

Application Details

Application Status	Approved
Application Id	BLA-0000007594
DBA Name of Facility/Agency	Urosurgical Center of Richmond
Facility Type	Outpatient Surgical Hospital
Application Type	Mid-Term Change License
Approved Date	1/23/2026
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	Mid-Term Change License	License Effective Date	1/1/2026
Legal Name of Facility/Agency	Med Atlantic, Inc.		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Urosurgical Center of Richmond		
Facility/Agency Physical Address	9101 Stony Point Drive		
Street	9101 Stony Point Drive		
City/Town	Richmond	County/Independent City	Richmond City
State	Virginia	Zip Code	23235
Telephone Number	8045218721	Fax Number	8042882619

Mailing Address

Mailing Address	9101 Stony Point Drive		
Street	Stony Point Drive		
City/Town	Richmond	County/Independent City	Richmond City
State	Virginia	Zip Code	23235

Facility/Agency Email Address : ltsewell@uro.com

Federal Employer Identification Number (FEIN) : 54-1759643

Current License Number : OSH-0000679

Administrator of Record(If different than Owner/Operator)

Full Name : Leigh T Sewell

Title : CEO

Telephone Number : 8043309105

Email Address : ltsewell@uro.com

Ownership Information

Legal Name of Owner : Med Atlantic, Inc.

Physical Address : 9101 Stony Point Dr, Richmond, VA 23235, USA

Street : Stony Point Drive

City/Town : Richmond

County/Independent City : Richmond City

State : Virginia

Zip Code : 23235

Mailing Address : 9101 Stony Point Drive

Street : Stony Point Drive

City/Town : Richmond

County/Independent City : Richmond City

State : VA

Zip Code : 23235

Email Address : ltsewell@uro.com

Telephone Number : 8045218721

Fax Number : 8042882619

Federal Employer Identification Number (FEIN) : 54-1759643

Chief Executive Officer

Full Name : Leigh T. Sewell

Email Address : ltsewell@uro.com

Chief Financial Officer

Full Name : Wilson Clark

Email Address : wclark@uro.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
none	0.00%

Sum of Ownership Percentage (%) : 0.00%

Types of Ownerships & Control : For Profit

For Profit : Corporation

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : Med Atlantic, Inc.

Physical Address : 9101 Stony Point Dr, Richmond, VA 23235, USA
Street : Stony Point Drive
City/Town : Richmond
County/Independent City : Richmond City
State : VA
Zip Code : 23235

Mailing Address : 9101 Stony Point Dr, Richmond, VA 23235, USA
Street : 9101 Stony Point Drive
City/Town : Richmond
County/Independent City : Richmond City
State : VA
Zip Code : 23235

Phone Number : 8046911253
Email Address : ajevans@uro.com

Federal Employer Identification Number (FEIN) : 54-1759643

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 : HCS- CJW
Chippenham Hospital

Certification : Medicare

Medicare Provider Number : 49-C0001008

Medicaid Provider Number :

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 : 3

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 : april evans

Date : 1/23/2026