

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000004438
<b>DBA Name of Facility/Agency</b>	Reston Surgery Center
<b>Facility Type</b>	Outpatient Surgical Hospital
<b>Application Type</b>	Renewal License
<b>Approved Date</b>	12/13/2024
<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	Surgicare of Reston, Inc.		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Reston Surgery Center		
Facility/Agency Physical Address	1860 Town Center Drive, Suite G100		
Street	1860 Town Center Drive, Suite G100		
City/Town	Reston	County/Independent City	Fairfax County
State	Virginia	Zip Code	20190
Telephone Number	7036393100	Fax Number	7037381881

### Mailing Address

Mailing Address	1860 Town Center Drive, Suite G100		
Street	Town Center Drive		
City/Town	Reston	County/Independent City	Fairfax County
State	Virginia	Zip Code	20190

Facility/Agency Email Address : [cresia.walker@hcahealthcare.com](mailto:cresia.walker@hcahealthcare.com)

Federal Employer Identification Number (FEIN) : 11-3654617

Current License Number : OSH-0000690

### Administrator of Record(If different than Owner/Operator)

Full Name : Cresia Walker

Title : Administrator

Telephone Number : 7036393101

Email Address : [cresia.walker@hcahealthcare.com](mailto:cresia.walker@hcahealthcare.com)

## **Ownership Information**

Legal Name of Owner : Surgicare of Reston, Inc.

**Physical Address** : 1860 Town Center Dr g100, Reston, VA 20190, USA  
Street : 1860 Town Center Drive  
City/Town : Reston  
County/Independent City : Fairfax County  
State : VA  
Zip Code : 20190

**Mailing Address** : 1860 Town Center Dr g100, Reston, VA 20190, USA  
Street : 1860 Town Center Drive  
City/Town : Reston  
County/Independent City : Fairfax County  
State : VA  
Zip Code : 20190

Email Address : cresia.walker@hcahealthcare.com  
Telephone Number : 7036393101  
Fax Number :

Federal Employer Identification Number (FEIN) : 11-3654617

### **Chief Executive Officer**

Full Name : Cresia Walker  
Email Address : cresia.walker@hcahealthcare.com

### **Chief Financial Officer**

Full Name : Gina Alzeri  
Email Address : gina.alizieri@surgeryventures.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>
Reston Surgery Center, L.P. Partners	51.00%

Sum of Ownership Percentage (%) : 51.00%

Types of Ownerships & Control : For Profit

For Profit : Limited Liability Company

Not-for-Profit :

Public :

Other(Specify) :

## **Operator Information**

Legal Name of Operator : Surgicare of Reston, Inc.

Physical Address : 1860 Town Center Dr g100, Reston, VA 20190, USA  
Street : 1860 Town Center Drive  
City/Town : Reston  
County/Independent City : Fairfax County  
State : VA  
Zip Code : 20190

Mailing Address : 1860 Town Center Dr g100, Reston, VA 20190, USA  
Street : 1860 Town Center Drive  
City/Town : Reston  
County/Independent City : Fairfax County  
State : VA  
Zip Code : 20190

Phone Number : 7036393101  
Email Address : cresia.walker@hcahealthcare.com

Federal Employer Identification Number (FEIN) : 11-3654617

## **Outpatient Surgical - Hospital Information**

Ambulance services providing emergency transportation of patients : Physician Transport Services and 911

Inpatient hospitals for transferring patients needing treatment beyond the scope of the applicant : Reston Hospital & Inova Hospital for Pediatric patients

Certification : Medicare;Medicaid

Medicare Provider Number : 49-C0001033

Medicaid Provider Number : 49-C0001033

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 : 6

## **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? : No

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 : Cresia Walker, Administrator

Date : 12/13/2024