



Health Standards Section Checklist for Initial Licensing AMBULATORY SURGERY CENTER

Application Date:	Anticipated Opening Date:
ASC DBA Name:	ASC Entity/Corporation/Legal Name:
ASC Geographical Address:	ASC Mailing Address (if different):
ASC Phone:	ASC Fax:
Administrator:	Designated Contact Person:
Administrator Phone:	Designated Contact Person Phone:
Administrator E-Mail Address:	Designated Contact E-Mail Address:

DOCUMENTS NEEDED FOR INITIAL LICENSING	
ASC License Application (Form HSS-AS-01)	<input type="checkbox"/>
Letter of Intent	<input type="checkbox"/>
Disclosure of Ownership (Form HSS-ALL-48)	<input type="checkbox"/>
Licensing Fee: \$600.00	<input type="checkbox"/>
DH Plan Review: Release the plan review to HSS in the OSFM's IMS website. The login, first and last name will be required-enter HSSHospitals in each of those fields.	<input type="checkbox"/>
DH Plan Review Attestation (Form HSS-PR-02): must address all cautionary codes and be signed by the administrator/designee and the architect.	<input type="checkbox"/>
AR Plan Review: Release the plan review to HSS in the OSFM's IMS website. The login, first and last name will be required-enter HSSHospitals in each of those fields.	<input type="checkbox"/>
Controlled Dangerous Substance Application Copy	<input type="checkbox"/>
CLIA Certificate or copy of email communication with CLIA Program Manager	<input type="checkbox"/>
Secretary of State, Articles of Incorporation	<input type="checkbox"/>
Office of State Fire Marshall (OSFM) walk through inspection	<input type="checkbox"/>
Office of Public Health (OPH) walk through inspection	<input type="checkbox"/>
If non-profit facility: Attach supporting tax documents	<input type="checkbox"/>
Management agreement (if applicable)	<input type="checkbox"/>
Proof of insurance including general liability insurance of at least \$300,000 per occurrence; Worker's compensation; Professional liability insurance of at least \$100,000 per occurrence/\$300,000 per annual aggregate, or proof of self-insurance of at least \$100,000 along with proof of enrollment as a qualified health care provider with the Louisiana Patient's Compensation Fund (PCF). If not enrolled in the PCF, professional liability limits shall be \$1 million per occurrence/\$3 million per annual aggregate. LDH Health Standards Section shall be identified as the certificate holder on any policies and any certificates of insurance issued as proof of insurance.	<input type="checkbox"/>
Line of Credit of at least \$100,000	<input type="checkbox"/>
Ownership Diagram	<input type="checkbox"/>
DOCUMENTS NEEDED FOR INITIAL CERTIFICATION	
CMS Form 377-Request for Certification	<input type="checkbox"/>
CMS Form 370-Health Insurance Benefits Agreement	<input type="checkbox"/>
855B Approval Letter from the Fiscal Intermediary	<input type="checkbox"/>