



DEPARTMENT OF HEALTH & HUMAN SERVICES

Region III
Health Care Financing
Administration

OCT 16 1998

Suite 216, The Public Ledger Bldg
150 S. Independence Mall West
Philadelphia, PA 19106

Charles L. Baird, Jr., M D
Director
Virginia Heart Institute
205 North Hamilton Street
Richmond, Virginia 23221

Identification Number. 49-COO01019

Dear Dr. Baird:

Your request for approval as a supplier of Ambulatory Surgical Center services under the Health Insurance for the Aged and Disabled Program (Title XVIII of the Social Security Act) has been approved. Your effective date of coverage is September 9, 1998.

You should report to the state agency any changes in staffing, services or other characteristics which may affect compliance with the conditions prescribed in the regulations. The state agency will visit you periodically to determine that the conditions for coverage of services are still met.

United Healthcare Insurance Company will serve as your Medicare carrier.

Your identification number is shown above. This number should be entered on all forms and correspondence relating to the health insurance program.

Sincerely,

William McNeal
Health Insurance Specialist