

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

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Good Morning Helen

Please see attached 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 <[REDACTED]>  
**Subject:** Private Health Licensing payment receipt [REDACTED]

### BPOINT Payment Receipt

Private Health Licensing  
 Level 8  
 33 Charlotte Street  
 Brisbane, QLD, 4000  
 Phone: +610737085325  
 Web: <https://www.health.qld.gov.au/system-governance/licences/private-health>  
 Email: [private\\_health@health.qld.gov.au](mailto:private_health@health.qld.gov.au)

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### Payment Details

<b>You have paid:</b>	Private Health Licensing - Change a licence to operate
<b>Biller Code:</b>	[REDACTED]
<b>Hospital Name:</b>	Weststate Private Hospital
<b>Contact Name:</b>	Leith McMillan
<b>Contact Number:</b>	[REDACTED]
<b>Payment Amount:</b>	AUD 245.00
<b>Account Type:</b>	[REDACTED]
<b>Card Number:</b>	[REDACTED]

Expiry Date:



## Authorisation Result - Approved

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Payment Date:

07/07/2020 08:25 AM

Time Zone:

Sydney, Australia

Receipt Number:



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[www.avg.com](http://www.avg.com)

RTI Release



**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 per health facility.

### Section 1: Facility details

Health facility name*		Health facility type*	
Weststate Private Hospital		Private hospital	
Physical address	Suburb	State	Postcode
29-37 Ingham Road	Townsville	QLD	4 8 1 0
Approval holder name*		Approval reference number*	
Weststate Private Pty Ltd		1904/17	
Key contact name*		Position	
Ms Leith MacMillan		Compliance Manager	
Contact number	Email address		
[REDACTED]	[REDACTED]		

### Section 2: Request details

Estimated build start date (if known)	Estimated build end date (if known)
01.02.2021	29.03.2022
Provide the details of construction stages (if applicable)	
[REDACTED]	
List any other extenuating circumstances	
[REDACTED]	

### Section 3: Supporting documentation

Please tick to indicate the relevant supporting documentation is attached with this application.  
The requirements for this application are referenced in section 25(3) (b) of the *Private Health Facilities Act 1999*.

Licence fee\*

Amount\*

\$245.00

### Section 4: Submission details

I am the key contact person as detailed above (section 1)

Date of submission\*

06.07.2020

### Office use only

QLD Health reference	Customer file number	Licence number
[REDACTED]	[REDACTED]	[REDACTED]
Comments		
[REDACTED]		

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**.

Services	CSCF Level	Services	CSCF Level
Anaesthetic Services - Children's > 14 Years	Lvl 4	Medication Services	Lvl 4
Anaesthetic Services	Lvl 3	Nuclear Medicine Services	Lvl 4
Cardiac Services - Cardiac (Coronary) Care Unit Services	Lvl 5	Pathology Services	Lvl 4
Cardiac Services - Cardiac Diagnostic & Interventional Services	Lvl 4	Perioperative Services - Day Surgery Services	Lvl 4
Cardiac Services - Cardiac Medicine Services	Lvl 4	Perioperative Services - Endoscopy Services	Lvl 4
Cardiac Services - Cardiac Rehabilitation - Inpatient	Lvl 5	Perioperative Services - Operating Suite Services	Lvl 4
Intensive Care Services	Lvl 4	Perioperative Services - Post-Anaesthetic Care Services	Lvl 4
Medical Imaging Services	Lvl 4	Surgical Services - Children's > 14 years	Lvl 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**

Dated at Brisbane this 10th day of JULY 2020

Chief Health Officer

Amendment:

- Extension of approval for 2 years.