

VOID SHEET

TO: License Fee Management Branch

FROM: RTT

SUBJECT: VOIDED APPLICATION

Control Number: 257260

Applicant: Metropolitan Hospital

Date Voided: 5/5/97

Reason for Void: Amendment not required  
at this time.

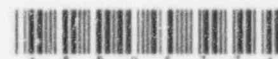
Dean Heine 5/5/97  
Signature Date

Attachment:  
Official Record Copy of  
Voided Action

FOR LFMB USE ONLY

Final Review of VOID Completed:

- ☐ Refund Authorized and processed
- ☐ No Refund Due
- ☐ Fee Exempt or Fee Not Required



Comments: \$440 Check was Returned

Log completed

Processed by: Rem

130000

9706200206 970505  
PDR ADDCK 03012684  
C PDR

ML20 0/1

From: Earl Wright  
To: TWD2.TWP9.REM1  
Date: 6/10/97 1:17pm  
Subject: METROPOLITAN HOSPITAL, INC. -Reply

Rita:

I received a letter from the licensee (BY FAX on 5/7/97). Based on this letter it appears to me that no license amendment will be required.

The information provided by the licensee is being evaluated as a change of ownership, but neither the licensee's name or radiation safety program have changed. (Thus, it appears to me that the licensee's check can be returned.)

Sorry for the confusion.

CC: DDH

*Rita -*

*This is the voided  
phg. you requested.*

*Thanka  
Diane*

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

: (FOR LFMS USE)  
: INFORMATION FROM LTS  
: -----  
:  
: Program Code: 02120  
: Status Code: 0  
: Fee Category: 7C  
: Exp. Date: 20030331  
: Fee Comments: CODE 23  
: Decom Fin Assur Req'd: N  
: .....

1996 NOV -8 AM 10:40

LICENSE FEE TRANSMITTAL

A. REGION II

1. APPLICATION ATTACHED

Applicant/Licensee: METROPOLITAN HOSPITAL, INC.  
Received Date: 961105  
Docket No.: 3012684  
Control No.: 257260  
License No.: 45-17395-01  
Action Type: Amendment

2. FEE ATTACHED

Amount: NONE  
Check No.: \_\_\_\_\_

3. COMMENTS

Signed DIANE HEIM  
Date 11/6/96

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered 1/1)

1. Fee Category and Amount: 7C *Varied*
2. Correct Fee Paid. Application may be processed for:  
Amendment ✓  
Renewal \_\_\_\_\_  
License \_\_\_\_\_

3. OTHER \_\_\_\_\_

Signed Rita Messier  
Date 5/5/97

Log	Nov 2	II
Revised for		
Check No.	4090 7160	
Amount	\$440	(Check Returned 6/17/97)
Fee Category	7C	
Type of Fee	Amcl	
Date Check Rec'd.		
Date Completed	5/8/97	
By	Lem	

# Metropolitan Hospital

701 West Grace Street  
Richmond, VA 23220

October 30, 1996

Nuclear Regulatory Commission  
Region II  
101 Marietta St., N.W., Suite 2900  
Atlanta, GA 30323-0199

License No. 45-1795-01

Gentlemen:

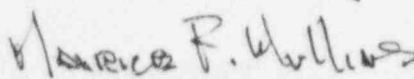
SUBJECT: Change in ownership of Metropolitan Hospital.

This letter is to inform you that effective immediately Metropolitan Hospital, 701 W. Grace St., Richmond, VA 23220 is now owned by:

Paracelsus Healthcare Corporation  
515 W. Green Rd., Suite 800  
Houston, TX 77067

The RSO of the hospital will remain the same. If you have any questions concerning this letter, please contact Maurice F. Mullins, M.D., Radiation Safety Officer, 701 W. Grace St., Richmond, VA 23220, at (804) 775-4195.

Sincerely,

  
Maurice F. Mullins, M.D.

257260

## LICENSE FEE REQUIREMENTS

LICENSE FEE AND DEBT COLLECTION BRANCH  
DIVISION OF ACCOUNTING AND FINANCE  
OFFICE OF THE CONTROLLER  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001METROPOLITAN HOSPITAL, INC.  
ATTN: MAURICE F. MULLINS, M.D.  
RADIATION SAFETY OFFICER  
701 WEST GRACE STREET  
RICHMOND, VA 23220

## TYPE OF ACTION

- ☐ NEW LICENSE  
☐ RENEWAL OF LICENSE  
☒ AMENDMENT TO LICENSE

REQUESTED DATE

10-30-96

LICENSE NUMBER

45-17395-01

CONTROL NUMBER

257260 ATTN: RITA MESSIER, LFARB, T9E10

## I. APPLICATION FEE DUE

Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of the enclosed Federal Register notice. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.

FEE CATEGORY	APPLICATION	RENEWAL	AMENDMENT
7C	\$	\$	\$ 440.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(S) DUE	\$	440.00
PAYMENT RECEIVED	\$	
AMOUNT DUE	\$	440.00

- ☒ Your request was received without the prescribed application fee.
- ☐ We received your Check No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_. Payment of the additional fee noted above is required.
- ☐ Your request will increase the scope of your license program. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(d)(2).
- ☐ Your license expired prior to the receipt of your application for renewal. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(a).

MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM THE DATE LISTED BELOW, WE SHALL ASSUME THAT YOU DO NOT WISH TO PURSUE YOUR APPLICATION AND WILL VOID THIS ACTION.

SIGNATURE -- LICENSE FEE ANALYST

RITA MESSIER

LFDCB

REMessier

11/13/96

LFDCB

*Rem*

## II. FEE NOT REQUIRED

- ☐ Enclosed is Check No. \_\_\_\_\_ which accompanied your request. The fee is not required because:
- ☐ We received your Check No. \_\_\_\_\_ in payment of the fee.
- ☐ The Licensing staff has informed us that your request is to be considered as a continuation of your request dated \_\_\_\_\_, Control No. \_\_\_\_\_.
- ☐ Your request was combined, prior to review, with your \_\_\_\_\_ request, Control No. \_\_\_\_\_.

## III. CHECK RETURNED

- ☐ Enclosed is Check No. \_\_\_\_\_ which was returned to us by the bank for:
- ☐ INSUFFICIENT FUNDS
- ☐ ACCOUNT CLOSED
- ☐ OTHER

MAIL THE REPLACEMENT CHECK TO THE ADDRESS LISTED AT THE TOP OF THIS FORM AND REFERENCE THE ABOVE CONTROL NUMBER.

## IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE

- ☐ License No. \_\_\_\_\_, Amendment No. \_\_\_\_\_, issued on \_\_\_\_\_ was issued without the required fee being collected. The fee required is noted in Section I of this form.
- ☐ The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section 1 of this form. Refer to Section 170.31 and Footnote 1(d)(2).
- ☐ Because of the urgency of your request, the license was issued without remittance of the prescribed fee noted in Section 1 of this form.

Distribution:

Pending Fee File

LFARB R/F (2)

OC/DAF RF

OC/DAF/SF(LF-3 2.7)

Region II

DATE

11-13-96



## LICENSE FEE REQUIREMENTS

LICENSE FEE AND DEBT COLLECTION BRANCH  
DIVISION OF ACCOUNTING AND FINANCE  
OFFICE OF THE CONTROLLER  
U.S. NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001METROPOLITAN HOSPITAL, INC.  
ATTN: MAURICE F. MULLINS, M.D.  
RADIATION SAFETY OFFICER  
701 WEST GRACE STREET  
RICHMOND, VA 23220

## TYPE OF ACTION

- ☐ NEW LICENSE  
☐ RENEWAL OF LICENSE  
☒ AMENDMENT TO LICENSE

## REQUESTED DATE

10-30-96

## LICENSE NUMBER

45-17395-01

## CONTROL NUMBER

257260

THE LICENSING STAFF HAS INFORMED US THAT AN AMENDMENT  
IS NOT REQUIRED.

## I. APPLICATION FEE DUE

Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of the enclosed Federal Register notice. Payment of the fee is required prior to the issuance of the license, renewal, or amendment.

FEE CATEGORY	APPLICATION	RENEWAL	AMENDMENT
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(S) DUE	\$
PAYMENT RECEIVED	\$
AMOUNT DUE	\$

## II. FEE NOT REQUIRED

☒ Enclosed is Check No. 40007167 which accompanied your request. The fee is not required because: ☐ We received your Check No. \_\_\_\_\_ in payment of the fee.☐ The Licensing staff has informed us that your request is to be considered as a continuation of your request dated \_\_\_\_\_, Control No. \_\_\_\_\_.☐ Your request was combined, prior to review, with your \_\_\_\_\_ request, Control No. \_\_\_\_\_.

## III. CHECK RETURNED

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☐ ACCOUNT CLOSED  
☐ OTHER

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SIGNATURE -- LICENSE FEE ANALYST

RITA MESSIER

LFDCB

REMessier

6/17/97

LFDCB

Distribution:

Pending Fee File OC/DAF/RF (LF-3.2.7)

LFARB R/F (2) Region I

DATE

6-17-97