

VOID SHEET

TO: License Fee Management Branch

FROM: RIII

SUBJECT: VOIDED APPLICATION

Control Number:

399807

Applicant:

Indiana Heart Physicians

License Number:

13-26260-01

Docket Number:

030-31994

Date Voided:

May 16, 1996

Renewal voided due to new extension rule. Voided before review.  
Refund due.

Signature [Signature]

Date 5/16/96

Attachment:  
Official Record Copy of  
Voided Action

FOR LFMB USE ONLY

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

Comments: \_\_\_\_\_  
\_\_\_\_\_

Log completed ☒

Processed by: SAC 6/20/96

220061

9607220042 960516  
PDR ADOCK 03031994  
C PDR

0/1  
ML  
30  
BT

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM  
REGIONAL LICENSING SECTIONS

(FOR LFMS USE)  
INFORMATION FROM LTS

PROGRAM CODE: 02201  
STATUS CODE: 2  
FEE CATEGORY: 7C  
EXP. DATE: 19960228  
FEE COMMENTS:  
DECOM FIN ASSUR REGDTN

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: INDIANA HEART PHYSIC  
RECEIVED DATE: 960111  
DOCKET NO: 3031994  
CONTROL NO: 399207  
LICENSE NO: 13-26260-01  
ACTION TYPE: RENEWAL

**REFUND DUE -  
ELIGIBLE FOR EXTENSION**

2. FEE ATTACHED

AMOUNT: 1300  
CHECK NO: 22221

3. COMMENTS

SIGNED  
DATE

*D. Hersey*  
*7-23-96*

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED ☒)

1. FEE CATEGORY AND AMOUNT:

*7C*

*\$1400*

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:

AMENDMENT  
RENEWAL ☒  
LICENSE

3. OTHER

SIGNED  
DATE

*SC*  
*March 5, 1996*

Log	<i>Jan 15 III</i>
Remitter	
Check No.	<i>22221 / 22517</i>
Amount	<i>\$1300 + \$100</i>
Fee Category	<i>7C</i>
Type of Fee	<i>Renewal</i>
Date Check Rec'd	<i>4/24/96</i>
Date Completed	<i>3/5/96</i>
By:	<i>SC</i>

*Refund \$1400*

*Rec'd / Sep. by OC*

**RECEIVED**

**MAR 07 1996**

**REGION III**



UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION III  
801 WARRENVILLE ROAD  
LISLE, ILLINOIS 60532-4351

**MAY 16, 1996**

**NOTE TO LICENSEES WHO SEND IN RENEWAL PACKAGES**

On January 16, 1996, the Nuclear Regulatory Commission (NRC) amended its regulations in 10 CFR 30, 40, and 70 to extend the expiration date of qualified byproduct, source and special nuclear material licenses by five years (61 FR 1109). Your license was extended by this rulemaking and you will soon receive a letter notifying you of this. If a refund is due, this will be handled by the License Fee and Accounts Receivable Branch in our headquarters office. Because of this extension, your renewal package is being returned to you.

Please note that if there are elements within your renewal package that need to be incorporated into your license, you must submit a request for an amendment along with the appropriate fee.

If you have any questions please contact the Region III office at (708) 829-9887.

**Thank You - Region III**



INDIANA HEART PHYSICIANS, INC.

112 North 17th Avenue, Suite 300  
Beech Grove, Indiana 46107-1228  
(317) 783-8800 (800) 992-2081

R  
030-31994

December 28, 1995

UNITED STATES REGULATORY COMMISSION  
Region III, Materials Licensing Section  
801 Warrenton Road  
Lisle, IL 60532-4351

H.O. Hickman, Jr. MD, FACC  
Thomas M. Mueller, MD, FACC  
J. Douglas Graham, MD, FACC  
Kathleen H. Flohr, MD, PhD, FACC  
Jeffrey L. Christie, MD, FACC  
Stephen H. Kliman, MD, FACC  
Thomas C. Fasso, MD, FACC  
John E. Balchelder, MD, FACC  
Mark D. Cohen, MD, FACC  
William J. Berg, MD, FACC  
Thomas D. Hughes, DO, FACC  
George E. Ravtyak, MD, FACC  
Jeffrey R. Mossler, MD, FACC  
Irwin N. Labin, MD, FACC

Chief Executive Officer  
Robert C. Intruss, Ph.D.

At Columbus

David J. Hamilton, MD, FACC  
Aron C. Preuss, MD, FACC  
Melinda W. Huncutt, MD  
Mark E. Hatfield, MD

Re: Renewal of License No. 13-26260-61

Our license expires February 28, 1996. We understand that there are proposed rule changes which may extend our license expiration date by five years. We believe we are candidates for this extension for the following reasons.

1. We have had at least one inspection since our license was issued.
2. We do not have any enforcement actions pending and have not received any fines as a result of our inspection.
3. We do not have any changes to our existing license conditions which would require an amendment.

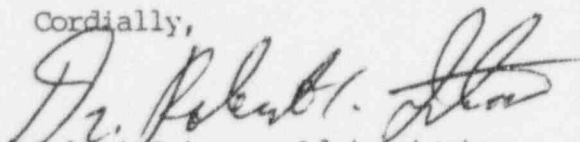
We have reviewed our current license conditions and find them to still be applicable. We have enclosed a list of the documents/procedures which we have reviewed. Minor changes have been made to some of the procedures to reflect the changes in Parts 20 and 35 which have occurred since our last application was filed.

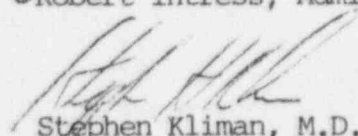
We have enclosed the \$1300.00 renewal fee. We understand that if we are granted this five year extension, this fee will be returned to us.

Please contact us or our consultant, Edward E. Wroblewski at (317) 581-1911, if you have any questions.

Thank you for your cooperation on this matter.

Cordially,

  
Robert C. Intruss, Administrator

  
Stephen Kliman, M.D., RSO

RECEIVED  
JAN 19 1996  
REGION III

399807



## 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 20555-0001Indiana Heart Physicians, Inc.  
ATTN: Dr. Stephen Kilman  
112 North 17th Avenue Ste 300  
Beech Grove, Indiana 46107-1229

## TYPE OF ACTION

☐ NEW LICENSE☒ RENEWAL OF LICENSE☐ AMENDMENT TO LICENSE

## REQUESTED DATE

December 28, 1995

## LICENSE NUMBER

13-26260-01

## CONTROL NUMBER

399807

## 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	\$	\$1400	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

FEE(s) DUE \$1400  
PAYMENT RECEIVED \$1300  
AMOUNT DUE \$100☐ Your request was received without the prescribed application fee.☒ We received your Check No. 22221 in the amount of \$1300. 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

LFDCB

LFDCB

Shirley Crutchfield

1/30/96

1 1

## 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 I 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 I of this form.

DISTRIBUTION

OC/DAF/RF

LFDCB R/F (2)

Pending Fee File  
Region 3

DATE

Jan. 30, 1996

January 23, 1996

Stephen H. Kliman, M.D.  
Radiation Safety Officer  
Indiana Heart Physicians, Inc.  
Suite 300  
112 N. 17th Avenue  
Beech Grove, IN 46107

SUBJECT: LICENSE RENEWAL APPLICATION

Dear Dr. Kliman:

This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

Any correspondence regarding the renewal application should reference the control number specified and your license number.

Sincerely,

Original Signed By  
Marianne Meenan, Chief  
Nuclear Materials Support Branch

License No. 13-26260-01  
Control No. 399807

DOCUMENT NAME: M:\03031994.DT6

To receive a copy of this document, indicate in the box: "C" = Copy without attachment/enclosure "E" = Copy with attachment/enclosure "N" = No copy

OFFICE	DNMS/RIII	<input checked="" type="checkbox"/>							
NAME	MMEENAN:brt <i>mm</i>								
DATE	01/23 /96								

OFFICIAL RECORD COPY

# DIVISION OF ACCOUNTING AND FINANCE REQUEST FOR REFUND TO EMPLOYEE/VENDOR

THE EMPLOYEE/VENDOR IDENTIFIED BELOW HAS OVERPAID THE NUCLEAR REGULATORY COMMISSION FOR GOODS AND/OR SERVICES PROVIDED AND IS DUE A REFUND

EMPLOYEE/VENDOR/PAYEE CODE: 132626001 L

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TRANS CODE: PX

TRANS TYPE: FE FUND: X5280 JOB CODE: \_\_\_\_\_ AMOUNT: \$1400

TRANS TYPE: IR FUND: R1435 JOB CODE: INTR AMOUNT: \_\_\_\_\_

TRANS TYPE: IR FUND: R1099 JOB CODE: ADCH AMOUNT: \_\_\_\_\_

TRANS TYPE: IR FUND: R1099 JOB CODE: FINE AMOUNT: \_\_\_\_\_

TOTAL REFUND AMOUNT: \$1400

COMMENTS: LIC13-26260-01 XTND PER RLMKNG

CK 22221/22517  
(limit comments to 40 characters, including spaces)

PREPARED BY: Shirley Crutfield DATE: June 20, 1996

AUTHORIZED BY: Jennifer Kimberley DATE: 7/17/96

ORIGINAL INV. NO: \_\_\_\_\_ DATE PAID: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

REFUND ENTERED INTO COLLECT BY: \_\_\_\_\_

REFUND DETERMINED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Jun 15 III  
REN 7C \$1400  
22221 std 1/16/96 \$1300  
22517 " 2/27/96 \$100  
399807