

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000003944
<b>DBA Name of Facility/Agency</b>	Surgery Center of Lynchburg, LLC
<b>Facility Type</b>	Outpatient Surgical Hospital
<b>Application Type</b>	Renewal License
<b>Approved Date</b>	11/25/2024
<b>Effective Date</b>	1/1/2025
<b>Expiration Date</b>	12/31/2025

## **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	1/1/2025
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	2401 Atherholt Road		
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	Atherholt Rd		
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 : Atherholt Rd  
City/Town : Lynchburg  
County/Independent City : Lynchburg City  
State : VA  
Zip Code : 24501

**Mailing Address** : 2401 Atherholt Rd  
Street : Atherholt Rd  
City/Town : Lynchburg  
County/Independent City : Lynchburg 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

<b>Full Name</b>	<b>Ownership Percentage (%)</b>
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 : Atherholt Rd  
City/Town : Lynchburg  
County/Independent City : Lynchburg City  
State : VA  
Zip Code : 24501

Mailing Address : 2401 Atherholt Rd  
Street : Atherholt Rd  
City/Town : Lynchburg  
County/Independent City : Lynchburg 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 : Medicaid

Medicare Provider Number :

Medicaid Provider Number : 49-C0001023

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

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### 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? : Yes

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

## **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 Snead

Date : 10/31/2024