From:	Leith MacMillan
То:	Private Health
Cc:	"Neil Henderson"; "Kaushik Hazratwala"
Subject:	FW: Private Health Licensing payment receipt -
Date:	Tuesday, 7 July 2020 8:45:07 AM
Attachments:	image001.jpg
	20200706 attachment 1 - extend-approval-to-build-8936.pdf

Good Morning Helen

Please see attahed form requesting an extension to the license to build a private health facility for Weststate private Hospital. Receipt of payment is noted below.

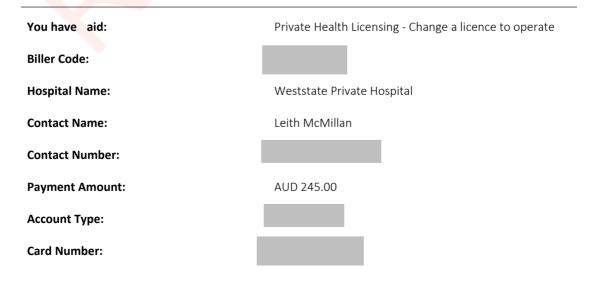
Regards Leith

From: no-reply@bpoint.com.au <no-reply@bpoint.com.au Sent: Tuesday, 7 July 2020 8:27 AM To: Neil Henderson < Subject: Private Health Licensing payment receipt

BPOINT Payment Receipt

Private Health Licensing Level 8 33 Charlotte Street Brisbane, QLD, 4000 Phone: +610737085325 Web: https:// w.health.q d gov.au/system-governance/licences/private-health Email: private_hea_th@health.qld.gov.au

Payment Details



Expiry Date:

Authorisation Result - Approved

Payment Date:

07/07/2020 08:25 AM

Time Zone:

Sydney, Australia

Receipt Number:

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This email has been checked for viruses by AVG antivirus software. www.avg.com

DOH RTI 3332 - File 3

Queensland Application to extend approval to build a new health facility Government

Mandatory field*

Privacy statement: The collection of this information is authorised under Chapters 5 and 6 of the Public Service Act 2008. Your personal details will not be disclosed to any other third party without your consent, unless required to do so by law.

Important: Complete one application	ion per health facility.				
Section 1: Facility details					
Health facility name*			Health facility ty	/pe*	
Weststate Private Hospital			Private hospital		
Physical address		Suburb	State	Postcod	le
29-37 Ingham Road		Townsville	QLD	4 8	1 0
Approval holder name*			Approval refere	nce numb	er*
Weststate Private Pty Ltd			1904/17		
Key contact name*		Position	54		
Ms Leith MacMillan		Compliance Manager			
Contact number	Email address	2.56			
Section 2: Request details	6				
Estimated build start date (if known) Estimated build end date (if kno	own)			
01.02.2021	29.03.2022				
Provide the details of construction	stages (if applicable)	_			
List any other extenuating circums	tances				
Section 3: Supporting doc	cumentation				
Please tick to indicate the relevant		ached with this applicati	on.		
The requirements for this application a	•				
✓ Licence fee*					
Amount*	_				
\$245.00					
Section 4: Submission de	tails				
✓ I am the key contact person as	s detailed above (section 1)				
Date of submission*					
06.07.2020					
Office use only					
QLD Health reference	Customer file number		Licence number		
Comments][

APPROVAL NUMBER: Approval1904/17



Private Health Facilities Act 1999 **Private Health Facilities Regulation 2016**

Department of Health

APPROVAL FOR A PRIVATE HEALTH FACILITY

for

Weststate Private Pty Ltd

proposed licensee of

WESTSTATE PRIVATE

located at 29-37 Ingham Road TOWNSVILLE QLD 4810

The proposed health facility is to be a private hospital licensed for 30 beds.

	000	0008	
Services	CSCF	Services	CSCF
	Level		Level
Anaesthetic Services - Children's > 14 Years	Lvl 4	Medication Services	Lvl 4
Anaesthetic Services		Nuclear Medicine Services	LvI 4
Cardiac Services - Cardiac (Coronary) Care Unit Services		Pathology Services	Lvl 4
Cardiac Services - Cardiac Diagnostic & Interventional Services		Perioperative Services - Day Surgery Services	Lvl 4
Cardiac Services - Cardiac Medicine Services		Perioperative Services - Endoscopy Services	Lvl 4
Cardiac Services - Cardiac Rehabilitation - Inpatient		Perioperative Services - Operating Suite Services	Lvl 4
Intensive Care Services	Lvl 4	Perioperative Services - Post-Anaesthetic Care Services	LvI 4
Medical Imaging Services	LvI 4	Surgical Services - Children's > 14 years	LvI 3
Medical Services	Lvl 4	Surgical Services	Lvl 4

The approval is issued subject to compliance with the Private Health Facilities Act 1999 and the following conditions:

1. Notification of a prescribed change within 21 days of the prescribed change according to Section 23(4) of the Private Health Facilities Act 1999 and Section 6(1) of the Private Health Facilities Regulation 2000. 2. The type of approved health services are those as stated on the approval.

1. Notification of a prescribed change within 21 days of the prescribed change according to Section 23(4) of the Private Health Facilities Act 1999 and Section 6(1) of the Private Health Facilities Regulation 2000. 2. The type of approved health services are those as stated on the approval.

This approval shall commence on the 01 October 2020 The approval shall, unless sooner cancelled, suspended or surrendered, expire on the 30 September 2022

IOKh JULY 2020 Dated at Brisbane this day of ____

Amendment:

Extension of approval for 2 years.

Chief Health Officer