STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE OFFICE OF HEALTH CARE QUALITY BLAND BRYANT BUILDING 55 WADE AVENUE BALTIMORE, MARYLAND 21228

NOV 1 5 2015_ 11-9-15

Application for License to Operate a Surgical Abortion Facility (COMAR 10.12.01)
Official name of agency: Hagerstown Reproductive Health Services
Trading name d/b/a: 50me
Agency address: 160 W. Washington St #100, Hogenstown, MD 21740
Mailing Address (If different from above):
Telephone Number: 30 -133-2400 FAX number: 30 -133-5325
Agency e-mail address:
Days and Hours of Operation: M-F 9A-5p; 59+ 94-3p DEC 7 2015
If business hours vary per days during the week, please specify:
Identify the days and hours the office manager is on-site: Mon, Tues, Thurs
Fri, Sat operating hours
Days OR is used: Thurs and Sat
Number of operating/procedure rooms: 2
Back up generator:YesNo
Accredited: Yes No Accrediting Agency:

HRHS

If yes to this question please send a copy of the accreditation status letter to the Office of Health Care Quality.

Identify All Major Medical Equipment Util	ized in the Surgical A	Abortion Facility:
Cardiac Catheterization Equipment Computer Tomography Equipment Lithotriptor	How many: How many: How many:	
Radiation Therapy Equipment Magnetic Resonance Imager	How many:	DEC 7 2015
Type of ownership: () Sole ownership () Partnership () Corporation		Control of the Contro
If the applicant is a corporation or partnersh more ownership.	nip, list names of indi	viduals holding 2% or
Officers:	• •	r
Name of Administrator:		
Name of Medical Director:		
Signature of Applicant:		
Date of Application: 11/3 15		·
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The application fee of \$1,500.00 is non-refundable. Please make check or money order payable to the Department of Health and Mental Hygiene. Please mail application and fee to:

THE OFFICE OF HEALTH CARE QUALITY
AMBULATORY CARE UNIT
BLAND BRYANT BUILDING
55 WADE AVENUE
CATONSVILLE, MARYLAND 21228

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