

Application Details

Application Status	Approved
Application Id	BLA-0000004133
DBA Name of Facility/Agency	Interim HealthCare Hospice & Palliative Care
Facility Type	Hospice
Application Type	Renewal License
Approved Date	11/20/2024
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?
- 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	Haslup Hospice Interprises, Ltd.		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Interim HealthCare Hospice & Palliative Care		
Facility/Agency Physical Address	516 South Independence Boulevard, Suite 106		
Street	516 South Independence Boulevard, Suite 106		
City/Town	Virginia Beach	County/Independent City	Virginia Beach City
State	Virginia	Zip Code	23452
Telephone Number	7576446820	Fax Number	7574668223

Mailing Address

Mailing Address	103 South Pantops Drive, Suite 205		
Street	103 South Pantops Drive, Suite 205		
City/Town	Charlottesville	County/Independent City	Albemarle
State	Virginia	Zip Code	22911

Facility/Agency Email Address : davidhaslup@interimhealthcare.com

Federal Employer Identification Number (FEIN) : 36-4913132

Current License Number : HSP-0000138

Administrator of Record(If different than Owner/Operator)

Full Name : Ivan Monev

Title : Administrator / VP

Telephone Number : 7574661401

Email Address : imonev@interimhealthcare.com

Ownership Information

Legal Name of Owner : David Haslup

Physical Address : 103 S Pantops Dr, Charlottesville, VA 22911, USA
Street : 103 S Pantops Dr, Charlottesville, VA 22911, USA
City/Town : Charlottesville
County/Independent City : Albemarle County
State : VA
Zip Code : 22911

Mailing Address : 103 S Pantops Dr, Charlottesville, VA 22911, USA
Street : 103 S Pantops Dr, Charlottesville, VA 22911, USA
City/Town : Charlottesville
County/Independent City : Albemarle County
State : VA
Zip Code : 22911

Email Address : davidhaslup@interimhealthcare.com
Telephone Number : 7579175841
Fax Number : 4242954938

Federal Employer Identification Number (FEIN) : 36-4913132

Chief Administrative Officer

Full Name : David Haslup

Mailing Address : 103 S Pantops Dr suite 205, Charlottesville, VA 22911, USA
Street : 103 S Pantops Dr, Charlottesville, VA 22911, USA
City/Town : CHARLOTTESVILLE
County/Independent City : Albemarle County
State : VA
Zip Code : 22911

Phone Number : 8049292069
Email Address : davidhaslup@interimhealthcare.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
David Haslup	60.00%
Elizabeth Donaldson	30.00%
Benjamin Haslup	10.00%

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 : Haslup Holdings, Inc.

Physical Address : 103 S Pantops Dr Suite 205
Street : 103 S Pantops Dr, Charlottesville, VA 22911, USA
City/Town : Charlottesville
County/Independent City : Charlottesville City
State : Virginia
Zip Code : 22911

Mailing Address : 103 S Pantops Dr Suite 205
Street : 103 S Pantops Dr, Charlottesville, VA 22911, USA
City/Town : Charlottesville
County/Independent City : Charlottesville City
State : Virginia
Zip Code : 22911

Phone Number : 7579175841
Email Address : davidhaslup@interimhealthcare.com

Federal Employer Identification Number (FEIN) : 83-2068537

Hospice Information - Hours of Operation

Hours of Operation

Indicate the regular business hours of the program by listing the opening and closing times of the business office(excluding legal and religious holidays)

Days of the Week	Time Open(a.m.)	Time Closed(p.m.)
Monday	08:00 am	05:00 pm
Tuesday	08:00 am	05:00 pm
Wednesday	08:00 am	05:00 pm
Thursday	08:00 am	05:00 pm
Friday	08:00 am	05:00 pm

Hospice Information - Administrative Personnel

Provide the following information on administrative personnel

Administrator - Full Name : Iven Monev
Administrator - Email Address : imonev@interimhealthcare.com
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Elizabeth Haslup
Alternate Administrator - Email Address : ehaslup@interimhealthcare.com
Alternate Administrator - Virginia License(if applicable) :

Director of Nursing - Full Name : Rena Kauffman
Director of Nursing - Email Address : rkauffman@interimhealthcare.com
Director of Nursing - Nursing License Number : 0001314310

Medical Director - Full Name : Vikram Aleti
Medical Director - Email Address : valeti@interimhealthcare.com
Medical Director - Virginia License : 0101247768

Hospice Information - Services

Geographic service areas

List each City/County in which the organization expects to provide services.

City/County : Virginia Beach, Newport News, Hampton, Portsmouth, Chesapeake, Norfolk, York, James City, Suffolk

Services to be provided

- Nursing Services : Direct
- Counseling Services : Direct
- Physician Services : Direct
- Medical Social Services : Direct
- Home Attendant Services : Direct
- Physical Therapy Services : Contract
- Occupational Therapy Services : Contract
- Speech Therapy Services : Contract
- Volunteer Services : Direct

Other Service

Service Name	Service Option

Hospice Information - Medicare

Are you enrolled as a Medicare provider? : Yes

Medicare Provider Number : 49-1603

Do you plan to enroll as a Medicare provider? :

To enroll as a Medicare provider, obtain an application (CMS 855) from the CMS web site.

Hospice Information - Small Business 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 : David Haslup

Date : 11/15/2024