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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

OFFICE OF HEALTH CARE QUALIFFY BLAND BRYANT BUILDING

55 WADE AVENUE BALTIMORE, MARYLAND 21228

Application for License to Operate a Surgical Abortion Facility (COMAR 10.12.01)

Official name of agency: Hill Crest Clinic, Inc.
Trading name d/b/a:
Agency address: 5602 Baltimore National Pike, Suite 600 Baltimore, MD 21228
Mailing Address (If different from above): "Yell Hunger Ford Drive, Suite 24, Rockville, MD 20850
Telephone Number: 410 . 788 . 4400 FAX number: 410 . 788 . 4421
Agency e-mail address:
Days and Hours of Operation: Mon - Fri 9am - 5pm , Sat 9am - 3pm
If business hours vary per days during the week, please specify:
Identify the days and hours the office manager is on-site: Two, Yhw, Fv; 9am-5pm Sat 9am-3pm
Days OR is used: Tus, thur, Fri and Sat
Number of operating/procedure rooms: 2
Back up generator:YesNo
Accredited: Yes/ToAccrediting Agency: Date of accreditation:

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

Office of Health Care Quality

Identify All Major Medical Equipment Util	ized in the Surgical A	Abortion Facility:
Cardiac Catheterization EquipmentComputer Tomography EquipmentLithotriptor	How many: How many:	RECEIVED
Radiation Therapy EquipmentMagnetic Resonance Imager	How many:	MAR - 7 2016
Type of ownership: () Sole ownership () Partnership () Corporation	ar t ji	Office of Health Care Quality
If the applicant is a corporation or partnersh more ownership.	nip, list names of indi	ividuals holding 2% or
Officers:		
Name of Administrator:		
Name of Medical Directo		
Signature of Applicant:		
Date of Application:	3/4/16	,
The application fee of \$1,500.00 is non-refipayable to the Department of Health and M		_

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

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fee to: