

State of Connecticut Office of Health Care Access Letter of Intent Form Form 2030

All Applicants involved with the proposal must be listed for identification purposes. A proposal's Letter of Intent (LOI) form must be submitted prior to a Certificate of Need application submission to OHCA by an Applicant, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please complete and submit Form 2030 to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If this proposal has more than two Applicants, please attach a separate sheet, supplying the same information for each additional Applicant in the format presented in the following table.

| | Applicant One | Applicant Two |
|---|---|---|
| Full legal name | Invision Medical Imaging, LLC | |
| Doing Business As | Invision Medical, LLC | |
| Name of Parent Corporation | | |
| Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail | P.O. Box 370039 West Hartford, CT 06137 -OR- 21 Arch Road, Suite B Avon, CT 06001 | |
| What is the Applicant's Status: P for Profit or NP for Nonprofit | P | |
| Does the Applicant have Tax Exempt Status? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Contact Person, including Title/Position: This Individual will be the Applicant's Designee to receive all correspondence in this matter. | Kimberly Bauer Office Manager | |

| | |
|--|---|
| Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail | P.O. Box 370039 West Hartford, CT 06137 -or- 21 Arch Road, Suite B Avon, CT 06001 |
| Contact Person's Telephone Number | (860) 673-1955 |
| Contact Person's Fax Number | (860) 673-8379 |
| Contact Person's e-mail Address | kimmbauer@hotmail.com |

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Acquisition of an open MRI by a solo radiology practice.

b. Type of Proposal, please check all that apply:

Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

Project expenditure/cost greater than \$ 3,000,000

Equipment Acquisition

| | | |
|---|--------------------------------------|--|
| <input checked="" type="checkbox"/> New | <input type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical (> \$3,000,000) |
|---|--------------------------------------|--|

| | |
|---|---|
| <input checked="" type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator |
|---|---|

Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$3,000,000

c. Location of proposal, identifying Street Address, Town and Zip Code:

21 Arch Road, Suite A, Avon, CT 06001

d. List each town this project is intended to serve:

Avon, Canton, Farmington, Simsbury, Torrington, and West Hartford

e. Estimated starting date for the project: June 1, 2007

f. Type of project: 19, 34

(Fill in the appropriate number(s) from page 7 of this Form)

Number of Beds (to be completed if changes are proposed)

| Type | Existing Staffed | Existing Licensed | Proposed Increase or (Decrease) | Proposed Total Licensed |
|------|---------------------|----------------------|------------------------------------|----------------------------|
| | | | | |
| | | | | |

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

a. Estimated Total Project Cost: \$ 934,100.00

b. Please provide the following tentative capital expenditure/costs related to the proposal:

| | |
|---|------------------|
| Medical Equipment Purchases | \$594,100 |
| Major Medical Equipment Purchases | |
| Non-Medical Equipment Purchases* | |
| Land/Building Purchases | |
| Construction/Renovation | \$340,000 |
| Other (Non-Construction) Specify: _____ | |
| Total Capital Expenditure | \$934,100 |
| Medical Equipment – Fair Market Value of Leases | |
| Major Medical Equipment – Fair Market Value of Leases | |
| Non-Medical Equipment – Fair Market Value of Leases* | |
| Fair Market Value of Space – Capital Leases Only | |

| | |
|---|------------------|
| Total Capital Cost | \$934,100 |
| Total Project Cost | \$934,100 |
| Capitalized Financing Costs (Informational Purpose Only) | |

* Provide an itemized list of all non-medical equipment to be purchased and leased.

c. If the proposal has a total capital expenditure/cost of \$20,000,000 or more, you may request a Waiver of Public Hearing pursuant to Section 19a-643-45 of OHCA's Regulations? Please check the your preference as follows:

No Yes

If you checked "Yes" above, please check the appropriate box below:

Energy Fire Safety Code Non Substantive

If you checked "Yes" to the Waiver of Public Hearing, please provide the following:

a) Supporting documentation from elected town officials
(i.e. letter from Mayor's Office).

Major Medical and/or Imaging Equipment Acquisition:

| Equipment Type | Name | Model | Number of Units | Cost per unit |
|----------------|---------------------|--|-----------------|---------------|
| MRI | Hitachi Airis II | Airis II 0.3T Open Permanent Magnet System | 1 | \$485,000.00 |
| | | | | |

Note: Provide a copy of the vendor contract or quotation for the major medical/imaging equipment.

d. Type of financing or funding source (more than one can be checked):

| | | |
|--|--|---|
| <input checked="" type="checkbox"/> Applicant's Equity | <input type="checkbox"/> Capital Lease | <input checked="" type="checkbox"/> Conventional Loan |
| <input type="checkbox"/> Charitable Contributions | <input type="checkbox"/> Operating Lease | <input type="checkbox"/> CHEFA Financing |
| <input type="checkbox"/> Funded Depreciation | <input type="checkbox"/> Grant Funding | <input type="checkbox"/> Other (specify): _____ |

SECTION IV. PROJECT DESCRIPTION

Please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following items need to be addressed, if applicable.

1. List the types of services are currently being provided. If applicable, provide a copy of each Department of Public Health (DPH) license held by the Applicant.
2. List the types of services are being proposed and what DPH licensure categories will be sought, if applicable.
3. Identify the current population served and who is the target population to be served.
4. Identify any unmet need and describe how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. Describe the anticipated effect of this proposal on the health care delivery system in the State of Connecticut.
7. Who will be responsible for providing the service?
8. Who are the current payers of this service and identify any anticipated payer changes when the proposed project becomes operational?

AFFIDAVIT

To be completed by each Applicant

Applicant: Invision Medical Imaging, LLC

Project Title: Acquisition of an open MRI by a solo radiology practice.

I, Abner S. Gershon, M.D., Chief Executive Officer

(Name)

(Position – CEO or CFO)

of Invision Medical Imaging, LLC being duly sworn, depose and state that the information provided in this CON Letter of Intent (Form 2030) is true and accurate to the best of my knowledge, and that Invision Medical, LLC complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Abner S. Gershon, M.D.
Signature

12/14/06
Date

Subscribed and sworn to before me on DECEMBER 14, 2006

RICHARD J. SMITH
Notary Public/Commissioner of Superior Court

RICHARD J. SMITH
NOTARY PUBLIC

MY COMMISSION EXPIRES AUG. 31, 2009

My commission expires: _____

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. PET/CT Scanner
23. Other Imaging Services
24. Lithotripsy
25. Other Medical Equipment
26. Mobile Services
27. Other Outpatient
28. Central Services Facility
29. Occupational Health

Non-Clinical

30. Facility Development
31. Non-Medical Equipment
32. Land and Building Acquisitions
33. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
34. Renovations
35. Other Non-Clinical

Project title: Acquisition of an open MRI by a solo radiology practice.

Applicant: Invision Medical Imaging, LLC

Attachment to Form 2030

SECTION IV. PROJECT DESCRIPTION

1. List the types of services are currently being provided. If applicable, provide a copy of each Department of Public Health (DPH) license held by the Applicant.

Invision Medical Imaging, LLC is the private radiology practice of Dr. Abner Gershon, M.D.. I, Dr. Gershon, am a practicing licensed physician in the state of Connecticut. I am a board certified radiologist with a Certificate of Added Qualification in Neuroradiology. Currently the main service that I provide at my office is the interpretation of MRI studies performed by other medical practices. I also directly care for a variety of patients whose problems include lumbar spine disk herniations, lumbar spine fractures, brain aneurysms, varicose veins, and other spine and/or vascular problems.

2. List the types of services are being proposed and what DPH licensure categories will be sought, if applicable.

I am proposing to add the performance of MRI imaging studies as an additional service in my office. More specifically these studies will include diagnostic imaging of the brain, spine, and large joints using an open MRI system.

3. Identify the current population served and who is the target population to be served.

My practice is open to all of the residents of Connecticut, however, the majority of my patients have primary residences in Avon, Canton, Farmington, Simsbury, Torrington, or West Hartford.

4. Identify any unmet need and describe how this project will fulfill that need.

Within my medical community there is currently one unmet need of primary care physicians to have their patient's MRI studies interpreted by a subspecialist neuroradiologist. Many of the brain and spine MRI studies currently performed in my community are interpreted by physicians that lack the same depth of specialized knowledge that I have acquired during a two-year neuroradiology fellowship and subsequently in 10 years of neuroradiology practice.

Project title: Acquisition of an open MRI by a solo radiology practice.

Applicant: Invision Medical Imaging, LLC

Attachment to Form 2030

The patients that I care for directly frequently have complex medical problems. These patients have an unmet need to undergo custom tailored imaging examinations, designed by someone knowledgeable about their individual diagnostic challenges, in order to obtain accurate diagnoses. The available MRI facilities in my medical community typically rely on "cook book" protocols and frequently fail to provide a high level of physician supervision.

As a solo radiology practitioner I have an unmet need to be able to fully practice my medical specialty of radiology due to my current inability to provide MRI scanning services.

5. Are there any similar existing service providers in the proposed geographic area?

There are MRI service providers in my geographic area. These include Jefferson Radiology, Radiology Associates of Hartford P.C., Mandel and Blau P.C., and Medical Imaging Center P.C.

6. Describe the anticipated effect of this proposal on the health care delivery system in the State of Connecticut.

This proposal, if allowed to go forward, will provide an additional option for Connecticut patients that need to undergo an MRI exam and an additional option for their doctors. This proposal will not have any negative effect on existing medical practices or medical facilities within the geographic region.

7. Who will be responsible for providing the service?

Dr. Abner S. Gershon, M.D. will be responsible for providing this service.

8. Who are the current payers of this service and identify any anticipated payer changes when the proposed project becomes operational?

All of the private medical insurance companies that operate in the state of Connecticut provide insurance policies that include paying for MRI studies. Medicare and Medicaid both pay for MRI studies when indicated for patients enrolled in these programs. Some patients that either lack medical insurance or have high medical insurance deductibles pay for MRI services directly. I don't expect any changes to this mix when operational.



STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

February 2, 2007

Kimberly Bauer
Invision Medical Imaging, LLC
21 Arch Road Suite B
Avon, CT 06001

Re: Letter of Intent, Docket Number 06-30894
Invision Medical Imaging, LLC
Acquisition of an Open Magnetic Resonance Imaging Scanner
Notice of Letter of Intent

Dear Ms. Bauer:

On December 19, 2006, the Office of Health Care Access ("OHCA") received the Letter of Intent ("LOI") Form of Invision Medical Imaging LLC ("Applicant") for Acquisition of an Open Magnetic Resonance Imaging Scanner, at a total capital expenditure of \$934,100.

A notice to the public regarding OHCA's receipt of a LOI was published in *The Hartford Courant* pursuant to Section 19a-639 of the Connecticut General Statutes. Enclosed for your information is a copy of the notice to the public.

Sincerely,

Kimberly R. Martone
Certificate of Need Supervisor

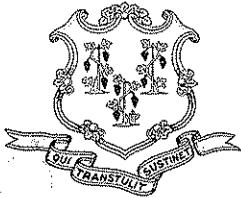
KRM:SL:bko

An Equal Opportunity Employer

410 Capitol Avenue, MS #13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308

Telephone: (860) 418-7001 • Toll free (800) 797-9688

Fax: (860) 418-7053



STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

February 2, 2007

Requisition # HCA07-115
E-Mail: Publicnotices@courant.com

The Hartford Courant
285 Broad Street
Hartford, CT 06115

Gentlemen/Ladies:

Please make an insertion of the attached copy, in a single column space, set solid under legal notices, in the issue of your newspaper by no later than Tuesday, February 6, 2007.

Please provide the following **within 30 days** of publication:

- Proof of publication (copy of legal ad. acceptable) showing published date along with the invoice.

If there are any questions regarding this legal notice, please contact **Steven Lazarus** at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,



Kimberly R. Martone
Certificate of Need Supervisor

Attachment

KRM:SL:bko

c: Sandy Salus, OHCA

An Equal Opportunity Employer

410 Capitol Avenue, MS #13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308
Telephone: (860) 418-7001 • Toll free (800) 797-9688
Fax: (860) 418-7053

PLEASE INSERT THE FOLLOWING:

Statute Reference: 19a-639
Applicant: Invision Medical Imaging, LLC
Town: Avon
Docket Number: 06-30894-LOI
Proposal: Acquisiton of an Open Magnetic Resonance Imaging
Scanner
Total Capital Expenditure: \$934,100

The Applicant may file its Certificate of Need application between February 17, 2007 and April 18, 2007. Interested persons are invited to submit written comments to Cristine A. Vogel, Commissioner Office of Health Care Access, 410 Capitol Avenue, MS13HCA P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available for inspection at OHCA. A copy of the Letter of Intent or a copy of Certificate of Need Application, when filed, may be obtained from OHCA at the standard charge. The Certificate of Need application will be made available for inspection at OHCA, when it is submitted by the Applicant.

Olejarz, Barbara

From: Wearne, Christina [cwearne@courant.com]
Sent: Friday, February 02, 2007 12:16 PM
To: Olejarz, Barbara
Subject: RE: Legal Ad

Hi Barbara,

Your ad is all set to run on 2/04. The total cost is \$ 215.09 and the size is 1 x 2.75. Please let me know if you have any questions.

Thanks
Chrissi

From: Olejarz, Barbara [mailto:Barbara.Olejarz@po.state.ct.us]
Sent: Friday, February 02, 2007 11:32 AM
To: publicnotices@courant.com
Subject: Legal Ad

2/2/07

Hartford Courant
Legal Ad Department

Please post the attached Legal Ad in your newspaper no later than February 6, 2007. Please let me know that you have received our request.

Thank you.

Barbara Olejarz
Office of Health Care Access
418-7017