N-1
Hartford, CT 06106

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Wm. C. Cleary

NSDMR

2013 - 17

RENEWAL

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

TO: Administrator
Hartford GYN Center
1 Main Street
Hartford, CT 06106

FROM: Christine Jennings, Processing Technician

DATE: June 27, 2017

RE: Licensure Status

This letter is to serve as confirmation that upon receipt of the licensing inspection report, and acceptable plan of correction, if necessary, the following facility licenses will be **renewed effective July 1, 2017.**

Hartford GYN Center
1 Main Street
Hartford, CT 06106

Therefore, there will be **no time lapse** for your license(s).

If you have any questions or require additional information, please do not hesitate to contact this office at (860) 509-7444.

Please feel free to furnish my name and telephone number to any of the third party payers to provide confirmation of your continued licensure status.

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

FACILITY LICENSE & INVESTIGATIONS SECTION

LICENSURE APPLICATION

[ ] INITIAL [X] RENEWAL

NOTE: A separate application must be completed for each licensed level of care which is located at a different address. One (1) application may be submitted for multiple levels of care provided each level of care has the same name and the same licensee and is located at the same address.

In accordance with Section 19a-491 and/or Section 19a-506 of the Connecticut General Statutes, application is hereby made for a license to operate the following (please check the appropriate box/boxes that apply):

[ ] Assisted Living Services Agency
[ ] Children's Hospital
[ ] Chronic and Convalescent Nursing Home
[ ] Chronic Disease Hospital
[X] Family Planning Clinic
[ ] General Hospital
[ ] Home Health Care Agency
[ ] Homemaker-Home Health Aide Agency
[ ] Hospice
[ ] Hospital for Mentally Ill Persons
[ ] Mental Health Psychiatric OutPat.
[ ] Mental Health Intermediate Tmt.
[ ] Substance Abuse & Dependence
[ ] Infirmary Operated by an Educational Institution
[ ] Maternity Home
[ ] Maternity Hospital
[ ] Outpatient Clinic
[ ] Outpatient Dialysis Unit
[ ] Outpatient Surgical Facility
[ ] Residential Care Home
[ ] Rest Home with Nursing Supervision
[ ] Well Child Clinic
[ ] Mental Health Day Treatment
[ ] Mental Health Community Residence
[ ] Mental Health Residential Living

RECEIVED
MAY 01 2013
DEPT. OF PUBLIC HEALTH
LICENSING & INVESTIGATIONS SECTION

Please respond to all of the following questions:

1. Hartford GYN Center
Facility "d/b/a" (doing business as) Name

One Main Street, Unit N1, Hartford, CT 06106 (860)525-1900
Business Address City State Zip Code Telephone

(same as above)
Mailing Address (if applicable) City State Zip Code

Phone: (860) 509-7444
Telephone Device for the Deaf (860) 509-719
410 Capitol Avenue - MS # 12HFL
P.O. Box 340308 Hartford, CT 06134

An Equal Opportunity Employer

2. Bed Capacity Requested (if applicable). If submitting this application for multiple levels of care, please list the bed capacity for each level of care being requested.

Level of Care	Beds/ Hemodialysis Stations	Bassinets (if applicable)
N/A		

3. 23-2149551
Federal Employer Identification Number

4. Disclose the legal entity which owns/operates the facility. (Note: The license will be issued to this entity.)

Hartford Physicians Management Corp.
Licensee

One Main Street, Unit N1, Hartford, CT 06106 (860) 525-1900
Business Address City State Zip Code Telephone

600 Chapel Ave East, Suite B, Cherry Hill, NJ 08034
Mailing Address (if applicable)

5. Is the above named legal entity a (please check the box which applies):

[ ] Individual/Sole proprietor
[ ] General Partnership
[ ] Limited Partnership
[ ] Limited Liability Company
[ ] Other: _____
[ ] Non-profit Corporation
[ ] Municipality
[ ] Trust
[X] Profit Corporation

6. Is the above named entity authorized by the Office of the Secretary of State to transact business in the State of Connecticut and considered in Good Standing? [X] YES [ ] NO

7. Please disclose the name, business address and telephone number of the Agent for Service for the Licensee.

Jaime Beals - Hartford, CT 06106 (860) 525-1900
Name Address Telephone

8. Attach an organizational chart which reflects the current ownership structure of the licensee and the licensee's relationship with the facility/agency.

FACILITY FAX # (860) 522-9913

2. Bed Capacity Requested (if applicable). If submitting this application for multiple levels of care, please list the bed capacity for each level of care being requested.

Level of Care	Beds/ Hemodialysis Stations	Bassinets (if applicable)
N/A		

3. 23-2149551
Federal Employer Identification Number

4. Disclose the legal entity which owns/operates the facility. (Note: The license will be issued to this entity.)

Hartford Physicians Management Corp.
Licensee

One Main Street, Unit N1, Hartford, CT 06106 (860) 525-1900
Business Address City State Zip Code Telephone

601 Chapel Ave East, Suite B, Cherry Hill, NJ 08034
Mailing Address (if applicable)

5. Is the above named legal entity a (please check the box which applies):

[ ] Individual/Sole proprietor
[ ] General Partnership
[ ] Limited Partnership
[ ] Limited Liability Company
[ ] Other:
[ ] Non-profit Corporation
[ ] Municipality
[ ] Trust
[X] Profit Corporation

6. Is the above named entity authorized by the Office of the Secretary of State to transact business in the State of Connecticut and considered in Good Standing? [X] YES [ ] NO

7. Please disclose the name, business address and telephone number of the Agent for Service for the Licensee.
Jane Beers - One Main Street, Unit N1 Hartford, CT 06106 (860) 525-1900
Name Address Telephone

8. Attach an organizational chart which reflects the current ownership structure of the licensee and the licensee's relationship with the facility/agency.

FACILITY FAX # (860) 522-9913

HARTFORD GYN CENTER
One Main Street
Unit N1
Hartford, CT 06106
860-525-1900
(Fax) 860-522-9913

Hartford Physicians Management Corp d/b/a Hartford GYN Center

BOARD OF DIRECTORS

Randy Lazarus, President

Elizabeth Barnes, Vice President

Angela Lazarus, Treasurer/Secretary

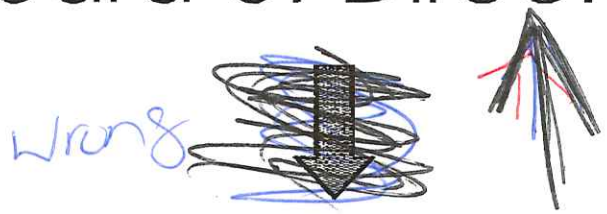
OFFICERS

Randy Lazarus

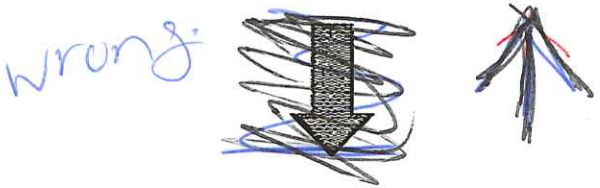
Elizabeth Barnes

EXTERNAL ORGANIZATIONAL CHART

Board of Directors

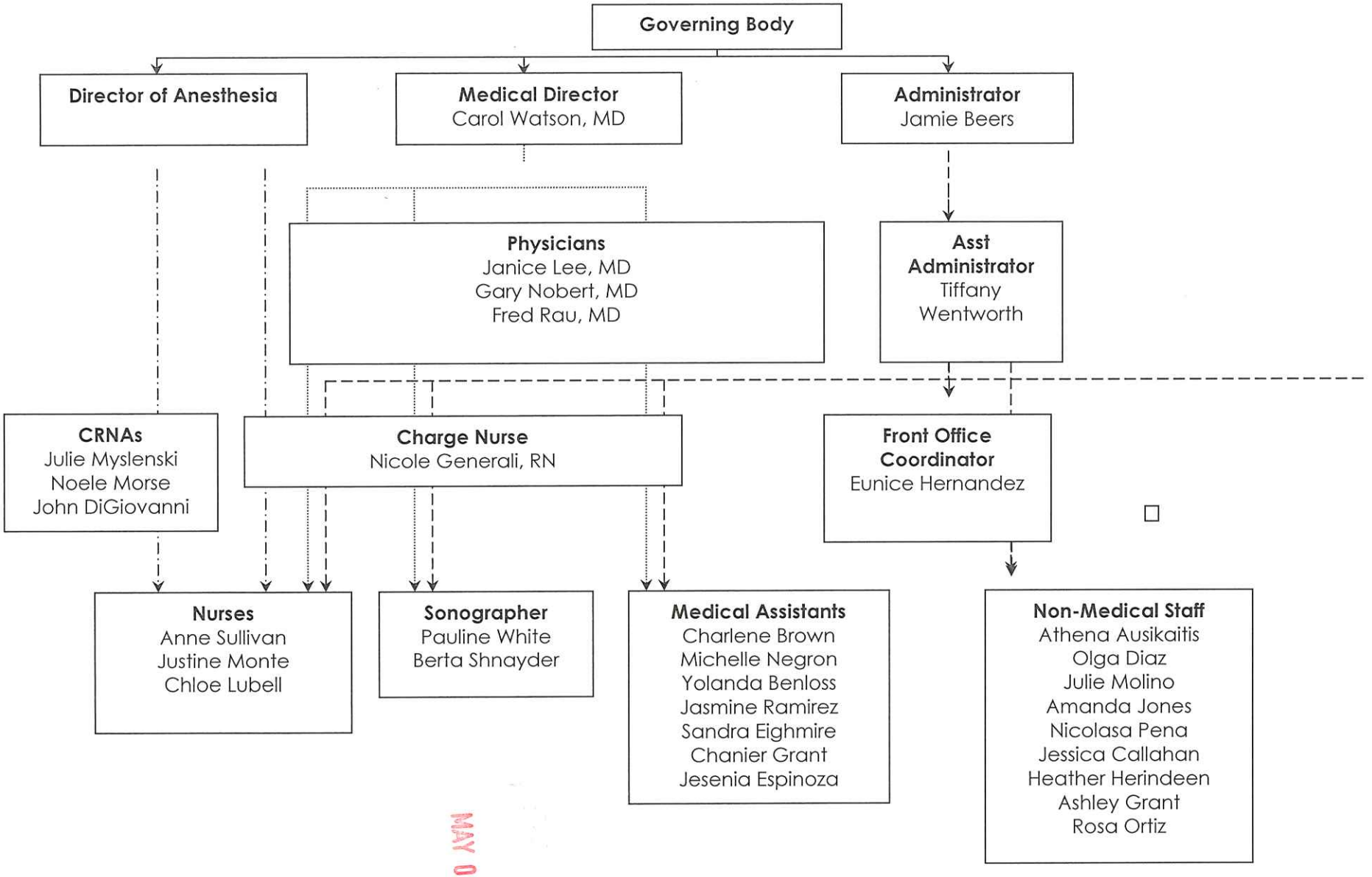


Hartford Physician's Management Corp



"d/b/a" Hartford GYN Center

Hartford GYN Center Organizational Chart



Updated 04/01/2013

9. Respond to the specific question that reflects the ownership structure of the licensee. **The Licensee is the legal entity which will be issued the license to operate.**

A. If the Licensee is a **general partnership, limited partnership or limited liability company,** complete Form 1 (attached).

B. If the Licensee is a **trust,** complete Form 2 (attached) for the Licensee.

i. Attach a list including the name, address and telephone number of all trustees.

C. If the Licensee is a **corporation (profit or non-profit),** complete Form 3 (attached) for the Licensee. Complete a separate Form 3 for each additional corporate entity having 10% or greater ownership interest in the Licensee.

i. If the corporation is incorporated in a state other than Connecticut, please attach a Certificate of Good Standing from the Secretary of State of the state of incorporation.

ii. Attach a list including the name, address and telephone number of all officers and all directors of the corporation.

10. Attach a current copy of the facility's Certificate of malpractice and public liability insurance. (Note: Information Pages and Insurance Binders are unacceptable. Only Certificates of Insurance will be accepted.). Please note that All Behavioral Health levels of care, except hospitals, and RCH facilities are exempt from the malpractice requirement.

11. Attach evidence of current compliance with the worker's compensation insurance coverage requirements in the form of one of the following:

A. a certificate of self-insurance issued by a worker's compensation commissioner pursuant to Section 31-284 of the Conn. General Statutes; or

B. a certificate of compliance issued by the Insurance Commissioner pursuant to Section 31-286 of the Conn. General Statutes; or

C. a Certificate of Insurance issued by any stock or mutual insurance company or mutual association authorized to write worker's compensation insurance in this state. (Note: Information pages and Insurance Binders are unacceptable. Only Certificates of Insurance will be accepted.)

12. Ownership of Real Property

Polis & Sanders (CT), LLC
Name

One Main Street, Unit N1, Hartford, CT 06106 (860) 525-1900
Business Address City State Zip Code Telephone

13. Annual Fire Marshal's Certificate of Inspection Form (attached) must be completed by the Local Fire Marshal. **NOTE: Hospitals must have a separate Fire Marshal's Certificate of Inspection completed for each building on the hospital's campus and each satellite listed on the hospital's license. Additional forms may be copied if necessary. Each completed Fire Marshal's Certificate of Inspection that is submitted must have an original signature. (Not applicable for ALSA's, Homemaker Home Health and Home Health Agencies).**

****

FOR OFFICE USE ONLY

CHECK # _____ AMOUNT $_____

DATE RECEIVED _____ INITIALS _____

****

14. Affidavit of Owner:
I attest that the information provided within this application is true and accurate and that any changes in the information submitted will be reported to the Department as required by law.

Signature

4/23/13
Date Signed

Check one as applicable:

[ ] Individual/Sole Proprietor
[ ] General/Managing Partner
[X] President of Corporation
[ ] Secretary of Corporation
[ ] Municipal Officer
[ ] Trustee

State of ~~Connecticut~~ New Jersey

County of Camden) ss April 23 2013

Personally appeared before me the above named Randy Larson and made oath to the truth of the statements contained in his/her answers to the foregoing questions.

TINA ADDIEGO
Notary Public
State of New Jersey
My Commission Expires Mar 30, 2017

Notary Public [ ]
Justice of the Peace [ ]
Town Clerk [ ]
Commissioner of the Superior Court [ ]

My Commission Expires:
(If Notary Public)

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING & INVESTIGATIONS SECTION

Attachment 3

FORM 3

FACILITY/AGENCY NAME: Hartford Physicians Management Corp d/b/a Hartford GYN Center

Form 3 must be completed if the facility/agency or Real Property Owner is owned/operated by a corporation (profit or non-profit). Please copy additional sheets if necessary.

For each stockholder with a 10% or greater ownership interest in the Licensee, provide the information requested below. If no owner owns 10% or more of the total shares, please indicate the two largest stockholders. **Please complete a separate form for each legal entity listed below that is not an individual.**

This information is for:
☒ Licensee Hartford Physicians Management Corp d/b/a Hartford GYN Center
☐ Real Property Owner _____

1. Name: Randy Lazaris
   Address: 2301 Cherry St, 16C, Phila PA 19103
   Telephone: (856) 356-4000
   Stockholder's percentage of ownership: 25%
   Stockholder's occupation with the owner: N/A

2. Name: Malcolm Polis
   Address: 6 Melissa Way, Plymouth Meeting, PA 19462
   Telephone: (856) 356-4000
   Stockholder's percentage of ownership: 33%
   Stockholder's occupation with the owner: N/A

3. Name: Howard Sanders
   Address: 1666 Victoria Point Circle, Weston, FL 33327
   Telephone: (856) 356-4000
   Stockholder's percentage of ownership: 42%
   Stockholder's occupation with the owner: N/A

4. Name: N/A
   Address: _____
   Telephone: _____
   Stockholder's percentage of ownership: _____
   Stockholder's occupation with the owner: _____

RECEIVED
MAY 01 2013

Client#: 153205 HUMEDCOR

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/19/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Marsh & McLennan Agency LLC One Executive Drive, Suite 300 Somerset, NJ 08873 732 469-3000	PHONE (A/C, No, Ext):	FAX (A/C, No): 866-795-0981
	E-MAIL ADDRESS: somersetclsupport@mma-ne.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Scottsdale Insurance Company	41297
INSURED Hartford Physicians' Management Corp dba Hartford GYN Center One Main St., Unit N1 Hartford, CT 06106-1806	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			BCS0029720	02/28/2013	02/28/2014	EACH OCCURRENCE	$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$Excluded
	X BI/PD Ded:5,000						PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$Excluded
	POLICY PRO-JECT LOC							$
A	AUTOMOBILE LIABILITY			BCS0029720	02/28/2013	02/28/2014	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU-TORY LIMITS OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A					E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Employee Benefits Liability			BCS0029720	02/28/2013	02/28/2014	$1,000,000 Per Claim $1,000,000 Aggregate	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

General Aggregate subject to $10M policy cap

Evidence of Insurance

MAY 01 2013

CERTIFICATE HOLDER

Evidence of Insurance C/o Marsh
& McLennan Agency LLC
One Executive Drive, Suite 300
Somerset, NJ 08873

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Wm. Ce. Cilento

SDMR

Client#: 153205 HUMEDCOR

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/09/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Denise Recifo	
Marsh & McLennan Agency LLC One Executive Drive, Suite 300 Somerset, NJ 08873 732 469-3000	PHONE (A/C, No, Ext): 732-941-3155	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Hartford Underwriters Insurance	30104
INSURED Hartford Physicians Management Corp. dba Hartford GYN Center 1 Main St. Hartford, CT 06106-1806	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	☐ ☐ CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	☐ POLICY ☐ PRO-JECT ☐ LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		UB5B467427	07/01/2012	07/01/2013	X WC STATU-TORY LIMITS ☐ OTH-ER	
							E.L. EACH ACCIDENT	$1,000,000
							E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of Insurance

CERTIFICATE HOLDER

Evidence of Insurance C/o Marsh
& McLennan Agency LLC
One Executive Drive, Suite 300
Somerset, NJ 08873

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Wm. Ce. Cilardo

Client#: 153205 HUMEDCOR

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/17/2013

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PRODUCER Marsh & McLennan Agency LLC One Executive Drive, Suite 300 Somerset, NJ 08873 732 469-3000	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): 866-795-0981 E-MAIL ADDRESS: somersetclsupport@mma-ne.com
INSURED Hartford Physician's Mgt Corp d/b/a Hartford GYN Center One Main Street, Unit N-1 Hartford, CT 06106	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : Landmark American Insurance Com 33138 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC						EACH OCCURRENCE $ DAMAGE TO RENTED PREMISES (Ea occurrence) $ MED EXP (Any one person) $ PERSONAL & ADV INJURY $ GENERAL AGGREGATE $ PRODUCTS - COMP/OP AGG $
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) $ BODILY INJURY (Per person) $ BODILY INJURY (Per accident) $ PROPERTY DAMAGE (Per accident) $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE $ AGGREGATE $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT $ E.L. DISEASE - EA EMPLOYEE $ E.L. DISEASE - POLICY LIMIT $
A	Professional Liability			BINDER1517157	02/28/2013	02/28/2014	$1,000,000 per claim $3,000,000 aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of Insurance

CERTIFICATE HOLDER

Evidence of Insurance C/o Marsh
& McLennan Agency LLC
One Executive Drive, Suite 300
Somerset, NJ 08873

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Wm. Ce. Cilento

MAY 01 2013

SDMR

Department of Public Safety
Division of Fire, Emergency & Building Services
Office of State Fire Marshal

State Of Connecticut

Hartford Fire Department
Fire Marshal's Office
253 High Street
Hartford, CT 06103
Main: (860) 757-4530 Fax: (860) 722-8205

On this Monday, January 14, 2013, the Hartford Fire Marshal's Office conducted a inspection/plan review of the following premises:

Hartford GYN Center
1 Main Street
Hartford, CT 06106

This inspection/plan review was used to determine the degree of compliance with the fire safety requirements of the Connecticut General Statutes Chapter 541 as authorized by Section 29-305 of the statues. This facility was evaluated as:

Existing Health Care

As classified by the CONNECTICUT FIRE SAFETY CODE. As a result of this inspection/plan review, the following conditions were found:

☒ I. At the time of inspection, no code violations were identified.
Certificate of approval recommended.

☐ II. At the time of inspection/plan review, conditions were discovered to be contrary to be minimum requirements of those codes. An acceptable plan of correction was submitted (see attached information).
Certificate of approval recommended.

MAY 01 2013

☐ III. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. No approved plan of correction was submitted (see attached information).
Certificate of approval <u>NOT</u> recommended.

☐ IV. Based on the extreme hazard to the public safety discovered at the time of this inspection, this office is currently seeking an injunction from the court through our City Attorney for the purpose of closing or restricting usage of this facility by the public (see attached information).
Certificate of approval <u>NOT</u> recommended.

Lieutenant Ewan Sheriff

Monday, January 14, 2013
Date

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING & INVESTIGATIONS SECTION

LICENSURE APPLICATION - ADDITIONAL INFORMATION REQUIRED

OUTPATIENT CLINICS, WELL CHILD CLINICS AND FAMILY PLANNING CLINICS

Please respond to all of the following questions:

1. Hartford Gyn Center
Facility "d/b/a" (doing business as) Name

1 Main St. Hartford CT 06106 860525-1900
Business Address City State Zip Code Telephone

2. Check the appropriate box/boxes describing the services to be provided by the clinic:

[ ] Primary Care
[ ] Well Child Clinic
[ ] Dental
[✓] Family Planning
[✓] Abortion Procedures

3. Jamie Beers
Administrator (Your name needs to appear as it is shown on your Professional License).

4. Carol L Watson, MD N/A
Medical Director Dental Director (if applicable)
(Your name needs to appear as it is shown on your Professional License).

5. Hours of Operation: Mon → Fri 7am - 5pm, Saturday 7am - 4pm

6 Please provide a list of services that will be provided.

7. **On initial application only,** submit a copy of the approval from the Office of Health Care Access to establish the clinic. Note: only those clinics which intend to provide primary care services are required to submit OHCA approval.

MAY 01 2013

Jamie Beers 4/21/13
Signature of Administrator Date Signed

FLIS LICAPP –001
Rev. 3-06

HARTFORD GYN CENTER
One Main Street
Unit N1
Hartford, CT 06106
860-525-1900
(Fax) 860-522-9913

List of Services:

- Terminations of Pregnancy:
  - 1st Trimester Abortions
  - 2nd Trimester Abortions
  - Anesthesia for Surgical Abortions
  - Medication Abortions
  - Follow-up Care
  - Fetal Health Abnormality Genetic Testing
- Walk-in Pregnancy Testing
- Ultrasound for Gestational Sizing
- Birth Control
  - The birth control pill
  - The vaginal ring
  - The implant
  - The Depo shot
  - Hormonal and non-hormonal IUDs
- Testing and treatment for Chlamydia and Gonorrhea
- Emergency Contraception
- Colposcopy
- LEEP
- Gynecological Care
- Sterilization
- Endometrial Ablation

State of Connecticut

Payment Receipt

saction Date : 05/06/2013 **Cashier :** Christine Jennings

Receipt # : 3469468

Receipt Identification : HARTFORD PHYSICIAN'S MANAGEMENT CORP

Money Tendered

Type	Amount	Reference	Payer Name	Payment Comment
Check	$1,000.00	2217	HARTFORD GYN CENTER	
Total :	$1,000.00			

Distribution

License	Use	Amount	Fee Desc	Business Name	Paid From	Paid To	BY
FP.0000009	**REN**	1,000.00	Renewal Fees	HARTFORD PHYSICIAN'S MANAGEMENT CORP	07/2013	06/2017	Christine Jennings

This receipt is not a license or an authorization to do business.

Close

DOCUMENT INCLUDES VISIBLE FIBERS, CHEMICAL REACTIVE PROPERTIES AND FEATURES A FOIL HOLOGRAM

PAPER CONTAINS TONER ADHESION PROPERTIES

2217

HARTFORD PHYSICIAN'S MGMT. CORP.
DBA HARTFORD GYN CENTER
OPERATING ACCOUNT
ONE MAIN ST., UNIT N-1
HARTFORD, CT 06106

TD Bank
America's Most Convenient Bank®

55-136/312

5/2/2013

PAY TO THE ORDER OF Treasurer, State of CT $ **1,000.00

One Thousand and 00/100********** DOLLARS

VOID AFTER 90 DAYS

Department of Public Health
Attn: Rose McClellan
410 Capitol Ave
MS: FLIS
Hartford, CT 06134

MEMO RENEWAL FEE For LICENSE # 0009

Anne Scheills

Details on back. Security Features Included.

TRUE WATERMARK PAPER - HOLD TO LIGHT TO VIEW

HEAT SENSITIVE RED IMAGE DISAPPEARS WITH HEAT

⑈002217⑈ ⑆031201360⑆ 426252819 9⑈

2217

HARTFORD PHYSICIAN'S MGMT. CORP. • DBA HARTFORD GYN CENTER
OPERATING ACCOUNT

Treasurer, State of CT

5/2/2013

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
5/2/2013	Bill		1,000.00	1,000.00		1,000.00
					Check Amount	1,000.00

TD BANK 1,000.00

2013

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH SYSTEMS REGULATION

DHSR

Page 1 of ____

LICENSING INSPECTION REPORT

Name and Address of Entity

Hartford Physician's Management Corp. of Hartford
dba Hartford GYN Center
1 Main Street
Hartford, CT 06106

Signature of DHSR Staff

Marsha A. Mehmel, RN, MPA, Nurse Consultant

Licensure Category : abortion clinic

Licensed Capacity : # 0009 Census : N/A

Licensed Capacity : _____ Census : _____

Date(s) of Onsite Inspection : April 5, 2013

Date(s) Additional Information Obtained: _____

Personnel Contacted : Jamie Beers, Admin.; Carol Watson, MD; Julie Myslenski, CRNA; Nicole Generali, Recovery Room Head RN

REVIEW/FINDINGS/PROCESS (complete all applicable)

[X] Licensing Inspection: [ ] *Initial* [X] *Renewal* [ ] *Other:* _____

[ ] Revisit for the Purpose of _____

[ ] See Complaint Investigation # _____

[ ] See Reportable Event Investigation # _____

[ ] See Certification file.

[X] Violations of the Public Health Code of the State of Connecticut and/or Regulations of Connecticut State Agencies were identified at the time of this inspection.
See violation letter dated _____

[ ] Citation # _____ was issued to this facility as a result of this inspection.

[ ] Violations of the Public Health Code of the State of Connecticut and/or Regulations of Connecticut State Agencies were not identified at the time of this inspection.

[ ] Citation # _____ was verified as corrected. _____ was notified that the licensee was no longer required to post Citation (see narrative).

[ ] Citation # _____ was not corrected (see narrative).

[ ] Narrative Report / Additional Information Attached.

[ ] Referral(s) to: _____

REPORT SUBMITTED BY Marsha A. Mehmel, RN, MPA **DATE OF REPORT** 04/10/13

[✓] Approval for Issuance of License granted by : Loan D Nguyen 4-10-13
Supervisor / Title Date

ENTITY: Hartford Physician's Management Corp. of Hartford
dba Hartford GYN Center

DATE(S) OF VISIT: April 5, 2013 Page 2 of ___

LICENSING INSPECTION NARRATIVE REPORT

✓ Licensure inspection conducted onsite.
✓ An entrance conference was held.
The following was inspected/reviewed:
✓ - facility inspection
✓ - personnel files
✓ quality assurance/clinical record review audit
✓ - fire drill log/disaster plan
✓ agency policies and procedures
✓ - clinical record review
✓ - staff interviews
✓ in-service (training) log
✓ OSHA/infection control policies/procedures
✓ - review of bylaws, including organizational chart
✓ - CLIA certificate

✓ An exit conference was held.
Violations of the Public Health Code of the State of Connecticut were identified as a result of this unannounced inspection.

SIGNATURE Marsha A. Mehmel, RN, MPA
Nurse Consultant

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

August 22, 2013

Jamie Beers, Administrator
Hartford Gyn Center
1 Main Street
Hartford, CT 06106

Dear Jamie Beers:

An unannounced visit was made to Hartford Gyn Center on April 5, 2013 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a licensing inspection.

Attached are the violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which were noted during the course of the visit.

You may wish to dispute the violations and you may be provided with the opportunity to be heard. If the violations are not responded to by September 5, 2013 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

Please address each violation with a prospective plan of correction which includes the following components:

1. Measures to prevent the recurrence of the identified violation, (e.g., policy/procedure, inservice program, repairs, etc.).

2. Date corrective measure will be effected.

3. Identify the staff member, by title, who has been designated the responsibility for monitoring the individual plan of correction submitted for each violation.

We do not anticipate making any practitioner referrals at this time.

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,

Loan D Nguyen

Loan Nguyen RN, MSN, BC
Supervising Nurse Consultant
Facility Licensing and Investigations Section

Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HSR
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

DATE(S) OF VISIT: April 5, 2013

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D 51 Pharmaceuticals (4)

1. Based on observation, interview with clinic staff and review of clinic policies, the clinic staff failed to follow the clinic's own polices. The findings include:

A. Observation in the recovery room on 04/05/13 during a tour of the clinic with the Administrator, the Certified Registered Nurse Anesthetist (CRNA), the Medical Director and the Director of Nursing, identified two oxygen tanks (705 liters each) with an expiration date of March 2013, an opened bottle of GeriCare Extra-Strength Acetaminophen 500mg (1000 tablets) with an expiration date of March 2013, and failed to identify compliance with the clinic's own policy on pharmaceuticals.

The clinic policy directed the Director of Nursing to identify discontinued or obsolete drugs and devices, and dispose of in compliance with applicable State and Federal regulations.

B. Surveyor observation during the tour on 04/05/13 also identified in Operatory Room # 1 an unopened bottle of succinylcholine chloride 200mg/20mg/ml in the anesthesia medication cart with an expiration date of 09/01/12, and failed to identify compliance with the clinic's own policy on pharmaceuticals.

The clinic policy directed the Director of Nursing to identify discontinued or obsolete drugs and devices, and dispose of in compliance with applicable State and Federal regulations.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D 51 Pharmaceuticals (1) (2) and/or (4)

2. Based on observation and staff interview, the clinic staff failed to obtain physician's orders prior to providing the patient's prescription medications. The findings include:

i. Surveyor observation during a tour of the clinic identified recovery room nurses in the process of bagging and labeling prescription birth control methods. Interview with the Director of Nursing on 04/05/13 indicated that the recovery room nurses prefilled the birth control method for "expediency", and failed to identify the obtention of a physician's order prior to providing the patient with prescription birth control.

Interview with the Medical Director on 04/05/13 indicated that prior to the surgical procedure, patients

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

would meet with a counselor, and the discussion would include the birth control method chosen by the patient. The Medical Director would then sign the order for the specific birth control method, the order would be included in the patient's record and follow the patient to the recovery room after the procedure. The Medical Director was not aware of the practice of filling the prescription birth control method prior to physician authorization;

ii. Interview and review of the clinic policies failed to identify policies or guidelines allowing nurses to dispense prescription medications.

HARTFORD GYN

April 2013

Identifiers

Administrator: Jamie Beers

Medical Director: Dr. Carol Watson

CRNA: Julie Myslenski

Director of Nursing: Nicole Generali

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

August 22, 2013

Jamie Beers, Administrator
Hartford Gyn Center
1 Main Street
Hartford, CT 06106

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Respectfully,

Loan D Nguyen

Loan Nguyen RN, MSN, BC
Supervising Nurse Consultant
Facility Licensing and Investigations Section

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An Equal Opportunity Employer

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THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

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ii. Interview and review of the clinic policies failed to identify policies or guidelines allowing nurses to dispense prescription medications.

POC acceptable Mmelumel, RN, MPS 08/30/13

Hartford GYN Center
One Main Street, Unit N1
Hartford, Connecticut 06106
860-525-1900
(Fax) 860-522-9913
www.hartfordgyncenter.com

August 26, 2013

Loan Nguyen RN, MSN, BC
410 Capitol Avenue MS #12HSR
P.O. Box 340308
Hartford, CT 06134

Dear Loan Nguyen,

Thank you for sending me the report of our unannounced visit on April 5, 2013. I wish to submit our plans of correction for each violation at this time.

Regarding violation of the Regulation of Connecticut State Agencies Section 19-13-D 51 Pharmaceuticals (4):

A. On April 5, 2013 while inspector was present, a phone call was placed by Administrator, to Aero All Gas to request the removal and replacement of the 2 expired oxygen tanks. This request was handled immediately and the tanks were replaced on April 8, 2013. The expired Acetaminophen 500 mg tablets were discarded in a kitty litter/water solution on April 5, 2013 and a new bottle was opened and put into use immediately upon inspection. The Senior Nurse, has assumed the responsibility of ensuring all pharmaceuticals and oxygen tanks utilized in the PACU are current and not outdated. Logs have been implemented in order to keep on top of all gas tank expirations as well as monthly checks of the contents of the PACU locked medicine cabinets. Two RNs will cosign these logs monthly.
B. On April 5, 2013, the expired bottle of Succinylcholine chloride 200mg/20/mg/mL from OR 1 was removed and discarded in a kitty litter/water solution. At HGC's quarterly quality assurance meeting on 5-7-13, it was decided that the CRNA who is scheduled for the last procedure day of the month, will be responsible for thoroughly inspecting the drugs and contents of the anesthesia carts for expiration and integrity. They will report any needs to the Senior Nurse who will order any supplies or medications due to expire. Logs have been implemented monitoring the expiration of all medications and supplies in the anesthesia carts. These will be checked monthly by the Medical Coordinator, effective 8-19-13.

Regarding violation of the Regulations of Connecticut State Agencies Section 19-13-D-51 Pharmaceuticals (1) (2) and/or (4):

POC acceptable MPMedical RN, MPA 08/30/13

A. On April 5, 2013 while inspector was present, it was determined that the RNs in the recovery room would cease and desist immediately (4/5/13) any further pre-filling of prescription birth control to patients. The RNs wait until after the patient and her medical record have made it to the recovery room and the RNs read the written orders from the operating physician before dispensing any and all medications. This decision was followed up with a meeting of all nursing staff and Medical Director at the end of the procedure day on April 5, 2013, to reiterate the importance of not dispensing medications without clearly written orders from the operating physician.

These plans of correction will be monitored by the Administrator.

If you have any questions or any concerns, please feel free to contact me at 860-525-1900.

Respectfully yours,

Jamie Beers
Administrator

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Facility Licensing and Investigations Section

To: Jamie Beers, Administrator
Hartford GYN Center
1 Main Street
Hartford, CT 06106

From: Christine Jennings, Processing Technician

Date: April 19, 2017

Subject: License Renewal Application Materials

In accordance with Connecticut General Statutes, Section 19a-491(d); a licensing and inspection fee is required for the renewal of your facility's license. Acceptable forms of payment include a check, draft or money order made payable to the Treasurer, State of Connecticut. In order to avoid any processing delays, please attach checks, drafts or money orders directly to your renewal application.

It is essential that **all** information requested be submitted prior to the issuance of your renewal license, including the licensing and inspection fee. The following reminders are offered:

Expire 4/30/18 - $1000

1. Please type or print in black ink.
2. Please complete all applicable items.
3. A separate application is required for each licensed location. However, if your facility has more than one licensed level of care **at a single location** (for example, a CCNH/RHNS and a Residential Care Home) and **the licensee for each level of care is the same entity,** a single Application Form may be submitted. Please be sure to indicate on the application each level of care for which you are requesting licensure and submit all of the additional information required for each separate licensure level. **A separate licensing and inspection fee is required for each licensed level of care.**

Connecticut Department of Public Health

Phone: (860) 509-7400 • Fax: (860) 509-7543
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph
Affirmative Action/Equal Opportunity Employer

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Facility Licensing and Investigations Section

To: Jamie Beers, Administrator
Hartford GYN Center
1 Main Street
Hartford, CT 06106

From: Christine Jennings, Processing Technician

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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor

Nancy Wyman
Lt. Governor

Facility Licensing and Investigations Section

Failure to comply with all informational requirements will necessitate returning the forms for correction, thereby delaying the issuance of your license. **Documents will be returned to the facility for correction only once**. The need for additional corrections will require an **office visit**.

The application materials must be completed within thirty (30) days of the expiration date of the license. If for any reason the forms and/or fee cannot be submitted within this time frame, this office must be notified **in writing** of the reason for the delay. Please be aware that failure to submit application materials within thirty (30) days will delay the issuance of your license.

Please do not hesitate to contact the Licensure Processing Unit at (860) 509-7444 if you require clarification or any additional information.

Enclosure

Connecticut Department of Public Health

Phone: (860) 509-7400 • Fax: (860) 509-7543
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

2013

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

FACILITY LICENSING & INVESTIGATIONS SECTION

TO: Jamie Beers, Administrator
Hartford GYN Center
1 Main Street
Hartford, CT 06106

FROM: Christine Jennings, Processing Technician

DATE: June 14, 2013

SUBJECT: License

Enclosed is your license to operate an Outpatient Clinic.

This license must be posted in a conspicuous place as required by the General Statutes of Connecticut Section 19a-493.

The license is in effect only for the operation of the facility as it is now organized. It is not transferable to any other person, facility or address.

If we can be of any assistance, please do not hesitate to call the licensure office, Department of Public Health Facility Licensing & Investigations Section at (860) 509-7444.

Enclosure

Phone: (860) 509-7444
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HFL
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

FACILITY LICENSING & INVESTIGATIONS SECTION

To: Administrator
Hartford Gyn Center
1 Main Street
Hartford, CT 06106

From: Christine Jennings, Processing Technician

Date: April 2, 2013

Subject: License Renewal Application Materials

Enclosed please find the Renewal Application Materials required for your facility's license. If you have any questions on these forms, please do not hesitate to contact the Licensure Processing Unit at (860) 509-7444.

In accordance with Connecticut General Statutes, Section 19a-491(d); a licensing and inspection is required for this facility.

The license is in effect only for the operation of the facility as it is now organized. It is not transferable to any other person, facility or address.

($1,000 for Profit)

A licensing and inspection fee is not required for Family Planning Clinics.

It is essential that **all** information requested be submitted prior to the issuance of your renewal license, including the licensing and inspection fee. The following reminders are offered:

1. Please type or print in black ink.
2. Please complete all applicable items.
3. A separate application is required for each licensed location. However, if your facility has more than one licensed level of care **at a single location** (for example, a CCNH/RHNS and a Residential Care Home) and **the licensee for each level of care is the same entity,** a single Application Form may be submitted. Please be sure to indicate on the application each level of care for which you are requesting licensure and submit all of the additional information required for each separate licensure level. **A separate licensing and inspection fee is not required for this level of care.**

Phone: (860) 509-7444
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P.O. Box 340308 Hartford, CT 06134
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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

FACILITY LICENSING & INVESTIGATIONS SECTION

Failure to comply with all informational requirements will necessitate returning the forms for correction, thereby delaying the issuance of your license. **Documents will be returned to the facility for correction only once**. The need for additional corrections will require an **office visit**.

The application materials must be completed within thirty-(30) days. If for any reason the forms and/or fee cannot be submitted within this time frame, this office must be notified **in writing** of the reason for the delay. Please be aware that failure to submit application materials within thirty-(30) days will delay the issuance of your license.

Please be advised that an Annual Fire Marshal's Certificate must be submitted in the years that you are not completing the entire renewal package. The blank Fire Marshal's Certificate will be mailed to your facility approximately 3 months prior to the month of the license expires in.

Please do not hesitate to contact the Licensure Processing Unit at (860) 509-7444 if you require clarification or any additional information.

Enclosure

Phone: (860) 509-7444
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12-FLIS
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer