

ABORTION FACILITY LICENSE

This is to certify that

AUSTIN WOMENS HEALTH CENTER

1902 SOUTH IH 35
AUSTIN, TX 78704

under the provision of the Health and Safety Code, Chapter 245 and the Abortion Facility
Reporting and Licensing Rules is hereby licensed.

License Number: 007882



Dr. Courtney N. Phillips
Executive Commissioner

Expiration Date: 09/30/2021

Must be posted in conspicuous place on premises.

Non-Transferable

120169

Inv. 062619 22/01-170



TEXAS Health and Human Services

Texas Department of State Health Services

John Hellerstedt, M.D. Commissioner

ABORTION FACILITY RENEWAL NOTICE

June 26, 2019

AUSTIN WOMENS HEALTH CENTER 1902 SOUTH IH 35 AUSTIN, TX 78704

Client Code: 6814 License #: 007882 Expiration Date: 09/30/2019 Amount due: \$ 5,020.00

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.texas.gov/facilities/default.aspx. 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:

HHSC-ARTS Budget: ZZ101 Fund: 170 Service Code: 529201048 P.O. Box 149055 Austin, TX 78714-9055

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): AUSTIN WOMENS HEALTH CENTER Facility Address: 1902 SOUTH IH 35 AUSTIN, TX 78704 Mailing Address: 1902 SOUTH IH 35 AUSTIN, TX 78704 Telephone Number: 5124439595 Fax Number: 5124437077 Owner/Legal Name: L.L. "TAD" DAVIS Owner Mailing Address: 1902 SOUTH IH 35 AUSTIN, TX 78704 Tax Id Number or SS #: 741947805

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 245 and Texas Administrative Code, Chapter 139.

Jessica Klier Name of Administrator/Program Sponsor/CEO (Please Print) jessica klier Signature of Administrator/Program Sponsor/CEO

Administrator Title 8/15/19 Date

jklier@brooksidewomensmedical.com Email Address 512-443-9595 Phone Number

SERVICE CODE: 529201048



TEXAS
Health and Human
Services

Abortion Facility License Renewal Addendum

Name of Facility: Austin Women's Health Center

License Number: 007882

1. Administrator:

Name: Jessica Klier

Email: jklier@brooksideWomensmedical.com

Phone: 512-443-9595

2. Personnel -

Submit names, Texas Provider Identification numbers (if Medicaid-enrolled), National Provider Identification numbers, and license numbers and expiration dates of **all licensed professionals** who provide services at the abortion facility. (Use the attached sheet if necessary.)

Name: L.L. (Tad) Davis, M.D.

Texas Provider ID #: 115863602

National Provider ID #: 1255336855

License #: E6021

Expiration Date: 02/28/2021

Name: Jessica Rubino, M.D.

Texas Provider ID #: none

National Provider ID #: 1376982777

License #: R1121

Expiration Date: 02/28/2021

3. Submit a copy of the organizational structure of the staffing for the facility.

License Number: 007882

SERVICE CODE: 529201048

Personnel Continued:

Name: Shan Qwi, F.N.
Texas Provider ID #: none
National Provider ID #: none
License #: 910530
Expiration Date: 05/31/2021

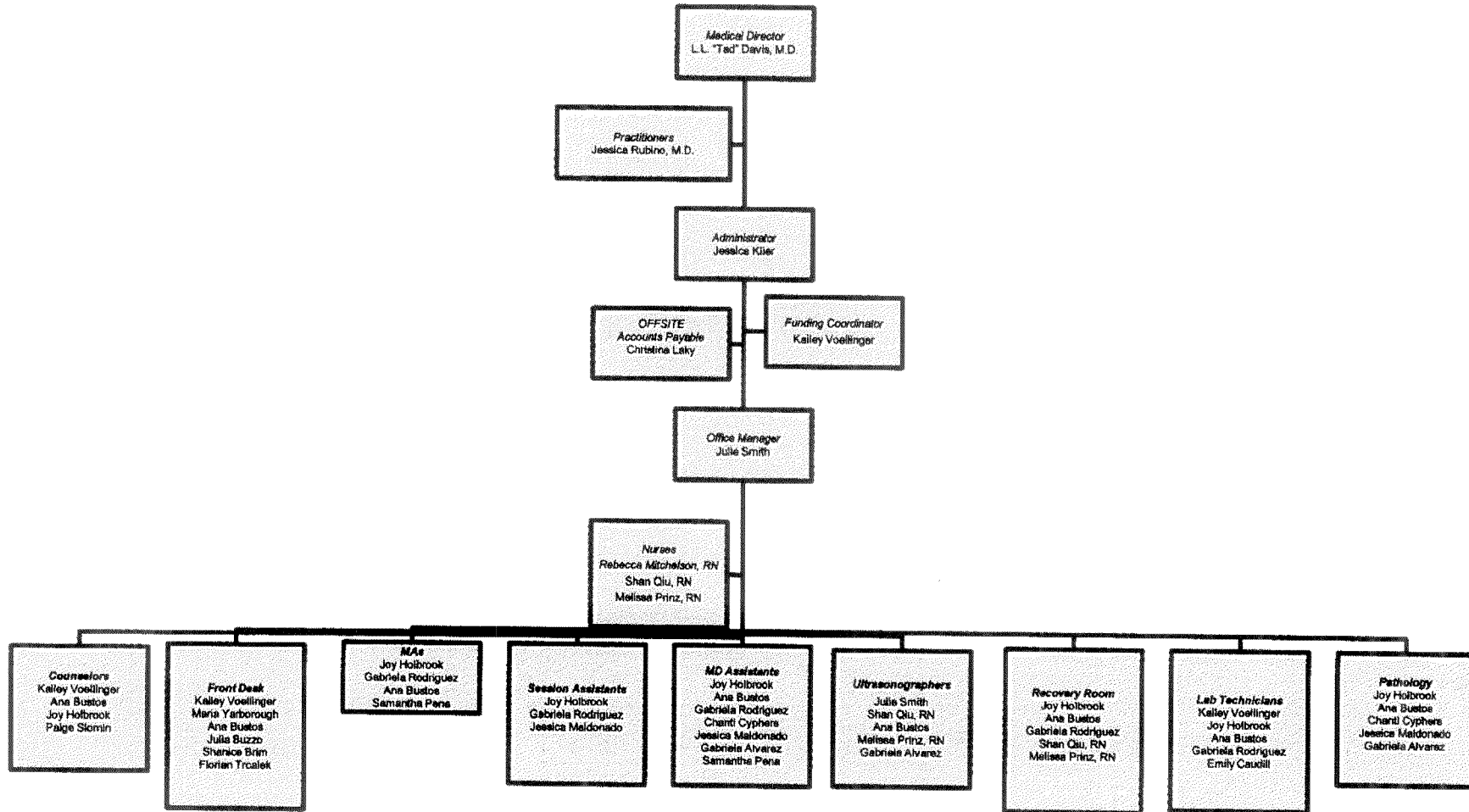
Name: Melissa Prinz
Texas Provider ID #: none
National Provider ID #: none
License #: 856023
Expiration Date: 08/31/2019

Name: Rebecca Mitchelson
Texas Provider ID #: none
National Provider ID #: none
License #: 950243
Expiration Date: 07/31/2020

Name: _____
Texas Provider ID #: _____
National Provider ID #: _____
License #: _____
Expiration Date: _____

Name: _____
Texas Provider ID #: _____
National Provider ID #: _____
License #: _____
Expiration Date: _____

Brookside Women's Medical Center, PA dba Austin Women's Health Center



Christina Laky

From: vo@dshs.state.tx.us
Sent: Tuesday, August 06, 2019 10:30 AM
To: acctpay
Subject: Application Summary - Ref Id: I914211.R2330.C6814
Attachments: txrasSummaryPDF_DATE190806103003_47011005188859186.pdf

Hello Klier, Jessica

Thank you for submitting your application online. Open the attachment to see the application summary. Adobe Reader is necessary to view the PDF. If you do not have this software, see below for the website to download Adobe Reader.

To check the status of your application(s), log back into the web site, <https://vo.ras.dshs.state.tx.us/>, and click "Check Status of Your Applications" on the Main Menu. Your current application(s) will appear with either a status of "Open" or "Approved". An "Open" status indicates the application is pending internal review by DSHS. An "Approved" status indicates the application has been approved, and your license/permit/certification is now in the process of being issued.

If you have questions, contact the appropriate program at <http://www.dshs.state.tx.us/Licensee-Registrant-Permittee.aspx>.

Click <http://www.adobe.com/uk/products/acrobat/readstep2.html> to download Adobe Reader.

*** Note: This is an automated email. Do NOT reply to this message.



DSHS Application Summary

Application summary notes

8/6/19 10:30 AM

Page 1 of 1

License Type: **Abortion Cln**
 License Number: **007882**
 Application: **Renew ABO License**
 Application Date: **08/06/2019 (mm/dd/yyyy)**

Addresses

Mailing Address

Address: **1902 SOUTH IH 35
 TRAVIS
 AUSTIN, TX
 78704
 US**

Phone Number: **5124439595**

Extension:

E-mail Address: **jklier@brooksidewomensmedical.com**

Contact Info

Name: **KLIER, JESSICA**

Address: **1902 SOUTH IH 35
 TRAVIS
 AUSTIN, TX
 78704
 US**

Phone Number: **5124439595**

Extension:

E-mail Address: **jklier@brooksidewomensmedical.com**

Fees

Total Amount Due: **\$5020.00**



DSHS
Health Facility Program
Online Payment

Amount Paid: 5020.00
Authorization Number:
Batch Trace Number 529RG80606PRD
Payment Date: 06-Aug-19 10.36 AM
Payor Name: AUSTIN WOMENS HEALTH

Your application summary will be emailed to the email address provided.

Application Number	Description	Applicant Name	Fee Trace Number
6814-252	Renew ABO License	AUSTIN WOMENS HEALTH CENTER	5020.00 529RG80606PRD

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From: vo@dshs.state.tx.us
Sent: Tuesday, August 06, 2019 10:36 AM
To: acctpay
Subject: Online Payment Summary - Ref Id: I914211
Attachments: onlinePaymentSummary_DATE190806103604_5665478279147327095.pdf

Hello Klier, Jessica

Thank you for your online payment. Open the attachment to see the online payment summary.

Adobe Reader is necessary to view the PDF.

Click <https://get.adobe.com/reader> to download Adobe Reader.

*** Note: This is an automated email. Do NOT reply to this message.

Christina Laky

From: noreply@hhsc.state.tx.us
Sent: Tuesday, August 06, 2019 10:36 AM
Subject: HHSC Regulatory Online Transaction Receipt

Payment Receipt Confirmation

Your payment was successfully processed. You may print this receipt page for your records by selecting Print. Please click the NO

Transaction Summary

Description	Amount
HHSC Regulatory Fee	\$5,020.00
Texas.gov Price	\$5,020.00

Customer Information

Customer Name Jessica Klier
Local Reference ID 529RG80606PRD
Receipt Date 8/6/2019
Receipt Time 10:35:59 AM CDT

Payment Information

Payment Type Electronic Check
Account Number *****8530
Order ID 360257414
Billing Name Brookside Women's
 Medical Center

Billing Information

Billing Address 1902 South IH 35
Billing City, State Austin, TX
ZIP/Postal Code 78704
Country US
Phone Number 5124439595
Fax Number

This receipt has been emailed to the address below.

Email Address acctpay@brooksidewmc.com

Received

Inv. 062619 22/01-170

AUG 21 2019

DSHS/RLU/FLC



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Name of Administrator/Program Sponsor/CEO (Please Print)
Signature of Administrator/Program Sponsor/CEO

Administrator
Title
8/15/19
Date

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SERVICE CODE: 529201048

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Name: Shan Qui, R.N.
Texas Provider ID #: none
National Provider ID #: none
License #: 910530
Expiration Date: 05/31/2021

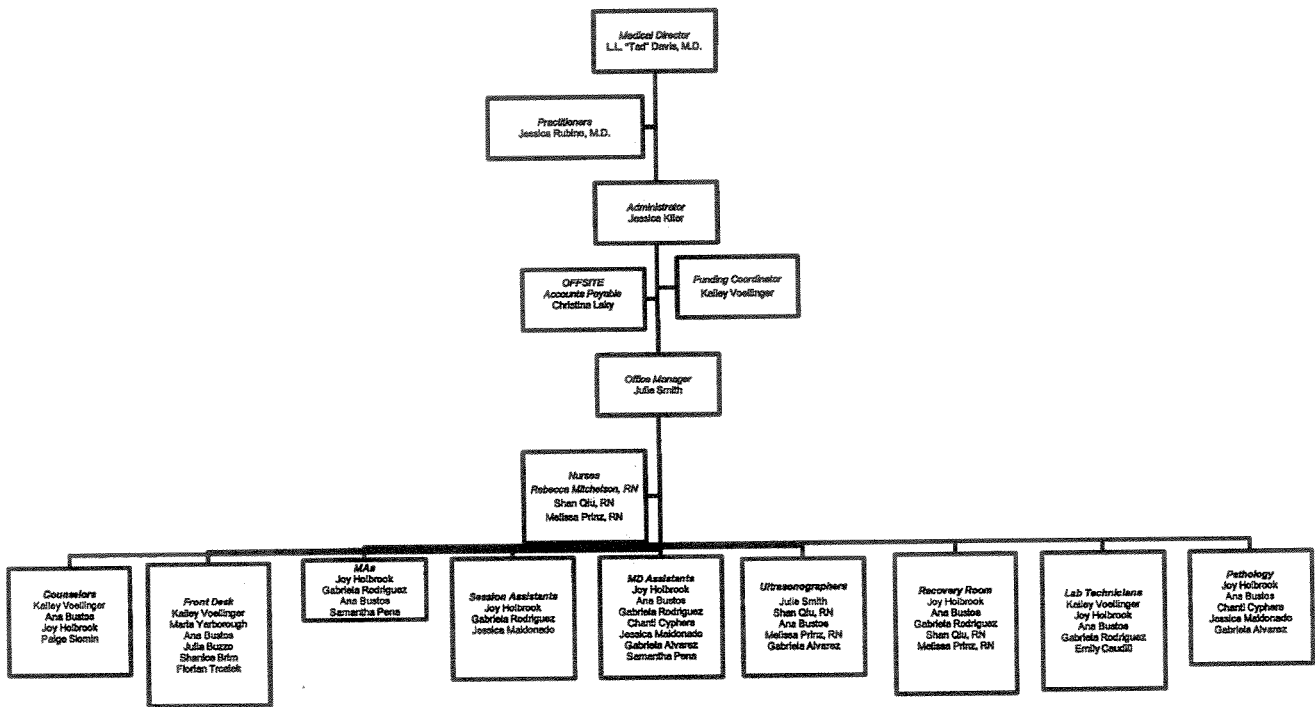
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Country US
Phone Number 5124439595
Fax Number
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