

Application Details

Application Status	Approved
Application Id	BLA-0000007550
DBA Name of Facility/Agency	MedRVA Surgery Center at West Creek
Facility Type	Outpatient Surgical Hospital
Application Type	Renewal License
Approved Date	1/14/2026
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	Stony Point Surgery Center, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	MedRVA Surgery Center at West Creek		
Facility/Agency Physical Address	1630 Wilkes Ridge Parkway, Suite 101		
Street	1630 Wilkes Ridge Parkway, Suite 101		
City/Town	Richmond	County/Independent City	Goochland County
State	Virginia	Zip Code	23233
Telephone Number	8047754500	Fax Number	8046433542

Mailing Address

Mailing Address	1630 Wilkes Ridge Parkway, Suite 101		
Street	1630 Wilkes Ridge Parkway, Suite 101		
City/Town	Richmond	County/Independent City	Goochland County
State	Virginia	Zip Code	23233

Facility/Agency Email Address : maudine.webber@medrva.com

Federal Employer Identification Number (FEIN) : 58-2675285

Current License Number : OSH-0000729

Administrator of Record(If different than Owner/Operator)

Full Name : Trent Nobles

Title : Chief Executive Officer

Telephone Number : 8047754520

Email Address : trent.nobles@medrva.com

Ownership Information

Legal Name of Owner : Richmond Eye and Ear Healthcare Alliance

Physical Address : 8700 Stony Point Pkwy, Richmond, VA 23235, USA
Street : 8700 Stony Point Parkway, Suite 100
City/Town : Richmond
County/Independent City : Richmond City
State : VA
Zip Code : 23235

Mailing Address : 8700 Stony Point Pkwy, Richmond, VA 23235, USA
Street : 8700 Stony Point Parkway, Suite 100
City/Town : Richmond
County/Independent City : Richmond City
State : VA
Zip Code : 23235

Email Address : maudine.webber@medrva.com
Telephone Number : 8047754500
Fax Number : 8046433542

Federal Employer Identification Number (FEIN) : 54-0541600

Chief Executive Officer

Full Name : Trent Nobles
Email Address : trent.nobles@medrva.com

Chief Financial Officer

Full Name : Tricia Mountjoy
Email Address : tricia.mountjoy@medrva.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Richmond Eye and Ear Healthcare Alliance	51.00%
Various Physician Owners, non greater than 5%	49.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : For Profit

For Profit :

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : Richmond Medical Commons, LLC

Physical Address : 8700 Stony Point Pkwy, Richmond, VA 23235, USA
Street : 8700 Stony Point Parkway, Suite 100
City/Town : Richmond
County/Independent City : Richmond City
State : VA
Zip Code : 23235

Mailing Address : 8700 Stony Point Pkwy, Richmond, VA 23235, USA
Street : 8700 Stony Point Parkway, Suite 100
City/Town : Richmond
County/Independent City : Richmond City
State : VA
Zip Code : 23235

Phone Number : 8047754500
Email Address : maudine.webber@medrva.com

Federal Employer Identification Number (FEIN) : 54-1770247

Outpatient Surgical - Hospital Information

Ambulance services providing emergency transportation of patients : Richmond Ambulance Authority

Inpatient hospitals for transferring patients needing treatment beyond the scope of the applicant : St Mary's Hospital VCU Health St Francis Hospital Chippenham Hospital Johnston Willis Hospital

Certification : Medicare;Medicaid

Medicare Provider Number : 49-C0001066

Medicaid Provider Number : 49-C0001066

Accreditation : Yes

Accrediting Organization(s) : American Association of Ambulatory Health Care

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 : Maudine Webber, Accounting Manager

Date : 1/14/2026