

Application Details

Application Status	Approved
Application Id	BLA-0000002050
DBA Name of Facility/Agency	Surgery Center of Lynchburg, LLC
Facility Type	Outpatient Surgical Hospital
Application Type	Renewal License
Approved Date	11/8/2023
Effective Date	1/1/2024
Expiration Date	12/31/2024

Confirm changes to your facility/agency

Changes to your facility/agency :

- Has the facility DBA or legal name changed?
- Has the facility operator or owner changed?
- Has the facility address changed?
- Has the number of operating rooms or procedure rooms changed?
- Have you changed or added new programs or services?

- None of these changes apply

Facility/Agency Details

Application Type	Renewal License	License Effective Date	1/1/2024
Legal Name of Facility/Agency	Surgery Center of Lynchburg, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Surgery Center of Lynchburg, LLC		
Facility/Agency Physical Address	2401 Atherholt Road		
Street			
City/Town	Lynchburg	County/Independent City	Lynchburg City
State	Virginia	Zip Code	24501
Telephone Number	4349477700	Fax Number	4349477711

Mailing Address

Mailing Address	2401 Atherholt Rd		
Street			
City/Town	Lynchburg	County/Independent City	Lynchburg City
State	VA	Zip Code	24501

Facility/Agency Email Address : csnead@scllybg.com

Federal Employer Identification Number (FEIN) : 54-1935354

Current License Number : OSH-0000673

Administrator of Record(If different than Owner/Operator)

Full Name : Cheri S. Snead

Title : CAO

Telephone Number : 4349477708

Email Address : csnead@scllybg.com

Ownership Information

Legal Name of Owner : Surgery Center of Lynchburg, LLC

Physical Address : 2401 Atherholt Rd

Street :

City/Town : Lynchburg

County/Independent City :

State : VA

Zip Code : 24501

Mailing Address : 2401 Atherholt Rd

Street :

City/Town : Lynchburg

County/Independent City :

State : VA

Zip Code : 24501

Email Address : csnead@scllybg.com

Telephone Number : 4349477708

Fax Number : 4349477703

Federal Employer Identification Number (FEIN) : 54-1935354

Chief Executive Officer

Full Name : Cheri S. Snead

Email Address : csnead@scllybg.com

Chief Financial Officer

Full Name : Cheri S. Snead

Email Address : csnead@scllybg.com

Additional Ownership Information

Names of any individual or entities having a financial interest of 5% or more

Full Name	Ownership Percentage (%)
Centra Health	50.00%

Sum of Ownership Percentage (%) : 50.00%

Types of Ownerships & Control : Not-for-Profit

For Profit :

Not-for-Profit : Other Not-for-profit

Public :

Other(Specify) : local non-profit hospital 501- C3 status

Operator Information

Legal Name of Operator : Surgery Center of Lynchburg, LLC / Centra Health

Physical Address : 2401 Atherholt Rd
Street :
City/Town : Lynchburg
County/Independent City :
State : VA
Zip Code : 24501

Mailing Address : 2401 Atherholt Rd
Street :
City/Town : Lynchburg
County/Independent City :
State : VA
Zip Code : 24501

Phone Number : 4349477708
Email Address : csnead@scllybg.com

Federal Employer Identification Number (FEIN) : 54-1935354

Outpatient Surgical - Hospital Information

Ambulance services providing emergency transportation of patients : Centra Health Transport and City of Lynchburg

Inpatient hospitals for transferring patients needing treatment beyond the scope of the applicant : Centra Health - Lynchburg General Hospital

Certification : Medicare;Medicaid

Medicare Provider Number : 49C0001023

Medicaid Provider Number :

Accreditation : Yes

Accrediting Organization(s) : AAAHC

Outpatient Surgical - Services Offered

Ancillary Services

Laboratory

Pathology Onsite

Radiology

CT MRI X-Ray Ultrasound

Sexual Assault Treatment Services

Provision of this service on or after July 1, 2023 must be in accordance with a plan approved by the Virginia Department of Health. Hospitals wishing to transition from sexual assault treatment services to sexual assault transfer services (or vice versa) for either adult or pediatric populations must submit a midterm change application.

Adult Pediatric

Sexual Assault Transfer Services

Provision of this service on or after July 1, 2023 must be in accordance with a plan approved by the Virginia Department of Health. Hospitals wishing to transition from sexual assault treatment services to sexual assault transfer services (or vice versa) for either adult or pediatric populations must submit a midterm change application.

Adult Pediatric

Surgical Services

Plastic and Reconstructive ENT Cardiology Therapeutic Radiology Endoscopy
 Urology Ophthalmology Neurology Vascular Access Orthopedic General
Surgery

Outpatient Surgical - Operating Rooms

Total number of operating rooms : 3

Outpatient Surgical - Compliance with conditioned Certificates of Public Need (COPN)

The facility has review its COPN conditions and has determined that:

Conditioned COPNs are applicable to the facility : Yes

Conditioned COPNs are applicable to the facility and the facility has met the conditioned requirements.
Pursuant to 12VAC5-410-70, a license cannot be renewed if the agreed upon conditions have not been met. :
Yes

Outpatient Information - Operation Information

Answering these two questions is optional, but will help the Virginia Department of Health better estimate the number of small businesses that have or apply for licenses.

Is the facility/agency independently owned and operated? :

Does the facility/agency have fewer than 500 employees? :

Certification and Submission

By submitting this application, I hereby certify that the information contained in this application and any attachments are true, accurate, and complete

Name and Title of Authorized Representative : Cheri S. Snead

Date : 11/8/2023