

Certificate of Accreditation

THIS CERTIFICATE TESTIFIES THAT

PRECISION SURGICAL ARTS

NEWPORT BEACH, CALIFORNIA

for having met the standards of a CLASS C MEDICARE ambulatory surgery facility in which major surgical procedures are performed under intravenous Propofol or general anesthesia with external support of vital organs

Accredited Since:
March 15, 2021

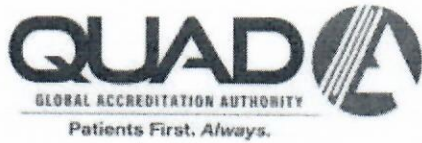
Facility ID#:
7806

Annual Expiration:
October 11, 2026



William B. Rosenblatt, MD
President

Thomas S. Terranova, JD MA MBA
Chief Executive Officer



600 Central Ave. Ste 265 | Highland Park, IL 60035
(direct) 847.775.1970 | (fax) 847.775.1985
info@QuadA.org

Re-Accreditation Decision Letter

Date of Notice: Thursday, September 12, 2024

Director: Semira Bayati, M.D.

Thank you for participating in this important quality assurance and patient safety process administered by QUAD A. The following report contains information relevant to the conclusion of your recent accreditation survey process including your facility accreditation demographic information, accreditation decision, and recent survey history. QUAD A requires that all standards be met in order to achieve accreditation and that 100% compliance must be maintained at all times. QUAD A reserves the right to conduct additional surveys to validate the findings of previous surveys and to ensure continued compliance with standards.

Attached you will find a report containing all of the deficiencies cited during the accreditation survey along with the corrective action plans submitted to QUAD A. The Final Accreditation Decision based on the findings and corrective action taken in response to your recent survey process is Full.

Survey Details Below

Accrediting Organization: QUAD A

Survey Identification Number: 43074

AAAASF Facility Identification Number: 7806

Program Type: ASC

CCN Number: 05C0002289

Provider/Supplier Name and Address:

Precision Surgical Arts
20311 Birch Street, Suite 210
Newport Beach, CA 92660
United States

Survey Request Type: Re-Accreditation

Survey Type: Full Accreditation Survey

Survey Began: Monday, August 5, 2024 Survey Ended: Friday, August 16, 2024

Date Acceptable Plan of Correction Received: Thursday, August 22, 2024

Method of Follow Up: Plan of Correction

Accreditation Decision: Full

Effective Date of Accreditation: Friday, October 11, 2024

Expiration Date of Accreditation: Monday, October 11, 2027

Recommended for Continued Deemed Status: Yes

CMS Condition for Coverage Cited: N/A

Recent Survey History:

Survey	Survey Description	Survey Type	Begin	End	Deficiencies	Corrected	Decision
43074	Full Accreditation Survey	Re-Survey	8/5/2024	8/16/2024	4	4	Full

Sincerely,

QUAD A
Accreditation Committee

cc:
CMS Central Office Survey & Certification Group (via Electronic Mail Box)
CMS Regional Office (via Electronic Mail Box): RO IX – San Francisco
State Department of Health Services



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: PRECISION SURGICAL ARTS
Entity No.: 4626977
Registration Date: 08/12/2020
Entity Type: Stock Corporation - CA - General
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 30, 2024.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 243149533

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Survey & Operations Group
San Francisco & Seattle Survey & Enforcement Division
90 7th Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707



Refer to: SFSSSED- PJ

Official Approval Document - Please read carefully and retain for your records.

March 2, 2022

Semira Bayati, M.D., Medical Director
Precision Surgical Arts
20311 Birch St., Suite 201
Newport Beach, CA 92660-1777

CMS Certification Number (CCN): 05C0002289

Dear Dr. Bayati:

The Centers for Medicare and Medicaid Services (CMS) has enclosed your provider agreement and your CMS Certification Number (CCN). The effective date of this agreement is October 11, 2021.

The Medicare Administrative Contractor (MAC) will now complete the final steps and will notify you of your enrollment or denial including the date when you may begin submitting claims for payment. Your provider agreement and CCN are contingent upon your enrollment into the Medicare program. If your enrollment is ultimately denied by the MAC, your agreement and/or CCN will be voided.

Your facility has been issued the provider number shown above. This number should be used on all correspondence relating to certification. Noridian has been authorized to serve as your Part A/B MAC.

Your continued participation in the Medicare program depends on your ability to achieve and maintain compliance with the Federal regulations at 42 C.F.R. Part 416 - Ambulatory Surgical services as an Ambulatory Surgery Center (ASC). The State survey agency or the CMS may inspect your facility on a periodic basis to determine your compliance with the Federal regulations.

This certification is contingent on your satisfaction of Office for Civil Rights (OCR) requirements. In accordance with Federal regulations at 42 C.F.R. 489.18, you are advised to report any major changes in staffing, services, ownership, or other significant characteristics, which could affect your fiscal and certification status.

If you believe that the initial effective date of participation is incorrect, you may request that CMS reconsider its decision, in accordance with 42 C.F.R. §498.22. Such a request must be filed in writing to this office no later than sixty (60) days from receipt of this letter. Your request for reconsideration to CMS must identify the specific issues, or the findings of fact with which you disagree, and the reasons for the disagreement. 42 C.F.R. §498.22(c).

We look forward to working with you in improving the quality of health care provided to beneficiaries through an efficient and effective administration of the Medicare program.

Please contact Patricia Jung at 415-744-3753 or email at Patricia.Jung@cms.hhs.gov if you have questions.

Sincerely,

Renae Hill

Renae Hill
Manager
Acute & Continuing Care Branch
San Francisco & Seattle

Enclosure: Health Insurance Benefit Agreement

cc: State Agency
State Medicaid Agency

HEALTH INSURANCE BENEFITS AGREEMENT
*(AGREEMENT WITH AMBULATORY SURGICAL CENTER PURSUANT TO
SECTION 1832(a)(2)(F) OF THE SOCIAL SECURITY ACT)*

CCN: 05C0002289

For the purpose of establishing eligibility for payment under title XVIII of the Social Security Act,

Precision Surgical Arts

(Insert Name of Facility)

hereinafter referred to as the Ambulatory Surgical Center, hereby agrees:

- (A) to maintain compliance with the conditions set forth in part 416 of chapter IV, title 42 of the Code of Federal Regulations, and to report promptly to the Centers for Medicare & Medicaid Services (CMS) any failure to do so;
- (B) not to charge a Medicare beneficiary or any other person for items or services for which the beneficiary is entitled to have payment made in accordance with part 416 of chapter IV, title 42 of the Code of Federal Regulations;
- (C) to refund as promptly as possible any money incorrectly collected from beneficiaries or from someone on his or her behalf;
- (D) to furnish to CMS, if requested, information necessary to establish payment rates specified in §416.120 and §416.130 in the form and manner that CMS requires;
- (E) to accept assignment for all facility services furnished in connection with covered surgical procedures as specified in §416.85; and
- (F) to comply with statutory and regulatory requirements regarding revision of the Quality Improvement Organization that contracts with CMS to review ambulatory surgical procedures.

This agreement, upon submission by the Ambulatory Surgical Center and upon acceptance for filing by the Secretary of Health and Human Services, shall be binding on the Ambulatory Surgical Center and the Secretary. The agreement may be terminated by either party in accordance with regulations. In the event of termination, payment will not be available for Ambulatory Surgical Center services furnished on or after the effective date of termination.

This agreement shall become effective on the date specified below by the Secretary or the Secretary's delegate, and shall remain in effect unless terminated. In the event of a transfer of ownership of the Ambulatory Surgical Center, **this Agreement Shall Remain Effective** as between the Secretary of Health and Human Services and the Transferee.

ATTENTION: Read the following provision of Federal law carefully before signing.

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or make any false, fictitious or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement, or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both (18 U.S.C. section 1001).

Accepted for the Ambulatory Surgical Center by:

Accepted for the Secretary of Health and Human Services by:

NAME (SIGNATURE)

NAME (SIGNATURE)

Semira Bayati, M.D.

Renee Hill

TITLE

TITLE

Medical Director

Manager, SF & Seattle Acute & Continuing Care Branch;
SF & Seattle Survey & Enforcement Division; SOG, CMS

DATE

DATE

9.21.2021

03/02/2022

EFFECTIVE DATE OF AGREEMENT

October 11, 2021 (10/11/2021)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0266. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850.