

Application Details

Application Status	Approved
Application Id	BLA-0000002098
DBA Name of Facility/Agency	Northern Virginia Surgery Center, LLC
Facility Type	Outpatient Surgical Hospital
Application Type	Renewal License
Approved Date	11/15/2023
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	Northern Virginia Surgery Center, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Northern Virginia Surgery Center, LLC		
Facility/Agency Physical Address	3620 Joseph Siewick Drive, Suite 202		
Street			
City/Town	Fairfax	County/Independent City	Fairfax
State	Virginia	Zip Code	22033
Telephone Number	7037666960	Fax Number	7037666980

Mailing Address

Mailing Address	3620 Joseph Siewick Drive, Suite 202		
Street			
City/Town	Fairfax	County/Independent City	
State	VA	Zip Code	22033

Facility/Agency Email Address : slopez@fairoakssc.com

Federal Employer Identification Number (FEIN) : 20-3502477

Current License Number : OSH-0000716

Administrator of Record(If different than Owner/Operator)

Full Name : Sheree Lopez

Title : Administrator

Telephone Number : 7036630829

Email Address : slopez@fairoakssc.com

Ownership Information

Legal Name of Owner : Northern Virginia Surgery Center, LLC

Physical Address : 3620 Joseph Siewick Drive, Suite 202

Street :

City/Town : Fairfax

County/Independent City :

State : VA

Zip Code : 22033

Mailing Address : 3620 Joseph Siewick Drive, Suite 202

Street :

City/Town : Fairfax

County/Independent City :

State : VA

Zip Code : 22033

Email Address : slopez@fairoakssc.com

Telephone Number : 7037666960

Fax Number : 7037666980

Federal Employer Identification Number (FEIN) : 20-3502477

Chief Executive Officer

Full Name : Loren Rufino, VP, Ambulatory, Inova Surgery Center

Email Address : loren.rufino@inova.org

Chief Financial Officer

Full Name : Cynthia Calvert

Email Address : cynthia.calvertdeboun@inova.org

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Inova Health System	63.00%

Sum of Ownership Percentage (%) : 63.00%

Types of Ownerships & Control :

For Profit :

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : Northern Virginia Surgery Center, LLC

Physical Address : 3620 Joseph Siewick Drive, Suite 202

Street :

City/Town : Fairfax

County/Independent City :

State : VA

Zip Code : 22033

Mailing Address : 3620 Joseph Siewick Drive, Suite 202

Street :

City/Town : Fairfax

County/Independent City :

State : VA

Zip Code : 22033

Phone Number : 7067666960

Email Address : slopez@fairoakssc.com

Federal Employer Identification Number (FEIN) : 20-3502477

Outpatient Surgical - Hospital Information

Ambulance services providing emergency transportation of patients : Physican Transport Service

Inpatient hospitals for transferring patients needing treatment beyond the scope of the applicant : Inova Fair Oaks Hospital

Certification : Medicare

Medicare Provider Number : 49C0001055

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 : 4

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 : No

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. :

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 : Sheree L. Lopez

Date : 11/13/2023