

DOMINION
PLASTIC SURGERY

July 31, 2023

Erik Bodin
Director, Virginia COPN Program
Virginia Department of Health
Division of Certificate of Public Need
9960 Mayland Drive
Suite 401
Henrico, VA 23233

Re: COPN Application 8688

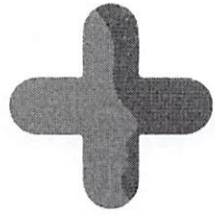
Dear Mr. Bodin and Members of the Board of the HSANV,

Please find attached, in compliance with 12 VAC 5-220-180(C,) an electronic copy of Dominion Plastic Surgery's Certificate of Public Need Application 8688 and exhibits. A hard copy can also be sent if requested.

I also note that we submitted an application as part of Application Batch B in January and after submitting supplemental answers, were informed by letter on March 21, 2023 that there were additional deficiencies in our application. I believe this application cures those deficiencies:

- 1) A check for \$9,260 is being sent under separate cover to the VA Department of Health. This is the amount indicated that we should submit in the March 21, 2023 letter.
- 2) There are copies in this application of all of the letters that were sent to COPN-authorized surgical sites in planning district 8. All of the sites and contact information were supplied in an attachment to the March 21, 2023 letter.
- 3) There is a separate exhibit of our responses to the completeness questions that were answered earlier in the year.
- 4) We've replaced Section V of the original application with the revised version that was included in the responses to the completeness questions.

Should you require additional information or have any additional questions, my email is mhagan@domprs.com.



DOMINION
PLASTIC SURGERY

Sincerely,

Michael L. Hagan, Esq.
General Counsel
Dominion Plastic Surgery, LLC

Attachments

Cc: Health Systems Agency of Northern Virginia
3040 Williams Drive, Suite 200
Fairfax, VA 22031

SECTION I Facility Organization and Identification

A. Official Name of Facility: Dominion Plastic Surgery

2755 Hartland Rd., Suite 300
Falls Church, VA 22043
Telephone: 703-544-8971

B. Legal Name of Applicant: Dominion Plastic Surgery, LLC

2755 Hartland Rd., Suite 300
Falls Church, VA 22043
Telephone: 703-544-8971

C. Chief Administrative Officer:

Vineet Mehan, M.D.
2755 Hartland Rd., Suite 300
Falls Church, VA 22043
Telephone: 703-544-8971

D. Person(s) to whom questions regarding application should be directed:

Michael Hagan
General Counsel
2755 Hartland Rd., Suite 200
Falls Church, VA 22043
703-544-8971

E. Type of Control and Ownership:

Will the facility be operated by the owner: YES

The owner of the facility and operator of the facility will be a Virginia LLC.

F. Ownership of the Site:

The facility is subject to a three-year lease. The member-manager of Dominion Plastic Surgery, LLC is the owner of the property.

G. Attach a list of names and addressed of all owners or person having a financial interest of five percent (5%) or more in the medical care facility.

(d) In the case of other types of ownership also, attach such documents as will clearly identify the owner.

The owner of the facility is Dominion Plastic Surgery, LLC. The sole member-manager of this LLC is Vineet Mehan, M.D. The incorporation documents are attached as Exhibit A.

H. List all subsidiaries wholly or partially owned by the applicant. None.

I. List all organizations for which the applicant is a wholly or partially owned subsidiary. None.

J. If the operator is other than the owner, attach a list of the name(s) and addresses of the operator(s) of the medical care facility project. In the case of a corporate operator, specify the name and address of the Registered Agent. In the case of the partnership operator, specify the name and address of the general or managing partner. N/A

K. If the operator is other than the owner, attach an executed copy of the contract or agreement between the owner and the operator of the medical care facility. N/A

Section II. ARCHITECTURE AND DESIGN

A. Location of the Proposed Project

1. Size of Site: 0.86 acres.
2. Located in Falls Church, Fairfax County, Providence # 1 Planning District
3. Address or directions: 2755 Hartland Rd., Falls Church, VA 22043
4. Has site been zoned for type of use proposed:
YES. This site has been zoned C-3 by Fairfax County.

B. Type of project for which Certificate of Public Need is requested (check one)/

- (1). _____ New construction
- (2). _____ Remodeling/modernization of an existing facility
- (3). ☒ No construction or remodeling/modernization
- (4). _____ Other____ (Identify)

C. Design of the facility.

- (1) **Does the facility have a long-range plan? If yes, attach a copy.**
No.

- (2) **Briefly describe the proposed project with respect to location, style, and major design features, and the relationship of the current proposal to the long range plan.**

The location of the current proposal is in the Merrifield area of Fairfax County. This area is highly trafficked and readily accessible by the public. The design features include a modern and clean aesthetic for outpatient surgical care. While there is no current long-range plan, there will be two principal uses for the proposed project.

First, we intend to service residents and patients in planning district eight for soft tissue reconstructions and other reconstructive procedures that while more complicated than can be completed at a typical doctor's office, don't require additional support from hospital personnel or infrastructure. We typically expect these patients to be insured with employer-sponsored health insurance, commercial plans, Medicare, or even workers compensation, among others.

Second, we also intend to use this space to service self-pay patients residing outside of planning district eight and the Commonwealth. These patients would learn of our services through multi-channel marketing and would generally not be coming to us from referrals within planning district eight. These service offerings would initially be of two kinds: limb reconstructions and sternal reconstructions to the extent they don't require cardiac backup from a hospital.

- (3) **Describe the relationship of the facility to public transportation and highway access.**

This facility is near several Washington Metropolitan Area Transit Authority ("WMATA" or "Metro") public transportation lines. The facility is located less than one mile from the Metro Orange Line station Dunn Loring/Merrifield. It is also less than a quarter mile from bus stops for the following Metro bus routes: 1B, 1C, 2A, and 2B. It is also near the

highway interchange between Interstate 66 and 495, and is approximately one mile from the exit from Interstate 495 for U.S. Route 50.

(4) Relate the size, shape, contour and location of the site to such problems as future expansion, parking, zoning and the provision of water, sewer and solid waste services.

The site already has an existing three-story commercial building with appropriate water, sewer, and solid waste service. The property is served for water and sewer services by Fairfax Water. The site is served by a private commercial solid waste vendor, American Disposal, which removes solid waste from the site. The site is zoned by Fairfax County as C-3. A paved parking lot consisting of four handicapped parking spots, and 81 total parking spots. The site is located on Hartland Road a secondary road that runs parallel to Gallows Road and terminates at a traffic light at Virginia Route 29 (Lee Highway) a major arterial road.

(5) If this proposal is to replace an existing facility, specify what use will be made of the existing facility after the new facility is completed.

N/A - This will not replace an existing medical facility.

(6) Describe any design features which will make the proposed project more efficient in terms of construction costs, operating costs, or energy conservation.

Operating costs for the proposed site will be less expensive than a stand-alone surgical center or a hospital because the existing staff at the current physician's office will be leveraged to serve much of the needs of the patient needs in the surgical center such as administrative tasks in terms of processing patient paperwork and medical bills. While some employees may need to be hired simply to support the expansion of services and increased patients, for the most part employees will not be limited to only surgical services or only non-surgical services.

The building has already been built and any construction required for the surgical suite has already been completed. The building is in a readily accessible area near public transportation and near major roads, such as Route 29, Route 50, Interstate 66, and Interstate 495.

(D) Describe and document in detail how the facility will be provided with water, sewer and solid waste services. Also, describe power source to be used for heating and cooling purposes. Documentation should include, but is not limited to:

(1) Letters from appropriate governmental agencies verifying the availability and adequacy of utilities,

(2) National Pollution Discharge Elimination System permits,

(3) Septic tank permits, or

(4) Receipts for water and sewer connection and sewer connection fees.

The building, including the relevant space to this application are served by Fairfax Water for water and sewer services. The power source is Dominion Power for heating and cooling by way of electric heat pumps mounted on the roof of the building. The building has an electric generator which would provide an alternate source of electricity should the main power supply be interrupted. There is also a gap source of power for the brief intermittent time between when power from the electrical grid might be interrupted and the generator is started.

The building is served by American Disposal for garbage and recycling services. The building is served by Pioneer janitorial services for general cleaning and refuse removal services for all suites. Copies of latest bills and other referential documents are included at Exhibit B.

(E). 2.

	Gross Square Feet	Net Square Feet
a.	575 per operating room 1,400 total for surgical center	1280 Total for Surgical Center
b.	0, no change in size	0, no change in size
c.	1,400	1280
d.	575 per operating room 1,400 total for surgical center	1280 Total for Surgical Center

(E). 3. Specify design criteria used or rationale for determining the size of the total facility and each department within the facility.

The rationale for determining the size of the total facility was to create an efficient area that would be a safe and convenient space for patients and staff to utilize the surgical space. The size for each work space was designed to permit staff efficient access to necessary areas within the surgical suite. For example, with regard to the placement of the clean and dirty rooms, their placement is immediately adjacent to the operating rooms allowing for immediate access to the operating rooms for medical staff. The PACU in the surgical suite was designed to be open and airy space that would be relaxing for recovering patients and would allow medical staff to monitor them while they recover. The PACU also is immediately adjacent to a waiting room that would allow a caretaker to freely visit the patient as appropriate and allow the patient to readily exit the PACU into the waiting room when ready.

F. Attach a plot plan of the site which includes at least the following:

- 1. The Courses and distances of the property line.**
- 2. Dimensions and location of any buildings, structures, roads, parking areas, walkways, easements, right-of-way or encroachments on the site.**

Please see the plat map at Exhibit C.

G. Attach a preliminary design drawing drawn to a scale of not less than 1/16"-1'0" showing the functional layout of the proposed project which indicates at least the following:

- 1. The layout of each typical functional unit.**
- 2. The spatial relationship of separate functional components to each other.**
- 3. Circulatory spaces (halls, stairwells, elevators, etc.) and mechanical spaces.**

Please see the enclosed drawing at Exhibit D.¹

H. Construction Time Estimates:

¹ Note that the drawing says "Greater Washington Plastic Surgery as this entity was the precursor to Dominion Plastic Surgery but the drawing is still a true and correct representation.

The existing site, including the suite with an existing physician's office is fully built out. There is no significant construction required and all the equipment has been purchased. The applicant could start providing services within days of an affirmative COPN decision.

SECTION III

SERVICE DATA

A. In brief narrative form describe the kind of services now provided and/or the kind of services to be available after completion of the proposed construction or equipment installation.

The facility currently sees patients requiring post-operative care, follow-ups, and simple surgical procedures such as the application of small areas of artificial skin graft or the removal of k-wires. The existing providers that currently work at the facility and provide these services would be the same providers to that provide the proposed surgical services.

As mentioned earlier in the application, two principal categories of patients would be serviced at this ambulatory surgical center. The first category of patients will receive reconstructive surgical care and include patients such as workers' compensation claimants, commercially insured individuals, veterans, as well as the uninsured. These are patients who have typical surgical needs for out-patient reconstructive care including debridement of open wounds, skin grafts of wounds, repair and manipulation of broken bones including installation of k-wires, and repair or damaged tendons in a patient's upper or lower extremities. These patients would typically reside in planning district eight or be receiving care in this locale.

The second category of patients would be self-pay patients residing outside of planning district eight and the commonwealth and find out about our services from external marketing efforts. This category of patients would primarily be soft-tissue reconstructions and sternal reconstructions that don't require cardiac backup support from a hospital. If granted this COPN application, these patients would generally not impact the supply of health care services in planning district eight.

B. Describe measures used or steps taken to assure continuity of care.

Patients who receive surgical treatment at the proposed facility will be scheduled for follow up appointments with the same provider at the same building as the proposed facility as appropriate based on the care rendered. The provider group also welcomes telephone calls and appointments made by the patient to handle questions or concerns that the patient may have regarding his/her treatment. The administrative staff will communicate with patients to confirm appointments and will contact all patients who miss appointments to inquire about the patient's health, why the patient missed the appointment, and attempt to re-schedule the appointment. The providers seek to develop a candid and open communication relationship with patients to encourage patients to express their opinions and concerns about their treatment and condition.

The practice relies on medical assistants and administrative staff to provide routine tasks which frees up time for substantive consultations with physicians and physician assistants. The

practice also will attempt to ensure that staff provides care that is sensitive to the specific needs of patients, specifically those with on-going chronic and complex medical problems. The practice already has a wealth of experience in serving patients who have suffered traumatic injuries that require reconstructive surgery. As such, the practice understands the needs of such patients and believes that it will be able to provide appropriate continuity of care for such patients that receive surgical treatment at its facility.

Patients who come from outside of the Commonwealth will be provided detailed post-care instructions and be informed ahead of time if their procedure requires that they stay close to the surgical center.

C. What procedures are utilized in quality care assessment?

The facility is already accredited by the entity previously known as the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) and was recently rebranded QUAD A. The facility recently underwent an accreditation review and was renewed through March 16, 2025. The accreditation decision letter is attached as Exhibit E. The applicant will rely on standards promulgated by QUAD A for accreditation of an ambulatory surgery center in order to ensure that its surgical center has the highest quality patient care. Quad A also requires that participating facilities conduct an annual self-review. In assessing the quality of care, the applicant will review randomly selected cases to be reviewed by the practice (or by a QUAD A surveyor) to assess any issues with the quality of care and to determine if improvements can be made for future services as well as implementing appropriate improvements on patient care. The QUAD A standards are attached as Exhibit F.

Providers will also closely assess the medical progress of patients who have undergone procedures to assess their care and medical outcomes. The providers shall note any issues with care for revising future procedures and processes to improve any necessary areas of concern.

All equipment utilized in the surgical center will be regularly inspected by licensed professionals who can assess the efficacy and safety of various equipment. Feedback is already, and will continue to be, solicited from patients as a keystone of ensuring patient quality.

D. Describe the plan for obtaining additional medical, nursing, and paramedical personnel required to staff the project following completion and identify the sources from which such personnel are expected to be obtained.

The facility operator will advertise for any additional positions needed on professional message boards and general employment websites, such as “Indeed.com”. Additionally, the facility operator will use networking through the professional relationships of its existing staff to search for interested candidates for open positions.

E. Facilities and Services to be Provided

The facility currently sees patients requiring post-operative care, follow-ups, and simple surgical procedures such as the application of small areas of artificial skin graft or the removal of

k-wires. The existing providers that currently work at the facility and provide these services would be the same providers to provide surgical services.

As mentioned earlier in the application, two principal categories of patients would be serviced at this ambulatory surgical center. The first category of patients will receive reconstructive surgical care and include patients such as workers' compensation claimants, commercially insured individuals, veterans, as well as the uninsured. These are patients who have typical surgical needs for out-patient reconstructive care including debridement of open wounds, skin grafts of wounds, repair and manipulation of broken bones including installation of k-wires, and repair or damaged tendons in a patient's upper or lower extremities. These patients would typically reside in planning district eight or be receiving care in this locale.

The second category of patients would be self-pay patients residing outside of planning district eight and the commonwealth and find out about our services from external marketing efforts. This category of patients would primary only include limb reconstructions and sternal reconstructions that don't require cardiac backup support from a hospital.

F. Program

1. Is (will) this outpatient facility (be) a department, unit or satellite of a hospital.

No.

2. Is this outpatient facility affiliated with or does it have a transfer agreement with a hospital?

No.

3. Is (will) there (be) an arrangement whereby medical records can readily be transferred between this outpatient facility and an inpatient facility (ies)?

No.

4. Outpatient services are (will be) available from 7:00 AM to 5:00 PM five days a week (Monday through Friday).

5. Does (will) the facility operate scheduled clinics?

Yes.

6. Are there other organized outpatient services in your primary service area?

Yes.

7. The outpatient facility is (will be) staffed:

(a) Only by physicians on call: No

(b) By full time physicians: Yes

(c) By physicians who limit their practice to this outpatient service? No

8. State specifically any limitations or restrictions for participation in the services of the facility.

At this time, there are no restrictions based on health insurance coverage. Services offered for out-of-state patients will focus on self-pay patients.

G. Please provide historical and/or project utilization statistics for the facility including number of patients, number of patient visits and number of patient services.

The facility projects that approximately three but as many as six out-patient surgeries could occur per weekday. The facility would focus on taking patients who require surgical procedures that are non-emergent and may be inefficient to hold at a full-service in-patient hospital.

Patients who undergo a surgical procedure may make follow-up office appointments at the existing medical provider's office on the same floor of the building. Patients who undergo surgery at the proposed facility may require several follow-up appointments. These appointments would be handled by existing staff and resources at the medical provider's office.

H. Staffing of Existing and/or Proposed Facility

In the following categories, indicate the number of full-time equivalent personnel (at least 35 hours per week).

	Current		Additional Needed	
	Full Time	Vacant	Full Time	TOTAL
Total number of full-time staff	19	0	7	26
Administration-Business Office	14		1	15
Licensed Practical Nurses, Nurses Aides, Orderlies/Attendants	2	0	6	8
Physician Assistants	3	0	0	3

I. Present a plan for obtaining all additional personnel required to staff the project following completion and identify the sources from which such personnel are expected to be obtained.

The facility will advertise for positions on employment websites, such as LinkedIn.com and Indeed.com, as well as with professional associations, such as the American Academy of Physician Assistants.

The facility may source personnel from newly graduated professionals from post-secondary institutions. The facility may also source personnel from other medical providers in the metropolitan Washington, D.C. region who express interest in open positions.

J. Describe the anticipated impact that the project will have on the staffing of other facilities in the service area.

The facility believes that this project will have only a *de minimis* impact on other facilities in the service area. The project will only require seven more employees and we believe that there is adequate labor surplus in the area to serve our needs without affecting other major employers in the area.

K. Attached the following information or documents:

1. Copy of most recent licensing report from State Agency: N/A

2. Current accreditation status and copy of latest accreditation report from Joint Commission on Accreditation of Hospitals (existing facilities excluding public health centers): N/A – Applicant's existing surgical facility is accredited by QUAD A as discussed, *supra*.

3. Roster of medical staff (existing facilities). Indicate their specialty, Board Certification, Board eligibility and staff privileges (active, associate, etc.): CV for Dr. Vineet Mehan is at Exhibit G. CV for Dr. Earl Johnson is at Exhibit H. Both doctors are supported by physician assistants, medical assistants, and other medical support staff.

4. Copies of letters of commitment or statement of intent from physicians indicating that they will staff the proposed new facility or service upon completion (existing and proposed facilities).

Please find letter of intent at Exhibit I.

SECTION IV

PROJECT JUSTIFICATION AND IDENTIFICATION OF COMMUNITY NEED

A. Please provide a comprehensive narrative description of the proposed project.

The facility currently sees patients requiring post-operative care, follow-ups, and simply surgical procedures such as the application of small areas of artificial skin graft or the removal of k-wires. The existing providers that currently work at the facility and provide these services would be the same providers to provide the proposed surgical services.

As mentioned earlier in the application, two principal categories of patients would be serviced at this ambulatory surgical center. The first category of patients will receive reconstructive surgical care and include patients such as workers' compensation claimants, commercially insured individuals, veterans, as well as the uninsured. These are patients who have typical surgical needs for out-patient reconstructive care including debridement of open wounds, skin grafts of wounds, repair and manipulation of broken bones including installation of k-wires, and repair or damaged tendons in a patient's upper or lower extremities. These patients would typically reside in planning district eight or be receiving care in this locale.

The second category of patients would be self-pay patients residing outside of planning district eight and the commonwealth and find out about our services from external marketing efforts. This category of patients would only include limb reconstructions and sternal reconstructions that don't require cardiac backup support from a hospital.

We believe that we can offer a more cohesive one-stop place for patients to receive quality complex reconstructive surgical care. We believe that we can provide these services more efficiently and with better continuity of patient care than area hospitals.

B. Identification of Community Need

1. Describe the geographic boundaries of the facility's primary service area. (Note: Primary service area may be considered to be geographic area from which 75% of patients are expected to originate.)

As mentioned in other areas of the application, patients will be sourced from two geographic areas. First, from those areas in planning district eight. These will be "typical" patients who are referred from area hospitals and already reside in the area. They will be insured by commercial insurance plans, employer-sponsored insurance plans, Medicare, and even workers compensation plans, among others.

We also intend to expand our reach to outside of planning district eight and indeed the Commonwealth by appealing to self-pay patients seeking one of the leading doctors in the country in limb reconstruction and sternal reconstruction. If the COPN application were granted, these patients would, for the most part, not compete with resources in planning district eight.

2. Provide patient origin, discharge diagnosis, or utilization data appropriate for the type of project proposed.

Patients will originate from (1) referrals from primary care physicians, (2) consultations from patients who visit the participating physicians directly, and (3) from patients who have been discharged from an in-patient hospital but may need additional care.

Patients will also come to us from marketing efforts in the United States.

C. 1. Is (are) the service(s) to be offered presently being offered by any other existing facility(ies) in the Health Planning Region?

There are other facilities that provide general out-patient surgical services in this region. Though, to our knowledge, nobody is able to offer the combination of expertise in general reconstructive plastic surgery, limb reconstruction, and sternal reconstruction. While there are a number of plastic surgeons in the area, we believe that none can offer the combination of services that this office could provide.

2. If Yes,

a. Identify the facility(ies). Fairfax Surgical Center, Haymarket Surgery center, Healthcare Services ASC LLC, Inova Ambulatory Surgery Center at Lorton, Inova Loudoun Ambulatory Surgery Center, Inova Surgery Center at Franconia-Springfield, Kaiser Permanente Tysons Corner Surgery Center, Lake Ridge Ambulatory Surgical Center, McLean Ambulatory Surgery Center, Prince William Ambulatory Surgery Center, and Reston Surgery Center.

b. Discuss the extent to which the facility(ies) satisfy(ies) the current demand for the service(s). While we respect the intent of the question, we believe, at least in this case, that the better question is, can we satisfy the demand in a more efficient manner? We may indeed be able to limp on with our current model of the provisioning of health care but we believe that decentralizing some of the more specialized procedures will result in lower costs per procedure, more choice in terms of where and from whom the patient receives care, and better continuity in post-operative care.

Allowing this project will also allow suffering patients needing limb and sternal reconstructive services across the United States to benefit from our nationally-recognized expertise without having to be constricted to, in some places, less than optimal medical services. We believe that in this day in age where travel is much easier and faster that the medical services that people receive shouldn't be dictated by where the closest doctor is but only by whether or not they can get there.

c. Discuss the extent to which the facility(ies) will satisfy the demand for services in five years. Similar to the question above, we believe that the question is better rephrased to address the question of whether another facility can perform the same procedures more efficiently. Compounded upon the question of efficiency, we also believe the possibility exists that currently available facilities will not be able to satisfy the growing and changing demographic picture within Northern Virginia. The population increase that we've witnessed in the northern Virginia area from 2010 forward is likely to occur in the foreseeable future. Between 2016 and 2021, according to the Northern Virginia Regional Commission, the Northern Virginia area experienced a 3.9 percent population increase.

In addition to a growing population in the region, the population is projected to become older as well. The population of people older than 65 in Northern Virginia will increase from 362,500 in 2020 to 429,300 in 2030.² An older population will need greater medical attention. Exacerbating these sheer numbers is that, thanks to modern medicine, people are living to be of older age and are living more active lives until much later in their lives. As a result of this, while some of the demand will continue to be for acute services, a significant number of older patients will need less urgent attention for on-going chronic conditions for which less costly and more convenient out-patient services may be more appropriate.

We also believe that there exists a nation-wide demand for experts in sternal reconstruction and limb reconstruction. A search on the internet for “Sternal reconstruction + expert + United States” turns up only four experts, of which Dominion Plastic Surgery is one of them. The others are located in the New York metropolitan area, Nevada, and California. We believe that there exists unmet demand for such services in the United States.

D. Discuss how the project will fill an unmet need in the delivery of health care in the service area including, where applicable, geographic barriers to access.

The applicant believes that the significant population growth and need for health care services necessitate the establishment of additional out-patient surgery capacity in the region. The proposed facility is in a highly accessible geographic location, adjacent to Route 29, a major primary route in Fairfax County and is only one mile from the U.S. Route 50 and I-495 interchange.

There is significant demand for out-patient surgical services for individuals with minor to moderate traumatic injuries that may not merit in-patient or emergency services, but still require surgical treatment. Offering access to a facility that would offer patient consultations and reconstructive surgical services would decrease demand on regional Emergency Departments which would otherwise receive many such patients who require substantial care but their diagnosis may not necessarily be “emergent.”

E. Discuss the consistency of the proposed project with applicable Regional Health Plan, State Health Plan, State Medical Facilities Plan, or other plans promulgated by State agencies.

The proposed project is consistent with the *Criteria for Determining Need* as promulgated by the Virginia Department of Health, Office of Licensure and Certification. The proposed project will increase access to needed services (specifically out-patient reconstructive surgery in northern Virginia). The proposed project would be readily accessible for prospective patients due to its location near major transportation routes, including Routes 29 and 50, and Interstates 495 and 66. The proposed project is centrally located within the northern Virginia region. Also, due to the significant traffic congestion problems within this region, the central location and accessibility to major roads, as well as public transportation (the proposed project is approximately one mile from the Metrorail Dunn Loring/Merrifield station and near multiple bus

² See A Portrait of Our Aging Population in Northern Virginia, (accessed January 22, 2023), available at: https://www.cfnova.org/images/communityreports/AgingStudy_ExecSum.pdf.

routes) are valuable in minimizing the potential distance that prospective patients would have to travel.

The applicant believes that the proposed project would be a highly efficient use of the site due to its geographic location. It is also efficient and low cost because there is an existing physician practice on the same floor which would be able to leverage much of the administrative overhead costs in managing the proposed project. Patients using the proposed surgical center would also have the convenience of having follow up appointments at the same location with seamless integration of records.

The proposed project would encourage institutional competition to the benefit of the area by offering patients more choices in, and from whom, they receive surgical services. Furthermore, the addition of a new efficient cost option in the area will cause a decrease in prices, even if small but significant, as area providers are forced to compete with another option in the market. The applicant believes that this would *improve* access to essential health care services in the area by reducing use of Emergency Departments at the region's acute care hospitals and by opening capacity at existing operating rooms for more complex, urgent, and in-patient services.

There will be no pass-throughs to the patient for the cost of the facility as the project has already been completed with cash already on hand. Initial start-up and overhead costs can also be funded using existing assets. The proposed project will also improve physician efficiency by avoiding the need for travel time and having to compete with other surgeons for use of surgical facilities. This will lead to less stressed surgeons, more flexibility in terms of scheduling for patients, and a higher likelihood that procedures will begin on time.

Pursuant to the Guiding Principles for project review criteria for Certificate of Public Need applications, under 12 VAC § 5-230-30, this project would promote the development and maintenance of services and access to those services without respect to their ability to pay. This project would welcome insured and uninsured individuals who may be in need for reconstructive surgical care, particularly for those with soft-tissue injuries. The facility's primary surgeon, Dr. Vineet Mehan, is a specialist in reconstructive surgery of the upper extremities and has a long history of treating individuals regardless of their ability to pay. With this project, he would be able to provide more extensive treatments in a comfortable out-patient setting at a lower cost to payors and patients than in a traditional hospital setting.

This project would also be a "new and efficient use" for resources in the Falls Church area. In accordance with the Guiding Principles, the new project would more efficiently use the applicant's existing medical practice space by permitting a broader range of procedures that could occur on premises without having to find time and space at a hospital. It would also be more efficient for patients who no longer have to re-acclimate themselves to a new office after having a procedure at the hospital. Larger medical facilities, mostly including hospitals would be able to more efficiently allocate resources to more urgent and necessary operations that would be required by an aging population in the Northern Virginia area.

Finally, this project would not negatively impact essential community providers. In fact, this would, if anything, *improve* the financial standing of essential community providers, such as INOVA Fairfax Hospital and HCA Reston Hospital, which would be able to use their capacity to handle more inpatient and emergent cases in a more expeditious fashion. Given the aging population in the Northern Virginia region, the capacity of such essential community providers is tight and will only become tighter by 2030. Permitting a small, out-patient facility to perform smaller procedures would permit essential community providers more opportunity to address the needs of chronically ill and in-patient cases while not negatively impacting their bottom line.

The applicant does not believe that its relatively small size and limited scope would pose any risk to the financial viability of existing essential community providers.

F. Show the method and assumptions used in determining the need for additional beds, new services or deletion of service in the proposed project's service area.

The applicant has documented earlier in this application that demand for out-patient surgical treatment will grow in the foreseeable future within the northern Virginia region due to overall population growth and an aging population which may require a disproportionately higher level of medical care. The applicant group's medical providers are relying on their personal experience in traumatic and reconstructive surgery as surgeons with years of experience as surgeons serving at many of the acute care hospitals in Northern Virginia. The applicant believes that there is significant demand for out-patient surgical services that do not rise to the need of acute care at in-patient hospitals. Forcing these patients to go to in-patient hospitals when their needs could be met more efficiently and at less cost than at an outpatient surgical facility would be a detriment to the residents of Northern Virginia. The proposed project would provide increased capacity for patients at potentially lower costs.

The applicant also believes that this prompt is inapplicable to the question of whether the applicant should be allowed to set up an ambulatory surgical center for self-pay patients outside of planning district eight.

G. Coordination and Affiliation with Other Facilities. Describe any existing or proposed formal agreements or affiliations to share personnel, facilities, services or equipment. (Attach copies of any formal agreements with another health or medical care facility.)

The proposed facility will not be affiliated with other facilities and will not share personnel, services, or equipment.

H. Attach copies of the following documents:

1. A map of the service area indicating:

a. Location of proposed project.

Please see the attached map at Exhibit J.

b. Location of other existing medical facilities (by name, type (hospital, nursing home, outpatient clinic, etc.) and number of beds in each inpatient facility).

Map Legend of Existing Medical Facilities:

DPS = Dominion Plastic Surgery

- 1. HCA Reston Hospital – 231 Beds**
- 2. INOVA Loudoun – 323 Beds**
- 3. INOVA Fair Oaks – 165 Beds**
- 4. INOVA Fairfax – 928 Beds**
- 5. Virginia Hospital Center – 453 Beds**
- 6. INOVA Mt. Vernon – 249 Beds**
- 7. Prince William Medical Center – 130 Beds**
- 8. INOVA Alexandria – 318 Beds**

Not pictured are: Fairfax Surgical Center, Haymarket Surgery center, Healthcare Services ASC LLC, Inova Ambulatory Surgery Center at Lorton, Inova Loudoun Ambulatory Surgery Center,, Inova Surgery Center at Franconia-Springfield, Kaiser Permanente Tysons Corner Surgery Center, Lake Ridge Ambulatory Surgical Center, McLean Ambulatory Surgery Center, Prince William Ambulatory surgery Center, Reston Surgery Center.

2. Any material which indicates community and professional support for this project; i.e. letter of endorsement from physicians, community organizations, local government, Chamber of Commerce, medical society, etc.

N/A

3. Letters to other area facilities advising of the scope of the proposed project.

Please see Exhibit K.

SECTION V

FINANCIAL DATA

It will be the responsibility of the applicant to show sufficient evidence of adequate financial resources to complete construction of the proposed project and provide sufficient working capital and operating income for a period of not less than one (1) year after the date of opening:

A. Specify the per diem rate for all existing negotiated reimbursement contracts and proposed contracts for patient care with state and federal governmental agencies, Blue Cross/Blue Shield Plans, labor organizations such as health and welfare funds and membership associations.

The proposed project does not have negotiated reimbursement contracts with Blue Cross/Blue Shield Plans or labor organizations. The facility plans to participate in Medicare and Virginia Medicaid plans and will accept the reimbursement rates required by law.

The portion of the applicant's business that focuses on self-pay patients will not participate in patient care plans or have negotiated reimbursement contracts. The facility may provide services to Medicare and Medicaid-eligible patients but will not actively market to the population that would likely use these benefits.

B. Does the facility participate in a regional program which provides a means for facilities to compare its costs and operations with similar institutions?

NO.

If yes, specify program N/A
Provide a copy of report(s) which provide(s) the basis for comparison.

C. Estimated Capital Costs

Please see "Instructions for Completing Estimated Capital Costs" Section of the Certificate of Need application for detailed instructions for completing this question (attached)

Part I – Direct Construction Costs

- 1. Cost of materials \$75,000**
- 2. Cost of labor \$150,000**
- 3. Equipment included in construction contract \$N/A**
- 4. Builder's overhead \$15,000**
- 5. Builder's profit \$15,000**

7. Sub-total (add lines 1 thru 6) \$285,000

8. a. Operating Beds (2)	\$40,000
b. Surgical Ceiling Lights (2)	\$9,000
c. Recovery Chairs (2)	\$8,000
d. Anesthesia & Monitoring Machines (2)	\$32,000
e. Sterilizer	\$12,000

Part III – Site Acquisition Costs

11. For sites with standing structures \$_____ N/A _____

b. purchase price allocable to land \$_____ N/A _____

13. If leasehold, lease expense over entire term of lease: \$540,000.

a. _____ \$ _____

b. _____ \$ _____

c. _____ \$ _____

Part IV – Site Preparation Costs

3. Commercial Loans N/A

4. Government Loans (Specify Type)_____ N/A

5. Grants (Specify Type) _____ N/A

6. Bequests N/A

7. Private Foundations N/A

8. Endowment Income N/A

9. Accumulated Reserves N/A

10. Other (Identify)_____ N/A

F. Describe in detail the proposed method of financing the proposed project, including the various alternatives considered. Attach any documents which indicate the financial feasibility of the project.

The project has already been completed. No additional financing is required.

G. Describe the impact the proposed capital expenditure will have on the cost of providing care in the facility. Specify total debt service cost and estimated debt service cost per patient day for the first two (2) years of operation. (Total debt service cost is defined as total interest to be paid during the life of the loan (s). Estimate debt service cost per patient day by dividing estimated total patient days for year one into amount of debt service for that year. Repeat for year two.) Please attach an amortization schedule showing how the proposed debt will be repaid.

N/A – there is no amortization schedule. The project is already done and has already been paid for. Dominion Plastic Surgery will not go into debt, nor did it take out any debt, for the project.

H. Attach a copy of the following information or documents.

1. The existing and/or proposed room rate schedule, by type of accommodation.

In the proposed two operating room out-patient surgical hospital, the surgical facility fee will depend upon the specific out-patient surgical procedure which is performed. There is no “room rate” schedule as there will be no overnight in-patient stays at the facility. The applicant will set fees as dictated by the market. Fees will not be pegged to a specific external fee schedule.

2. The audited annual financial statements for the past two (2) years of the existing facility or/if a new facility without operating experience, the financial state of the owner (s). Audited financial statements are required, if available.

Please see Exhibit L.

3. Copy of the proposed facility's estimated income, expense and capital budget for the first two years of operation after the proposed project is completed.

Please see Exhibit M.

SECTION VI ASSURANCES

I hereby assure and certify that:

- a. The work on the proposed project will be initiated within the period of time set forth in the Certificate of Public Need; and**
- b. completion of the proposed project will be pursued with diligence; and**
- c. the proposed project will be constructed, operated and maintained in full compliance with all applicable local, State and Federal laws, rules, regulations and ordinances.**

I hereby certify that the information included in this application and all attachments are correct to the best of my knowledge and belief and that it is my intent to carry out the proposed project as described.

_____ Signature of Authorizing Officer	2755 Hartland Rd. Address – Line1
Vineet Mehan, M.D. Type/Print Name of Authorizing Officer	Suite 300 Address – Line 2
President and Owner Title of Authorizing Officer	Falls Church, VA 22043 City/State/Zip
703-544-8971 Telephone	January 30, 2023 Date

Copies of this request should be sent to:

- A. Virginia Department of Health
Division of Certificate of Public Need
9960 Mayland Drive – Suite 401
Henrico, Virginia 23233**
- B. The Regional Health Planning Agency if one is currently designated by the Board of Health to serve the area where the project would be located.**

**Health Systems Agency of Northern Virginia
3040 Williams Drive – Suite 200
Fairfax, VA 22031**

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Signature of Authorizing Officer

Vineet Mehan, M.D.
Type/Print Name of Authorizing Officer

2755 Hartland Rd.
Address – Line1

Suite 300
Address – Line 2

President and Owner
Title of Authorizing Officer

Falls Church, VA 22043
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Virginia Department of Health

Office of Licensure and Certification

Division of Certificate of Public Need

COPN Request No. VA-8688
Dominion Plastic Surgery, LLC
Establish an OSH with Two ORs

Completeness Review Questions / Discussion Points

*The following questions are keyed to the **Roman numeral sections** and **letter and number-designated subsections** of the Certificate of Public Need (COPN) application form. Questions are further identified by a **number in parentheses** when there is more than one question for a particular subsection of the application form.*

SECTION I: FACILITY ORGANIZATION AND IDENTIFICATION

F. The proposed lease for the medical facility appears to be with a related party. If so, please confirm and explain. It is unclear whether the term of the lease proposed is three years or ten years. Please clarify. See also under Section V.C. Part III. Line 13. The lease expense over the entire term of the lease (three years or ten years) contributes to Site Acquisition and total Estimated Capital Costs.

Yes, that is correct, though applicant is somewhat perplexed as to why this matters. Notwithstanding the previous, Vineet Mehan, M.D., who is the sole member-manager of Dominion Plastic Surgery, LLC is also the sole member-manager of VINARC, LLC. However, the two entities are distinct. Dr. Mehan, for personal reasons that are not the purview of this committee, chooses to have VINARC, LLC as being separate from Dominion Plastic Surgery. VINARC, LLC is also the landlord for other entities located inside the building that are a more traditional arms-length relationship. The lease is for three years though it can be extended as per the contract.

SECTION II: ARCHITECTURE AND DESIGN

E.3. What regulations or guidelines (such as Facility Guidelines Institute for Healthcare Facilities) were consulted to ensure the facility meets applicable standards?

The portion of the facility that is in question with regard to this application has been accredited by QUAD A, formerly known as the American Association for Accreditation of Ambulatory Surgery Facilities. This entity accredits ambulatory surgical centers that wish to participate in Medicare or Medicaid. This is also the preferred accrediting body for plastic surgeons and is nationally recognized. QUAD A's accreditation of our facility was last renewed on May 19, 2022 and is good through March 16, 2025.

The usual regulations and guidelines with respect to construction and zoning were followed.

G. Is the proposal to establish an outpatient surgical hospital with one licensed operating room or with two operating rooms? The facility layout diagram shows two operating rooms of similar size, about 240 square feet per room, and no procedure room. Must all of the procedures to be performed require a licensed sterile operating room and environment? Please clarify.

There are two operating rooms in the proposal. The drawing shown does not show the entire office of the applicant, just the portion that requires the approval of the COPN committee to conduct certain procedures. There are other parts of the DPS office not listed in the drawing that are not the subject of this COPN license application, that contain procedure and exam rooms.

H. The application states “The existing site, including the suite with an existing physician’s office is fully built out. There is no significant construction required and all the equipment has been purchased. The applicant could start providing services within days of an affirmative COPN decision.” Accordingly, the proposal shows no capital outlay. Please provide information documenting the underlying capital cost, including any amounts that would be an annual depreciation expense to payers, of the facility and the party bearing the capital outlay. If these expenses through the lease arrangement, please describe.

The capital costs to build the portion of the facility that is the subject of this application was built using existing liquid assets of Dominion Plastic Surgery, LLC and Vineet Mehan, the sole member-manager of Dominion Plastic Surgery, LLC through his wholly-owned entity, VINARC, LLC. Any depreciation expense, to the extent it is tracked, would be due back to Dominion Plastic Surgery and/or Vineet Mehan. A discussion of the underlying capital costs can be found in section V of this supplemental response.

Please identify who built the facility and when was it built. Has it been used, or is it being used, as an unlicensed surgery facility (a medical office based service) surgery center? If so, by whom?

The portion of the facility that is the subject of this application was built in 2014-2015 and was built out by Hough Contractors. The facility is currently being used as an accredited cosmetic surgical facility.

Applicant is not exactly sure what the question means when it says “unlicensed” but assumes it means a medical office with no COPN license. Assuming that was the intent, the answer is yes, the office is being used as a medical office-based surgery facility for procedures that do not require a COPN license. The office is run by Dominion Plastic Surgery.

SECTION III: SERVICE DATA

G. The patient population Dominion proposes to service is unclear. Please provide a list of the top five procedures (by procedure code), and the number of cases projected in the first two operational years, that constitute the base for the pro forma budget presented in the application.

Some of the CPT codes that the applicant would expect to complete in the operating section of its medical office under the purview of its COPN license in the first two years are:

15738 - MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP LXTR
15100 - SPLIT AGRFT T/A/L 1ST 100 CM/&1% BDY INFT/CHLD
15002 - PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT
15004 - PREP SITE F/S/N/H/F/G/M/D GT 1ST 100 SQ CM/1PCT
13160 - SECONDARY CLOSURE SURG WOUND/DEHSN EXTSV/COMPLIC
14301 - ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM
14302 - ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM/<
15734 - MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK
15756 - FREE MUSCLE/MYOCUTANEOUS FLAP W/MVASC ANAST

This is by no means an exclusive list but it does represent the CPT codes that we expect to be the revenue drivers for the portion of the business for which we are seeking the COPN license.

As stated in other areas of the application, applicant's goal is to drive this part of the business with patients located outside of this planning district rather than patients relying upon commercial insurance, Medicare/Medicaid, or workers compensation, among other things.

Please indicate the number of patients Dominion Plastic Surgery physicians referred to other surgery services in 2020 and 2021 that would have been treated in the proposed surgery center had it been a licensed outpatient surgical hospital.

N/A - Applicant generally does not refer a patient to another doctor if one of the applicant's providers can complete the procedure themselves. The issue and one of the driving forces for this COPN application is that some of the more complicated procedures must be completed at a hospital. However, this process has become inefficient and cumbersome. Providers have to jockey with other providers to obtain blocks of time to operate while currying favor with hospitals to ensure that their ability to do their job is not taken away. Furthermore, providers are required to wait obscene amounts of time in order to perform operations as they are asked to come early to their procedures and then told to wait sometimes hours on end. Included among the reasons for these delays are waiting for the availability of increasingly scarce anesthesia services, waiting for rooms to free up, and the availability of support staff outside of normal operating hours. This is causing situations where providers are operating at sub-optimal times during the day and potentially risking patient health. Permitting our COPN application will allow providers to deliver care in a more efficient and safe manner.

There are some procedures that the applicant would continue to have to do at the hospital such as sternal reconstructions that would require standby support from a cardiac unit.

SECTION IV: PROJECT JUSTIFICATION AND IDENTIFICATION OF COMMUNITY NEED

A. Please provide a comprehensive description of the proposed project. For example, is the intention to establish an outpatient surgical hospital or expand one that already exists? Is the request for one operating room or two? Is the intention to convert procedure rooms already in use or utilize new operating room space? Please provide a sufficient description to evaluate the proposed project.

The purpose of the application is for the applicant to use two existing operating rooms for reconstructive surgery including but not limited to free flaps and skin grafts. There will be no conversion or creation of new operating room space as it already exists. The space is currently being used for cosmetic procedures.

B.2. Patient origin is generally documented by percentage of patients residing in area zip codes or counties coming to the facility. Please provide patient origin for the practice for latest 12 months available.

Zip codes and frequencies for top 15 zip codes from past year are below:

zip	Number
22003	38
22193	34
22015	32
20147	31
20176	29
22101	29
22153	28
22030	26
22031	26
20110	24
20111	24
20120	24
22042	24
22152	24
22204	24

This represents the zip codes of patients who physically came to the facility. It does not include zip codes of patients who received services from DPS providers at area hospitals.

It's also important to note that this is not representative of the population that we are targeting with this project. As mentioned in other areas of the application, the intent is to drive revenue with patients located outside of this planning district.

H.3. Please notify the entire list of surgical providers in Planning District 8 of the project as required and provide copies of these letters.

This is a very broad category of providers numbering in the hundreds and doesn't seem to be a requirement for any other COPN applicant. Furthermore, applicant has never received such a notification from any other COPN applicant. Before applicant can comply with this requirement, applicant requests that the scope of the request be narrowed.

SECTION V: FINANCIAL DATA

C. Capital costs must be documented for the proposed project. If the applicant proposes to pay these costs through the referenced lease, please include the total cost for the full term of the multi-year lease at Section V.C. Part III. Line 13. If the applicant paid for the capital items listed with accumulated reserves, please document them in the categories. Please submit a revised Section V. C.

Capital costs will primarily be expensed through the referenced lease. The lease is for three years at \$15,000 per month. The total expense over three years will be \$540,000. A revised response to Section V is attached. Total capital costs (line 107) are \$926,000.

H.2. Dominion's profit and loss statements for fiscal years 2020-2021 and 2021-2022 show virtually all of Dominion's income was (is) "sale of product income" and no revenue income from identifiable surgical services. Please explain.

After speaking with our accountant, this is simply a quirk of how we count revenue. Nearly all of the revenue for both fiscal years were attributable to the provision of medical services.

H.3. Please provide the data used to produce the pro forma budget (Attachment M) in the application. This includes the number of surgical cases assumed (projected) in the gross total payment estimates in each of the six payment categories shown.

The pro forma budget is an obtainable goal. We hope to exceed it. The first pro forma year is deliberately low because, were we to obtain the COPN license, we would expect it to be a partial year of operation. This is a conservative assessment built on the early years of operation of Dominion Plastic Surgery. It is not based on a specific number of surgeries that we expect to complete. We also expect the "destination" part of the business to have a little bit of a runway until it reaches its full potential so the numbers in the pro forma don't represent this part of the business' full potential.

There are a number of ways we can get to the pro forma revenue number with either a smaller number of more complicated procedures or a larger number of less complicated procedures or a mix of both. In all events, we will not commit ourselves to a specific model or target number of surgeries that will be completed as we believe this to be outside of the purview of the committee since most of this revenue will be sourced from outside of the planning district.

The pro forma budget suggests a Medicare patient case load of 2.5%, a Medicaid patient case load of 1.0%, and a charity care case load of 0.05%. These are extraordinarily low percentages.

Please explain. There is no provision for bad debts, unless charity care is conflated with bad debt. Please explain.

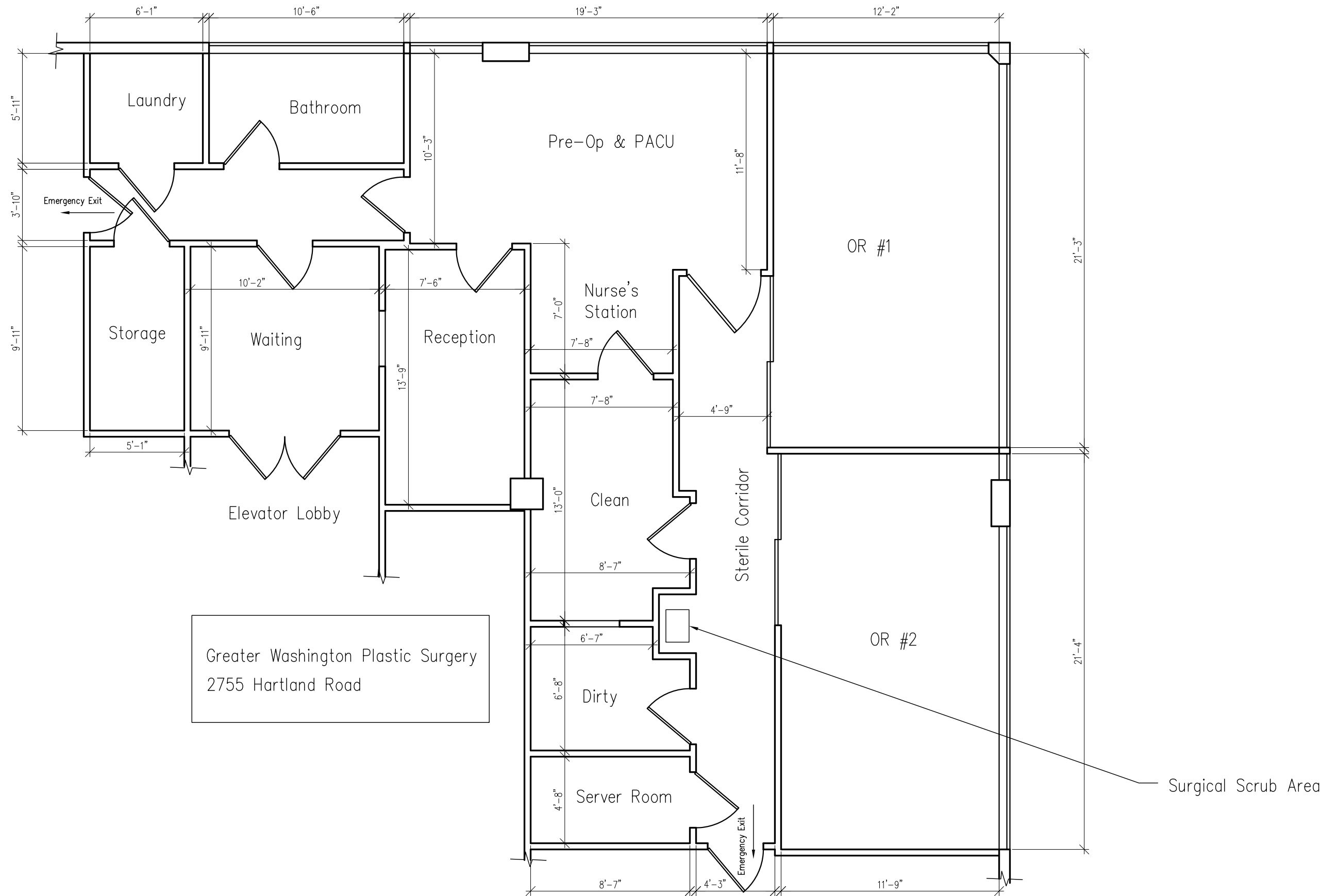
Applicant understands that the medicare and Medicaid patient loads appear low. That is on purpose. This portion of the business is not built to tend to Medicaid/Medicare patients or to provide charity care. There are other portions of DPS that have more of a focus in Medicaid/Medicare patients and charity care. We don't normally track a bad debt expense ratio. If we aren't able to collect on an account, we simply don't count it toward revenue.

If the COPN Committee desires to require applicant to service certain percentages of Medicare, Medicaid, and charity cases, applicant will comply with the Committee's request as a condition of having a COPN license but at this time applicant is unaware of any other specific legal requirement (other than the COPN Committee's insistence as a condition of issuing a COPN license) that would require applicant to meet minimum percentages.

MISCELLANEOUS

DCOPN has not received an application fee for the proposed project. In accordance with 12 VAC 5-220-180, no application will be deemed to be complete for review until the required application fee is paid. The fee schedule is one percent of the proposed expenditure for the project, but no less than \$1,000 and no more than \$20,000.

A check for \$20,000 has been sent under separate cover. To the extent this is more than necessary, please remit a refund back to applicant.



Dominion Plastic Surgery, LLC

Profit and Loss

July 2020 - June 2021

	TOTAL
Income	
GWPSA Income	1,226.50
HHS Payments	207,795.90
Interest Income	26.41
Other Income	244.00
Sales of Product Income	13,443,533.05
Total Income	\$13,652,825.86
GROSS PROFIT	\$13,652,825.86
Expenses	
Accreditation	1,610.00
Advertising & Marketing	22,807.37
Answering Service	968.55
Auto Lease Expense	63,077.24
Bank Charges & Fees	9,459.46
Billing Expenses	221,821.00
Business Gifts	3,037.88
Car & Truck	14,396.68
Computer Supplies & Software	39,151.79
Dues & Memberships	76,007.67
Employer 401(k) Match	5,028.50
Health Insurance	134,421.88
HOA Fees	15,840.00
Insurance	103,527.95
Insurance - Life	6,800.00
Legal & Professional Services	49,214.13
Management Fee	71,086.00
Meals	45,959.20
Meals - 100%	3,994.76
Medical and Office Supplies	439,332.73
Medical Equipment	280.64
Office Expense	3,198.15
Officer Salary	144,199.00
Patient Refunds	475.00
Payment Processing Expense	6,389.02
Payroll Tax Expense	133,872.17
Pension	85,170.56
Recruiting Expense	4,418.26
Rent & Lease	294,025.05
Repairs & Maintenance	34,828.38
Security Expense	633.90
Seminars & Continuing Education	71.08
Shipping/Postage	3,817.86

Dominion Plastic Surgery, LLC

Profit and Loss

July 2020 - June 2021

	TOTAL
Smith Farm Expense	7,747.33
Subcontractor	682.54
Taxes & Licenses	39,959.68
Telephone Expense	4,186.29
Training Expenses	37,000.00
Travel	35,491.21
Utilities	27,489.19
Wages	2,056,454.80
Waste Disposal	3,436.59
Total Expenses	\$4,251,369.49
NET OPERATING INCOME	\$9,401,456.37
Other Income	
PPP Forgiveness Income	582,700.00
Total Other Income	\$582,700.00
Other Expenses	
Depreciation	192,438.54
Total Other Expenses	\$192,438.54
NET OTHER INCOME	\$390,261.46
NET INCOME	\$9,791,717.83

Dominion Plastic Surgery, LLC

Profit and Loss

July 2021 - June 2022

	TOTAL
Income	
GWPSA Income	7,550.40
Interest Income	19.87
Returns & Allowances	-3,486.17
Sales of Product Income	12,204,824.97
Total Income	\$12,208,909.07
GROSS PROFIT	\$12,208,909.07
Expenses	
Accreditation	4,481.00
Advertising & Marketing	26,464.25
Auto Lease Expense	33,714.07
Bank Charges & Fees	9,210.44
Billing Expenses	300,573.00
Business Gifts	762.15
Car & Truck	5,385.50
Computer Supplies & Software	42,811.67
Dues & Memberships	22,524.63
Employer 401(k) Match	8,843.12
Entertainment	216.20
Health Insurance	150,323.23
HOA Fees	15,840.00
Insurance	101,308.65
Insurance - Life	6,800.00
Legal & Professional Services	53,543.56
Meals	51,859.20
Meals - 100%	2,500.00
Medical and Office Supplies	341,024.02
Medical Equipment	31.80
Officer Salary	313,043.52
Payment Processing Expense	16,313.65
Payroll Tax Expense	118,545.03
Recruiting Expense	4,101.86
Rent & Lease	183,998.39
Repairs & Maintenance	14,966.63
Security Expense	497.20
Shipping/Postage	4,004.81
Subcontractor	540,236.85
Subscriptions	364.00
Taxes & Licenses	94,211.33
Telephone Expense	2,157.64
Travel	30,524.55
Utilities	21,157.69

Dominion Plastic Surgery, LLC

Profit and Loss

July 2021 - June 2022

	TOTAL
Wages	1,766,777.94
Waste Disposal	700.68
Total Expenses	\$4,289,818.26
NET OPERATING INCOME	\$7,919,090.81
Other Income	
PPP Forgiveness Income	630,992.00
Total Other Income	\$630,992.00
Other Expenses	
Apple Card Fraud	161.59
Depreciation	48,302.48
Total Other Expenses	\$48,464.07
NET OTHER INCOME	\$582,527.93
NET INCOME	\$8,501,618.74

PRO FORMA FIRST TWO YEARS BUDGET

	YEAR 1 PRO FORMA	YEAR 2 PRO FORMA
INCOME:		
a. Surgical Fees		
Commercially Insured Patients	300,000	750,000
Workers' Comp. Patients	150,000	200,000
Medicaid (DMAS)	10,000	10,000
Medicare	25,000	25,000
Self-Pay	510,000	1,000,000
Uninsured (charity cases)	5,000	5,000
TOTAL INCOME	\$1,000,000	\$1,990,000
EXPENSES:		
a. Operations		
Surgical Nurse	50,000	90,000
Medical Assistant salary	100,000	200,000
Office Administrator Staff salary	70,000	70,000
Chemicals	10,000	15,000
Supplies	40,000	65,000
Insurance	5,000	5,000
Printing/Post Office/Bank Fee	200	200
Business Registration Fee	200	200
Payment processing fees for credit cards	1,000	1,250
b. Rent		
Lease Expense	180,000	180,000
c. Capital Budget	50,000	50,000
TOTAL EXPENSES	\$506,400	\$676,650
d. Taxes		
Business Tax (Fairfax BPOL Tax)	3,100	6,169
Income Tax	160,000	300,000