

Application Details

Application Status	Approved
Application Id	BLA-0000006904
DBA Name of Facility/Agency	Port Warwick Surgery Center, LLC
Facility Type	Outpatient Surgical Hospital
Application Type	Renewal License
Approved Date	12/14/2025
Effective Date	1/1/2026
Expiration Date	12/31/2026

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	1/1/2026
Legal Name of Facility/Agency	Port Warwick Surgery Center, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Port Warwick Surgery Center, LLC		
Facility/Agency Physical Address	1031 Loftis Boulevard		
Street	1031 Loftis Boulevard		
City/Town	Newport News	County/Independent City	Newport News City
State	Virginia	Zip Code	23606
Telephone Number	7577369696	Fax Number	

Mailing Address

Mailing Address	1031 Loftis Boulevard		
Street	1031 Loftis Boulevard		
City/Town	Newport News	County/Independent City	Newport News City
State	Virginia	Zip Code	23606

Facility/Agency Email Address : cjaigner@sentara.com

Federal Employer Identification Number (FEIN) : 83-2749039

Current License Number : OSH-0000704

Administrator of Record(If different than Owner/Operator)

Full Name : Crystal Aigner

Title : Administrator

Telephone Number : 7577369638

Email Address : cjaigner@sentara.com

Ownership Information

Legal Name of Owner : Port Warwick Surgery Center, LLC

Physical Address : 1031 Loftis Blvd, Newport News, VA 23606, USA

Street : 1031 Loftis Blvd, Suite 200

City/Town : Newport News

County/Independent City : Newport News City

State : VA

Zip Code : 23606

Mailing Address : 1031 Loftis Blvd, Newport News, VA 23606, USA

Street : 1031 Loftis Blvd, Suite 200

City/Town : Newport News

County/Independent City : Newport News City

State : VA

Zip Code : 23606

Email Address : cjaigner@sentara.com

Telephone Number : 7577369638

Fax Number : 7577369606

Federal Employer Identification Number (FEIN) : 83-2749039

Chief Executive Officer

Full Name : Crystal J Aigner

Email Address : cjaigner@sentara.com

Chief Financial Officer

Full Name : Bryce Snyder

Email Address : bdsnyder@sentara.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Sentara Careplex Hospital	51.00%
Thomas Durbin	6.80%
Stephen Cummings	6.80%
John Howard	6.80%
Michael Jacobson	6.80%
Nicholas Smerlis	6.80%
John Christophel	4.00%
Fred Lindsay	3.50%
Pierre Martin	1.50%
Benjamin Proto	3.00%
Kalain Workman	3.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : For Profit

For Profit : Limited Liability Company

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : Port Warwick Surgery Center, LLC

Physical Address : Port Warwick Surgery Center
Street : 1031 Loftis Blvd, Suite 200
City/Town : Newport News
County/Independent City : Newport News City
State : VA
Zip Code : 23606

Mailing Address : Port Warwick Surgery Center
Street : 1031 Loftis Blvd, Suite 200
City/Town : Newport News
County/Independent City : Newport News City
State : VA
Zip Code : 23606

Phone Number : 7577369608
Email Address : cjaigner@sentara.com

Federal Employer Identification Number (FEIN) : 83-2749039

Outpatient Surgical - Hospital Information

Ambulance services providing emergency transportation of patients : 911 will be called for emergencies

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

Certification : Medicare;Medicaid

Medicare Provider Number : 49-C0001101

Medicaid Provider Number : 49-C0001101

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 : 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 : Crystal Aigner, Administrator

Date : 11/3/2025