

# Health Care Facility Licensure Application

As defined in section 3702.30 of the ORC and 3701-83-04 of the OAC

<b>ODH Use Only</b> ID #  OHL #
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Print Legibly in Ink or Type

1. Application Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Initial/Replacing existing facility, ID#	2. Date of operation or projected opening date or date of change of ownership. 08/25/2019
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3. Licensure Type  only one

<input checked="" type="checkbox"/> <b>Ambulatory surgical facility</b> # of operating rooms <input type="text" value="2"/> # of procedure rooms <input type="text"/>  Is this facility located in a building that houses in-patient care? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> <b>Freestanding inpatient rehabilitation facility</b> # of patient care beds <input type="text"/>	<input type="checkbox"/> <b>Freestanding dialysis center</b> # of hemodialysis stations <input type="text"/> # of peritoneal stations <input type="text"/> # of training stations <input type="text"/>  <input type="checkbox"/> <b>Freestanding birthing center</b> # of birthing rooms <input type="text"/>	BRO REGULATORY OPS 2019 AUG 27 PM 3:32
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4. Facility name (DBA) Women's Med Dayton	Telephone number (937) 293-3917	
6. Previous facility name, if applicable Women's Med Center of Dayton		
7. Address 1401 E Stroop Rd		
City Dayton	Zip 45429	County Montgomery
8. E-mail address martyh@fortemgt.com		

9. Mailing address, if different from above

Name Women's Med Dayton		
Address PO Box 43100		
City Cincinnati	State OH	Zip 45243

10. Days and hours of operation for this facility

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.	8	8	8	8	8		
P.M.	5	5	5	5	5		

11. Is this health care facility accredited or certified?     No     Yes

If yes, type

If yes, enclose a copy the current accreditation inspection report with this application.

12. This business is a/an     Individual     Partnership     Limited Liability Company

Corporation     Association     Other:

**Individual owner:**                                   Skip questions 19 through 29 **only**.

**More than one owner, partnership, corporation, limited liability company or association, skip questions 13 through 18 only.**

13. Owner's name		
14. Address		
City	State	Zip
15. Phone number	16. Owner's occupation	

17. Owner's business address, if different from question #7

Address

City	State	Zip	18. Phone number
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**Multiple Owners, Partnership, Limited Liability Company, Corporation, Association, Other**

19. Business entity name (Legal name as registered with the Secretary of State)			
Women's Med Group Professional Corporation			
20. Address			
6700 Given Rd			
City	State	Zip	21. Phone number
Cincinnati	OH	45243	(513) 272-0002
22. Business Activity			
Physician Professional Corporation			
23. This business is a		24. Date of incorporated or registration	
<input checked="" type="checkbox"/> For profit <input type="checkbox"/> Not for Profit <input type="checkbox"/> Government		November 4, 1985	
		25. Charter/registration number	
		665640	

26. List the **name of each person** who has an ownership interest of 5% or more in the business (attach additional sheets if necessary).

Name	Name
Martin Haskell, MD	
Name	Name
Name	Name

27. Officers names, titles, addresses and phone numbers

Title	Name	Address	Phone Number
President	Martin Haskell, MD	6700 Given Rd, Cincinnati, OH 45243	(513) 272-0002
Secretary	Valerie Haskell	6700 Given Rd, Cincinnati, OH 45243	(513) 272-0002
Treasurer	Martin Haskell, MD	6700 Given Rd, Cincinnati, OH 45243	(513) 272-0002

28. Statutory agent's name (As Registered with the Secretary of State)	Address	Phone Number
William M. Haskell	6700 Given Rd, Cincinnati, OH 45243	(513) 272-0002

29. If state agency or local government, the name, address and phone number of individual authorized to enter into agreement on behalf of state agency or local government.  **Not Applicable**

Name	Address	Phone Number

30. On-site administrator's name  
Aeran Trick, Assistant Director

31. Medical director's name or individual responsible for the provision of health care services Martin Haskell, MD	32. License/Certification # 35.037358
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33. Has the new owner(s), administrator or medical director been affiliated through ownership or employment with any of the facilities listed in rule 3701-83-04(A)(1)(c) of the OAC within five years prior to the date of this application?

No  Yes *If "yes", provide in writing the individual's name(s) and address(es) of the facilities.*

34. Has the owner(s), administrator or medical director been convicted of any criminal conviction, civil judgment or administrative adjudication related to the provision of care or bearing a direct or substantial relationship to the job responsibilities he/she is to carry out?

No  Yes *If "yes", provide in writing the individual's name, full explanation stating the charge(s), date(s) and disposition(s).*

I affirm that to the best of my knowledge and belief, the answers provided herein and all accompanying materials are true and correct. I understand that section 3702.30 of the Ohio Revised Code and paragraph (E) of rule 3701-83-04 of the Ohio Administrative Code require the owner to inform the Director, in writing, of any changes in the information contained in the statement of ownership set forth in the initial application and any change in accreditation status, no later than 30 days after the occurrence of the change.  Affirm

Any owner named herein may sign the application. That owner's name must appear in question #13 or #26. If the signatory is not an owner, attach a notarized affidavit that the individual is the authorized representative of the owner.

Print/Type owner's/representative's name & title	Signature	Date
Martin Haskell, MD President, Medical Director		8/24/19
Print/Type administrator's name Valerie Haskell		8/24/19
Print/Type medical director's name Martin Haskell, MD		8/24/19

Ohio Department of Health ~ OHAL - BRO ~ 246 N. High Street - 3<sup>rd</sup> Floor ~ Columbus, OH 43215 ~ (614) 466-7713 HEA 1870 (rev.

07/03/2018) Martin Haskell, MD Medical Director and Valerie Haskell, Administrator were associated with Lebanon Road Surgery Center, 0980AS and Women's Med Center of Dayton, 0600AS.