



STATE OF NEBRASKA - Department of Health and Human Services
Division of Public Health - Licensure Unit
P.O. Box 94986, Lincoln, NE 68509-4986

Make payable to: DHHS, Licensure Unit

See license renewal
letter for fees

Expiration Date

2/28/2018

Health Clinic Licensure Renewal Application

Health Clinic Type: Please Check

☐ Ambulatory Surgical Center

☐ Facility providing hemodialysis services

☐ Facility providing labor and delivery services

☒ Facility providing 10 or more abortions per week

☐ Public Health Clinic

☐ Other _____
(please specify)

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

BELLEVUE HEALTH CENTER
1002 WEST MISSION
BELLEVUE, NE 68005

2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM
FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL
NOTICES FROM THE DEPARTMENT:

LICENSE NO: HC001

TELEPHONE NUMBER: (402) 292-4164

FAX NUMBER: (402) 291-4643

ADMINISTRATOR: MARY CARHART, ADMIN

Chelsea Sander, MPH Director of Clinical Services

RECEIVED

FEB 12 2018

LICENSURE UNIT

2-13-18

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF PATIENT ADMISSIONS IN PAST YEAR: 917 (Not Applicable to Ambulatory Surgical Centers)

5. NUMBER OF OPERATING/PROCEDURE ROOMS: NA (Only Applicable to Ambulatory Surgical Centers)

6. DEEMED STATUS FOR LICENSURE: (Check if applicable) TJC ___ AAAHC ___ Medicare or Medicaid ___

7. Current Provided Services. Circle any services
NOT listed in the box below:

Ambulatory Surgery, Hemodialysis, Home
Hemodialysis, Peritoneal Dialysis, Home Peritoneal
Dialysis, Public Health Clinic, Reuse,
Transplantation, Labor and Delivery

Draw a line
through any
services no
longer being
provided

SATELLITE CLINIC(S) CURRENTLY LISTED IN OUR FILES (If Any)

NA

2018 FEB 13 A 1 28
REC'D HHS ACCOUNTING

OWNERSHIP INFORMATION

8. OWNERSHIP OF FACILITY: LEROY H. CARHART, M.D.

(Legal Name of individual or business organization)

MAILING ADDRESS: 1002 WEST MISSION

BELLEVUE, NE 68005

9. BUSINESS ORGANIZATION: (Check one):

☒ Sole Proprietorship

☐ Partnership

☐ Limited Partnership

☐ Corporation

☐ Limited Liability Company

☐ Governmental (___ State, ___ District, ___ County, ___ City or Municipal)

☐ Other (Please Specify) _____

(check one)
☒ Profit ☐ Non Profit

per owner
2-13-18 kji

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health and Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application are true and correct and I/we hereby apply for a renewal license.

PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: Applications shall be signed by

(1) the owner, if the applicant is an individual or partnership,

(2) two of its members, if the applicant is a limited liability company,

(3) two of its officers, if the applicant is a corporation, or

(4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

LeRoy H. Carhart, M.D.
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

DATE

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

DATE

Sole owner:

LeROY H CARHART, M.D.

SSN: [REDACTED]

D/B/A BELLEVUE HEALTH CENTER

D/B/A ABORTION AND CONTRACEPTION CLINIC OF NEBRASKA

[REDACTED]



**BELLEVUE FIRE DEPARTMENT
CERTIFICATE OF OCCUPANCY**

Name of Facility: Bellevue Health Center

Location: 1002 W. Mission, Bellevue, NE 68005

Date Issued: 01/18/2017

Certificate No. 2709

Maximum Occupancy: N/A

Inspected By:

Edward J. Hoff

POST IN PROMINENT PLACE

VALID FROM DATE OF ISSUE OR UPON ANY CHANGE IN OCCUPANCY OR OWNERSHIP

Copy to be presented to the state licensing agency if necessary

Scheduled for next inspection on 2/19/18. -cg