

Application Details

Application Status	Approved
Application Id	BLA-0000004106
DBA Name of Facility/Agency	Lakeview Medical Center
Facility Type	Outpatient Surgical Hospital
Application Type	Renewal License
Approved Date	11/15/2024
Effective Date	1/1/2025
Expiration Date	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	Bayview Medical Center, Inc.		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Lakeview Medical Center		
Facility/Agency Physical Address	2000 Meade Parkway		
Street	2000 Meade Parkway		
City/Town	Suffolk	County/Independent City	Suffolk City
State	Virginia	Zip Code	23434
Telephone Number	7575390251	Fax Number	7576860541

Mailing Address

Mailing Address	Bayview Medical Center		
Street	3241 Western Branch Blvd		
City/Town	Chesapeake	County/Independent City	Chesapeake City
State	Virginia	Zip Code	23321

Facility/Agency Email Address : garrettk@bayviewphysicians.com

Federal Employer Identification Number (FEIN) : 54-1593723

Current License Number : OSH-0000660

Administrator of Record(If different than Owner/Operator)

Full Name : Heather Lendi

Title : Director of Quality

Telephone Number : 7576863500

Email Address : milteer@msaphy.com

Ownership Information

Legal Name of Owner : Fair Oaks Properties

Physical Address : 3241 Western Branch Blvd
Street : 3241 Western Branch Blvd
City/Town : Chesapeake
County/Independent City : Chesapeake City
State : Virginia
Zip Code : 23321

Mailing Address : 3241 Western Branch Blvd
Street : 3241 Western Branch Blvd
City/Town : Chesapeake
County/Independent City : Chesapeake City
State : Virginia
Zip Code : 23321

Email Address : garrettk@bayviewphysicians.com
Telephone Number : 7576863500
Fax Number : 7576860541

Federal Employer Identification Number (FEIN) : 54-1472873

Chief Executive Officer

Full Name : James T. Hartz
Email Address : hartz@msaphy.com

Chief Financial Officer

Full Name : Kimberly W Garrett
Email Address : garrettk@bayviewphysicians.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Bayview Medical Center, Inc	100.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : For Profit

For Profit : Corporation

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : Bayview Medical Center, Inc.

Physical Address : 2000 Meade Parkway
Street : 2000 Meade Parkway
City/Town : Suffolk
County/Independent City : Suffolk City
State : Virginia
Zip Code : 23434

Mailing Address : 3241 Western Branch Boulevard
Street : 3241 Western Branch Blvd
City/Town : Chesapeake
County/Independent City : Chesapeake City
State : VA
Zip Code : 23321

Phone Number : 7576863500
Email Address : garrettk@bayviewphysicians.com

Federal Employer Identification Number (FEIN) : 54-1593723

Outpatient Surgical - Hospital Information

Ambulance services providing emergency transportation of patients : Medical Transport

Inpatient hospitals for transferring patients needing treatment beyond the scope of the applicant : Sentara
Obici Hospital

Certification : Medicare;Medicaid

Medicare Provider Number : 49-C0001015

Medicaid Provider Number : 49-Q4549000

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 : 2

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? : 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 : Kimberly Garrett, CFO

Date : 11/13/2024