The Hospital of
Central Connecticut

at New Britain General and Bradley Memorial

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CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

100 Grand Street
New Britain, CT 06050
860-224-5011 or 860-224-6244

81 Meriden Avenue
Southington, CT 06489
860-276-5000

www.thocc.org
Laurence A. Tanner, President

December 11, 2006

Cristine A. Vogel, Commissioner
Office of Health Care Access
410 Capital Avenue, MS #13HCA
P.O. Box 340308
Hartford, Connecticut 06134-0308

RE: Letter of Intent
The Hospital of Central Connecticut
At New Britain General Campus
64 Slice CT/PET Scanner Purchase

Dear Commissioner Vogel:

Enclosed are an original and five copies of the Letter of Intent submitted on behalf of The Hospital of Central Connecticut ("HCC") regarding our proposal to replace an existing CT scanner that will be relocated to our newly expanded and renovated emergency room with a 64 slice CT/PET Scanner. With recent volume growth at the New Britain General Campus of HCC, relocating an existing CT scanner will better serve those patients with timely scans and improved quality. The replacement CT/PET scanner will be located in the NBGC Radiology Department where it will provide state of the art imaging at levels previously unattainable with existing equipment. We look forward to working with OHCA on this project.

If you require any additional information about this proposal, please contact Claudio Capone, Director of Strategic and Business Planning at (860) 224-5279.

Sincerely,

Clarence J. Silvia
COO
The Hospital of Central Connecticut

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	The Hospital of Central Connecticut at New Britain General and Bradley Memorial	
Doing Business As	The Hospital of Central Connecticut ("HCC")	
Name of Parent Corporation	Central Connecticut Health Alliance	
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	100 Grand Street New Britain, CT 06050	
What is the Applicant's Status: P for Profit or NP for Nonprofit	NP	
Does the Applicant have Tax Exempt Status?	**Yes** No	Yes No
Contact Person, including Title/Position: This Individual will be the Applicant's Designee to receive all correspondence in this matter.	Claudio A. Capone Director of Planning	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	100 Grand Street New Britain, CT 06050	

Contact Person's Telephone Number	860.224.5279	
Contact Person's Fax Number	860.224.5740	
Contact Person's e-mail Address	ccapone@nbgh.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

64 Slice CT/PET Scanner

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.:

☒ New (F, S, Fnc) ☒ Replacement ☐ Additional (F, S, Fnc)

☐ Expansion (F, S, Fnc) ☐ Relocation ☐ Service Termination

☐ Bed Addition` ☐ Bed Reduction ☐ Change in Ownership/Control

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

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

☒ Equipment Acquisition

☒ New ☒ Replacement ☐ Major Medical (> $3,000,000)

☐ Imaging ☐ 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:

100 Grand Street, New Britain, CT 06050

d. List each town this project is intended to serve: Berlin, Burlington, Cheshire, Cromwell, Farmington, Meriden, Middletown, New Britain, Newington, Plainville, Southington, West Hartford

e. Estimated starting date for the project: September 2007

f. Type of project: 22, 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: $ 3.8 Million

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

Medical Equipment Purchases	
Major Medical Equipment Purchases	3,182,322
Non-Medical Equipment Purchases*	
Land/Building Purchases	
Construction/Renovation	500,000
Other (Non-Construction) Specify: Software	130,000
Total Capital Expenditure	**3,812,322**
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	
Total Project Cost	**3,812,322**
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
General Electric	**64 Slice PET/CT Scanner**	**Discovery VCT**	**1**	**3,182,322**

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

SEE ATTACHMENT A

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

☒ Applicant's Equity ☐ Capital Lease ☒ Conventional Loan

☐ Charitable Contributions ☐ Operating Lease ☐ CHEFA Financing

☐ Funded Depreciation ☐ Grant Funding ☐ 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?

SEE ATTACHMENT B

AFFIDAVIT

To be completed by each Applicant

Applicant: The Hospital of Central Connecticut

Project Title: 64 Slice CT/PET Scanner

I, Laurence A. Tanner (Name), President and CEO (Position – CEO or CFO)

of The Hospital of Central Connecticut 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 The Hospital of Central Connecticut (Facility Name) 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.

Signature

12/15/06
Date

Subscribed and sworn to before me on December 15, 2006

Joyce M. Hawrylik
Notary Public/Commissioner of Superior Court

My commission expires: JOYCE M. HAWRYLIK
NOTARY PUBLIC
MY COMMISSION EXPIRES DEC. 31, 2009

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 Amuse 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

ATTACHMENT A

EQUIPMENT QUOTE

New Britain General Hospital
100 Grand St
New Britain, CT 06050

F5XCBR.F5X01 September 26, 2006

Vincent Cappello
1400 Computer Drive
Westborough, MA 01581-5088
(508) 870-5200

QTY	CATALOG	DESCRIPTION	PRICE
		DVCT	
		Miscellaneous	
		Base System	
1	S9164LZ	Discovery(TM) VCT PET/CT Scanner (with Discovery Dimension Console) The Discovery(TM) VCT is the world's first clinical volume PET/CT system and represents a revolution in PET and CT scanning as the first CT scanner that delivers significantly increased coverage AND high resolution imaging fully integrated with the Discovery PET-CT imaging platform. Discovery(TM) VCT can be used as an integrated PET/CT scanner or as a standalone Volume CT scanner for all clinical and research applications. It supports Multiple Sequencing Protocols including a PET/CT Protocol where PET acquisition follows immediately CT Acquisition. High Quality CT Data is used for Attenuation Correction of the PET Data and Precise Localization. Discovery VCT includes Elite PET Detector with 70cm patient bore, 70 cm Transaxial FOV with CT attenuation correction, Xtream FX technology reconstruction Processor - VUE Point Iterative Reconstruction for 2D (with axial Septa) and 3D (without septa) acquisition modes, Respiratory and cardiac gating acquisition capability (with optional gating monitors) The GE Discovery(TM) VCT Scanner consists of:+ o One integrated gantry containing slip-ring design Volume CT X-Ray tube & 64 slice 40 mm coverage detector, 24 PET detector rings of bismuth germanate (BGO) crystals, high-speed acquisition electronics and PET image reconstruction system with scalable high performance array processor system and reconstruction algorithms o One patient imaging table with extended dual patient scan range, head holder, patient security straps and comfort accessories o One fully integrated Discovery Dimension Console featuring: * VUE Point - PET Image Reconstruction	

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QTY	CATALOG	DESCRIPTION	PRICE

* Rad Rx - Radiology Prescription Interface for PET/CT
* 4Dx - Diagnostic 4D PET (requires optional physiological signal gating monitor)
* Volume Viewer Plus for fast and flexible PET/CT Review including PET/CT fusion
* Large screen interface for controlling scan acquisition easily, with virtually everything at a single glance
* Excellent simultaneity and multi-tasking performance
* Completely protocol-driven scan control with a dramatic reduction in number of screens
* Highly flexible editing tools that allow easy tailoring of the exam to the patient
* Two Large, 19" color display capable of displaying high resolution PET/CT, PET, CT image.

PET Subsystem
* Detector ring diameter: 88.6 cm
* Detector layout: 13,440 individual crystals arranged in 24 rings of 560 crystals each
* Transaxial FOV: 70 cm
* Axial FOV: 15.7 cm
* Axial sampling interval: 3.27 mm
* Number of image planes: 47
* Patient port size: 70 cm diameter
* Crystal type/size: BGO, 4.7 mm transaxial, 6.3 mm axial, 30 mm radial
* 0.8 mm tungsten inter-plane septa, 5.4 cm long to minimize random and scattered coincidences
* Automatic retraction of inter-plane septa to switch from 2D to 3D mode or back in < 30 seconds
* Shielding of both the front and back of the detector units prevents detection of events from outside the scan planes
* Scan field of view located toward back of gantry for easy patient positioning access
* Large numerical display on gantry for indication of total system count rate at all times and to show elapsed time during acquisition
* System calibration requires one normalization rod source (68Ge,1.5mCi maximum. Rod source is not included). Automatic loading and storage of rod source used for calibration (less than 15 seconds to load or store pin).

P.O. Box 414, Milwaukee,
WI, 53202-0414
gehealthcare.com

General Electric Company

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QTY	CATALOG	DESCRIPTION	PRICE

Shielded storage container located in gantry

PET Event Detection and Processing
* Individual position mapping of each crystal to improve spatial resolution.
* Individual energy mapping for each crystal to improve system energy resolution.
* Individual timing adjustment for each crystal to improve timing resolution.
* Dead-time measured directly during acquisition to improve correction accuracy
* System electronics customized for 3D volume imaging capability via Custom VLSI coincidence circuitry
* Random correction from singles or from delayed events in real time or storage of separate prompt and delayed files.

PET Data Acquisition and Reconstruction System
* Static and dynamic acquisition modes
* Static acquisitions at multiple table positions
* 2D coincidence acquisition
* 3D volume acquisition
* PET Gating (option)
* Direct measurement of dead-time information for all emission acquisitions
* Estimation of Random events rates from singles
* Byte or word-mode storage of events
* Start on count rate, stop on counts
* Real-time display of total prompt and delayed coincidence count rates during acquisition
* cPCI-based real time system controller
* State of the art image processor system.
* Dynamic histogram memory 320 MB stores over 60 separate 2D Sinogram Sets

VCT CT scanner sub-system

Imagine being able to:
* Complete a coronary angiography study with 0.625mm slice thickness in 4-6 heart beats with GE's exclusive 5-Beat Cardiac(tm)...reducing patient variability and improving cardiac studies
* In the ER, detect and diagnose coronary artery disease, pulmonary embolus and aortic dissection in one exam with GE's exclusive Triple RuleOut(tm)

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QTY	CATALOG	DESCRIPTION	PRICE

* Scan the whole body with submillimeter slices in <10 seconds...fine detail and extremely fast coverage speed for trauma
* Perform a dynamic circle of willis study with 40mm coverage...acquiring anatomical and functional information...without moving the table
* Complete a high resolution chest exam in 1.4 seconds...reducing motion
* Scan a chest/abdomen/pelvis in 3.4 seconds with sub-mm resolution

Built on the award winning LightSpeed platform, the VCT sub-system delivers on the promise of volume CT with:

* Exclusive V-Res(tm) Detector technology providing 64x0.625 mm acquisition capability with 58,368 individual detector elements comprised of 64 rows of 0.625mm thickness at isocenter providing sub-mm acquisition in all scan modes for optimized MPR and 3D imaging
* Breakthrough diode technology providing true 64 channel acquisition and a platform for future growth
* 40mm anatomical coverage per rotation with 0.625mm slices
* Enhanced features for coronary angiography including: ECG waveform display on the console, cardiac optimized bowtie filters for dose reduction and cardiac specific image filters
* Complete workflow solutions to support the acquisition of 64 sub-mm slices per rotation including:
* Xtream(tm) FX, the next evolution of GE's workflow platform built on the LINUX operating system and delivering fast reconstruction of full fidelity images and the fastest network transfer rates of up to 16 images per second
* Direct MPR that enables the move from 2D review to prospective 3D image review of axial, sagittal, coronal and oblique planes...automatically
* Exam Split delivering the capability to "split" a series of patient images into separate groups for networking
* Proprietary Volume Reconstruction delivering industry leading z-axis resolution
* Vari-Speed, GE's exclusive variable speed capability for enhanced coronary angiography (0.4s, 0.42, 0.45, 0.47, 0.5,

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QTY	CATALOG	DESCRIPTION	PRICE
		0.6, 0.7, 0.8, 0.9, 1.0s) * Performix Pro X-ray tube and generator technology delivering 100kW with the highest peak mA in the industry, 800mA, necessary to support faster rotation speeds for more than just the heart * OptiDose management feaures: new bowtie filters optimized for coronary angiography and pediatric body exams, fully 3-D dose modulation, ECG dose modulation, color coding for kids, tracking collimator hardware and software for x-ray beam tracking to name a few * Note: Gantry tilt not supported Enter the world of Volume PET and CT with the first true volume PET-CT scanner, the Discovery VCT. WARRANTY The published company warranty in effect on the date of shipment shall apply. The Company reserves the right to make changes. All specifications are subject to change. SITING CONSIDERATIONS See the Pre-Installation manual for details of the siting requirements for Discovery VCT.	
		REGULATORY COMPLIANCE This product is designed to comply with applicable standards under the Radiation Control for Health and Safety Act of 1968. Laser alignment devices contained within this product are appropriately labeled according to the requirements of the Center for Devices and Radiological Health.	
1	P5052PS	Discovery ST Uninterruptible Power Supply	
1	E4502AE	CT Main Disconnect Panel - 125 Amp This 125-amp main disconnect panel serves as the main power disconnect between the CT system and the facility 400-480V power source. It provides short circuit, overload, under voltage release, automatic restart, and emergency shut down for the CT system. It also reduces install ation time and cost by providing a single-point power connection eliminating the need to mount and wire a number of individual components, and its standardized design and testing assures high product quality and system reliability. On	

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QTY	CATALOG	DESCRIPTION	PRICE
		systems where the optional 12.5 KVA partial system UPS is ordered (E4502KT), the main disconnect panel also provides mandated emer gency power off control via a UPS output disconnect function included in the panel design. It also provides a standardized plat form for future UPS or other GE-engineered modifications or upgrades. This panel is compatible with GEHC LightSpeed Pro 16, Pro 32, LightSpeed VCT and RT CT systems. Customer is responsible for rigging and arranging for installation by a licensed electrician. This ITEM IS NON-RETURNABLE AND NON-REFUNDABLE. Warranty Code: Y	
1	E8690AC	Discovery ST/STE Normalization Pin Source This GE-68 pin source is utilized to calibrate PET/CT scanner systems. It is uniformly dispersed in a ceramic medium with an outer stainless tube and permanently sealed end caps. Pin Source emission uniformity of +/- 8% of the mean source emission. This pin source is compatible with Discovery ST and STE systems. All pin sources are non-returnable and non-refundable. A copy of the site license must be provided before order can be filled. Warranty Code: H	
		AW Workstation including all Cardiac CT Software	
1	M80521VE	AW VolumeShare with Two Flat Panel Monitors and 4GB of RAM AW VolumeShare provides 3D visualization and analysis with exceptional stability, quality and flexibility for powerful multi-modality image management, review, comparison and processing. The AW software family improves diagnostic/treatment workflow and enhances clinician-patient communication. AW VolumeShare software includes: o Volume Viewer 2: GE 3D software package that includes Volume Rendering, Volume Analysis, Navigator and other 3D visualization and analysis tools o Advanced X-ray Analysis: Accommodates routine and special procedures, providing tools specifically for the review of DICOM x-ray images. o 2D image viewer that displays RT, CT, MR, CR X-Ray (Angio and R&F), Digital X-Ray (DX),	

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QTY	CATALOG	DESCRIPTION	PRICE
		MG, NM, PET, U/S, Secondary Capture, Secondary Capture Color DICOM Image Objects o Filmer: Multimedia export tool that creates standard or free-format electronic films in DICOM SR that can be saved, networked or printed to a DICOM, DICOM color or a supported postscript printer. Electronic films can also be exported out of the DICOM environment in a variety of multimedia formats (HTML, PDF, JPEG, PNG, MPEG, AVI, QuickTimey VR). AW VolumeShare ships with: o AW4.3 post-processing software platform, Patient List, database, and DICOM networking o Volume Viewer 2(VA, VR, Navigator) o 2D Viewer o Filmer o Data Export o Advanced X-ray Analysis o Two 19" flat panel monitors o HP xw8200 Workstation: - Dual Intel Xeon Processor 2 x 3.4GHz CPU clock speed, 1MB cache per CPU - 4GB DDR-2 RAM (expandable to 6GB) - 2 x 73 GB: Ultra320 SCSI 15,000rpm hard disks (144 GB can be used for image storage) - 1 x 36 GB: Ultra320 SCSI 15,000rpm hard disk for OS and system files - Internal DVD-ROM drive with CD burner (40x read/write) for DICOM media interchange and writing of DataExport electronic films - 10/100/1000 base-T network interface - USB Optical 3-button mouse - 3 inch floppy drive for service use and preset archive capability DOES NOT INCLUDE AUTOBONE SOFTWARE (M80501AB) OR ANY OTHER ADVANCED APPLICATIONS NOT LISTED HERE.	
1	B7864CM	Advanced Cardiac Package for LightSpeed VCT or LightSpeed Pro 32 The Advanced Cardiac Package for LightSpeed VCT or LightSpeed Pro 32 is an integrated package/ offering, which allows the user to acquire and post process cardiac procedures obtained with the LightSpeed VCT or the LightSpeed Pro 32 CT system. This package contains the following	

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items necessary for CT Coronary Angiography on these systems.

- o 0.35 sec gantry rotation - provides the necessary software and hardware to enable a 360-degree rotation in 0.35 secs to lower temporal resolution while scanning the heart. This software will also enable an additional rotation time of 0.37 sec in a 360-degree rotation. These additional rotation times will enhance the user's ability to acquire cardiac images of the heart with less motion. These faster rotation times are supported by the Performix (TM) Pro tube/generator combination which will supply the peak power required to maintain IQ with drastically reduced imaging times.

- o CardIQ Analysis Pro - dedicated software for Cardiovascular imaging can be used to effectively display, reformat and analyze 2D or 3D cardiac CT images for qualitative or quantitative assessment of heart anatomy and coronary vessels. User analysis and measurement of cardiac studies are provided by a variety of processing tools including: single seed coronary vessel tree, 3D VR heart and bypass graft, cardiac reformat, short and long axis reformat, one touch cath views for reformat and VR and phase registration along with these capabilities many protocols allow the user to load in multi-phase data for more accurate analysis of the heart and coronary arteries to include beating capabilities.
  In Addition to the Capabilities Above, This Software Package Allows Users to Calculate Ejection Fraction and Stroke Volume.

Note: this software will run on Advantage Workstation 4.2P or higher with 2 G Byte of RAM.

- o Snapshot Imaging Package
  Snapshot Imaging package software can be used to acquire ECG Gated
  CT Images of the coronary arteries: cardiac anatomy and various other applications that require temporal resolution to reduce heart motion effects. Snapshot Imaging software is designed to produce optimized cardiac images with minimum cardiac motion effects. Three

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different imaging acquisition techniques are available to the user, Snapshot segment-single sector with temporal resolution(TR) of 175ms, Snapshot Burst-dual sector with TR of 87ms and Snapshot Burst Plus-4 sector with TR of 44ms.

- o Ivy 3150 ECG Monitor
  The Ivy 3150 ECG Monitor comes with the standard cardiac package. It will be used to monitor patient cardiac output and synchronize acquisition with that output.

- o Console ECG Trace
  The ECG trace provided by the Ivy monitor will be displayed on the CT operator's console with this option. Allowing the user to display the live trace of the patient's heart rate and display the actual location of the window of time when the image is being acquired. It will provide easy access to patient cardiac output status and assist in providing visual feedback for optimum acquisition start.

- o Cardiac Enhancement Filters
  Are noise reduction filters, providing three new levels of image filtration while preserving of edge image detail coupled with patient dose reduction of up to 30%.

- o Cardiac Bowtie Filters
  System Bowtie Filters to reduce patient dose up to 15% during cardiac acquisitions.

- o ECG Dose Modulation
  ECG gated dose modulation reduces patient dose by modulating x-ray technique during acquisition based on heart phase. Dose can be reduced by up to 50% when utilizing modulation during cardiac acquisitions.

- o SmartScore Software - SmartScore software is designed for computing coronary artery calcification scores from a single breath-hold helical scan, package includes configurable patient report. Images acquired using prospective gating minimizing patient dose.

NOTE: this software will run on Advantage Workstation 4.2P or higher with 2 G Byte of RAM

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QTY	CATALOG	DESCRIPTION	PRICE
1	B79991SK	CardIQ Function for Advantage Workstations 4.1/4.2/4.2P. CardIQ Function is an Image Analysis Software Package that Allows the User to Non-Invasively Image the Functional Parameters of the Heart. CardIQ Functional Data is Produced While Doing a Coronary CTA Study. The Raw Data From the Study is Processed in Multiple Phases of the Heart From Systole to Diastole. With the Use of CardIQ Analysis II Software Short Axis Images are Produced, and CardIQ Function Sofware is Launched. The Tool is Designed to Facilitate the Automatic or Manually Detection of the Endocardial and Epicardial Structures of the Left or Right Ventricles. The Software Produces Such Functional Parameters as: End Diastolic and Systolic Volumes, Stoke Volumes, Ejection Fraction, Myocardial Mass, Wall Motion, Wall Thickness and Wall Thickening/Thinning. Report Generation is Also Available. Producing Functional Data Requires the Following Steps: 1. Scanning a Coronary CTA Study 2. Processing the Data in Multiple Phases From Systole to Diastole 3. Producing Short Axis Images with CardIQ Analysis II 4. Launching CardIQ Function 5. Detecting the Endo and Epicardial Structures 6. Graphing Results 7. Report Generation 8. Archiving Results System Requirements: o Advantage Workstation AW4.1/4.2/4.2P with 1Gbyte, CardIQ Analysis II	
1	B77001ST	CT Advanced Vessel Analysis Software for AW VolumeShare CT Advanced Vessel Analysis is a Highly Automated Software Post-Processing Package. It is an Additional Tool for the Analysis of 3D CT Angiography Data Providing a Number of Display, Batch Filming/Archive Features to Study User-Selected Vessels which include Stenosis Analysis: Pre/Post Stent Planning Procedures and Directional Vessel Tortuousity Visualization	
1	M80501AB	AutoBone Software Option for AW 4.1/4.2/4.2P	

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QTY	CATALOG	DESCRIPTION	PRICE

AutoBone is an exclusive image analysis software package that facilitates segmentation of bony structures from ABDOMINAL and LOWER EXTREMITY CT Angiography data.

AutoBone requires the AW Volume Viewer to run, complementing the existing suite of AutoSelect tools.

AutoBone Clinical Benefits:

- o One-click segmentation of bony structures.
- o Facilitates vessel feature visualization.

Operator Productivity Benefits Include:

- o Decreased time to first clinically relevant image.
- o Identification and segmentation of bony structures providing a quick 3D MIP overview of vascular structures.
- o AutoSelect sigmentation tools may be used to refine sigmentation by quickly adding or removing data to achieve desired results.
- o The resulting VR image can be manipulated to view vessels only, or transparent bone can be restored for landmarks.

System Requirements:

- o Volume Viewer for the Advantage Workstation.

Radiation Oncology

1	E8505MJ	RTP Exact Couch for GT 1700, GT 2000, and GT PET Tables(RT16, DST VCT, and VCT) Flat-panel table inserts securely lock into the GE CT and PET/CT cradle for rapid, accurate and, repeatable patient set up and localization. It has a sturdy, lightweight foam core with durable, carbon fiber construction. Designed for optimum patient comfort and treatment flexibility, it attaches quickly and securely to the cradle for more accurate studies. The maximum working load is 400 lbs., and it is uniformly distributed while being supported by the table. Accuracy: Repeatability of positioning will be accurate within 1mm when table's top is setup correctly with proper techniques.

Accessories

1	E8007NG	Medrad Stellant DX Dual-Flow Ceiling Mount

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QTY	CATALOG	DESCRIPTION	PRICE
		Injection System with Short Post. Floor to mounting plate is less than 9 in. Requires E8007NZ Mounting Plate be added to the order...E	
1	E8007NZ	OCS Mounting Plate	
1	E8500NB	Patient Arm Support for NM, PET/CT, MR Padded Arm Rest combines total arm support and passive restraint, increasing patient comfort during extended procedures. Designed to accommodate virtually all patients. Compatible with most Nuclear Imaging systems and can also be used in MRI, CT and PET applications. Constructed with a comfortable, full support polyfoam with a seamless coated finish. Warranty Code: H	
1	E8505NE	MEDTEC Silverman Clear Plastic Head Support	
1	E8016AN	Slicker - VCT 2000 Systems (2-pc Set) Protective table cover and cushion set for the CT VCT 2000 systems. This two-piece, sealed slicker cushion set have comfort pads enclosed inside the slicker cover and extender cover. Durable, clear PVC plastic covers facilitate faster, more thorough cleanup of blood and fluids. Also help to increase system uptime by protecting table from spills and particulate contaminants, easy to install and comfortable for patients. Thermo-sealed seams and flaps prevent contaminate buildup in hard to clean areas. Includes table cushion, extender cushion and catheter bag holder. Warranty Code: H	
		On Site Technologist and Physician Training - 18 Days	
1	W0100CT	6 Day CT TiP Onsite System Training CT Onsite Training for a new CT system o One 4 day onsite visit to coincide with system start-up. o One 2 day onsite follow-up visit 6-8 weeks post system start up. During the first visit, the applications specialist will work with the medical and technical staff on system operation and patient procedures. The training produces the best results when a dedicated core group of 2-4 CT technologists complete the session with a modified patient schedule. It is suggested that key physicians are available to participate in the protocol implementation and image	

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QTY	CATALOG	DESCRIPTION	PRICE
		quality review sessions. By the end of this visit, the core group should be able to perform the routine patient procedures. The 2 day revisit is suggested after the staff has run the system for 6-8 weeks, however this is flexible based on the site needs. The training will focus on the intermediate and advanced functions of the system or special needs of the customer. The training produces the best results when the same dedicated core group of 2-4 CT technologists from the initial visit complete the session with a modified patient schedule.	
1	W0100PT	6 Day PET TiP Onsite System Training PET Onsite Training for a new PET system o One 4 day onsite visit to coincide with system start-up. o One 2 day onsite follow-up visit 6-8 weeks post system start up. During the first visit, the applications specialist will work with the medical and technical staff on system operation and patient procedures. The training produces the best results when a dedicated core group of 2-4 PET technologists complete the session with a modified patient schedule. It is suggested that key physicians are available to participate in the protocol implementation and image quality review sessions. By the end of this visit, the core group should be able to perform the routine patient procedures. The 2 day revisit is suggested after the staff has run the system for 6-8 weeks, however this is flexible based on the site needs. The training will focus on the intermediate and advanced functions of the system or special needs of the customer. The training produces the best results when the same dedicated core group of 2-4 PET technologists from the initial visit complete the session with a modified patient schedule.	
1	W7005CT	CT TiP Onsite Cardiac SnapShot, CardIQ Analysis, CardIQ Function & Cardiac Scoring Software Training One 4 day TiP onsite visit for CT Cardiac SnapShot, CardIQ Analysis, CardIQ Function, and Cardiac Scoring software training.	

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QTY	CATALOG	DESCRIPTION	PRICE
		Includes travel and living expenses. Days provided consecutively.	
1	W0600CT	2 Days TiP Onsite Training Advantage Windows Workstation--CT One 2 day TiP onsite visit for CT Advantage Windows Workstation training. Includes T&L expenses. Days provided consecutively.	
1	W0950PT	PET Workstation TiP Virtual Assist 4 Hrs 4 hours of remote PET Workstation training using TiP Virtual Assist. Requires Xeleris 1.1 or greater or AW and broadband connectivity with customer upload speed of at least 400 kbps.	
		Milwaukee Based Technologist Training - 7 Days	
1	W0021HC	TiP HQ Class LightSpeed VCT - Full Service 3.5 day CT course held in the Milwaukee area. Includes travel and modest living expenses. This course is designed to introduce the technologist to the CT LightSpeed VCT system.	
1	W3009HC	TiP HQ Class Discovery STE - Full Service 3.5 day TiP Discovery STE course held in the Milwaukee area. Includes travel and modest living expenses. This course is designed to prepare technologists for performing the daily operations of combined PET/CT imaging. The program includes classroom instruction on physics, instrumentation, quality control, and acquisition.	
		Physician Master Series Training	
1	P5005TR	3-day PET and PET/CT Masters Series The 3-day PET and PET/CT Masters Series are Designed to Give Physicians an Avenue to Learn About Clinical PET and PET/CT and Help Them Deliver Better Patient Care While Maximizing Productivity. These Classes are Balanced with Class Work, Image Interpretation and Small Class Sizes That Ensure Active Participation and are Taught by Leading Physicians and Scientists who Provide Instruction in PET and PET/CT Imaging.	

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QTY	CATALOG	DESCRIPTION	PRICE
		o Comprehensive Agenda o Read with the Experts o Hands-on Experience o Clinical Applications o PET Technology o Radio Pharmacy o CME Credits (Duke CME Pending, Vanderbilt Offers 24 CME Credits, Methodist Healthcare Offers 24 CME Credits)	
1	B7600MD	CT 2Day Masters Course The CT Masters Series includes a variety of courses designed to maximize physician's use of GE's CT advanced applications software packages and enhance their understanding of CT multi-slice technology in clinical practice. These courses are taught by leading physicians at clinical sites throughout the United States. The course description, agendas and registration form can be found on www.gehealthcare.com The price of this course includes tuition only. Travel and living are not included.	
		TOTAL NET EQUIPMENT SELLING PRICE	3,182,322.40

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QTY	CATALOG	DESCRIPTION	PRICE
		Equipment Options	
		Cardiac Perfusion Hardware/Software for PET/CT	
1	S9112RB	A comprehensive package for the acquisition, processing and review of PET cardiac viability and perfusion studies. The Discovery PET/CT provides routine gated cardiac acquisition- a GE Exclusive. This package includes: - IVY 3150 ECG Monitor w/ Stand and Starter Kit - ECG Simulator - ECG Simulator Adapter - ECT Toolbox 2.6 - For AW Cardiac training is essential for PET for acquisition and application. W0002NM for PET and Fusion (2 days) is recommended. Not included in the package. Note: AW 4.1 or higher with 1 Gig of RAM is the minimum AW configuration for this cardiac software configuration. This catalog item does not include an AW 4.1 or higher workstation. Customer must have or separately purchase an AW 4.1 or higher workstation that meets the minimum configuration specified below.	22,644.05
		Respiratory Gating Hardware/Software for PET/CT	
1	S9111RT	A comprehensive package for the acquisition, processing and review of PET and CT respiratory gating studies. The Discovery PET/CT provides routine respiratory acquisition- a GE Exclusive. Includes: o Advantage 4D software for CT gating o RTP flat table top o Varian RPM Monitor o 2 days onsite PET 4D training o 1.5 days onsite CT 4D training o Respiratory Options for DVCT Discovery Advantage 4D is a Non-invasive Software/Hardware Option That can be used to Provide and Display CT Images of All Phases of a Breathing Cycle for the Evaluation of Respiration-induced Motion. The Software	115,050.00

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QTY	CATALOG	DESCRIPTION	PRICE
		will allow the user to retrospectively define the best respiratory phase from an Image Quality standpoint, and group images by the phase selected. Discovery Advantage 4D can also be used for Target or Treatment Volume (DICOM Radiation Therapy Structure Sets) Verification. RTP Exact Couch for PET Discovery VCT Systems is a Flat-panel table that inserts securely to lock into the GE PET/CT cradle for rapid, accurate and, repeatable patient set up and localization. Sturdy, lightweight foam core; durable carbon fiber construction. Designed for optimum patient comfort and treatment flexibility. Attaches quickly and securely to the Discovery ST cradle for more accurate studies. Dimensions: Maximum Working Load: 450 lbs. Uniformly distributed while being supported by the table. Accuracy: Repeatability of positioning will be accurate within 1mm when tabletop is setup correctly with proper techniques. Compatible with GE PET/CT Discovery VCT System Varian RPM Respiratory Gating Device is the hardware to capture the respiratory signal in from the patient. It includes installation by the manufacturer.	
1	B79011ME	Advantage Sim MD Full Package Includes: Advantage Sim MD Organ Segmentation Multi-Modality/Multi-Phase CT/PET Fusion CT/MR Fusion Advantage Sim MD is used to prepare geometric and anatomical data relating to a proposed external beam radiotherapy treatment prior to dosimetry planning. Anatomical volumes can be defined automatically or manually in three dimensions using a set of CT images acquired with the patient in the proposed treatment position. Definition of the anatomical volumes may be assisted by additional CT, MR, PET or SPECT studies that have been co-registered with the planning CT scan. Additionally, CT & PET data from a respiratory	71,500.00

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QTY	CATALOG	DESCRIPTION	PRICE

tracked examination may be used to allow the user to define the target or treatment volume over a defined range of the respiratory cycle.

The geometric parameters of a proposed treatment field are selected to allow non-dosimetric, interactive optimization of field coverage. Anatomical structures and geometric treatment fields are displayed on orthogonal plane CT images, or reformatted sagittal, coronal views structures are displayed with or without the digitally reconstructed radiograph.

Integration:
Review multi-modality in=mage data (CT,PET & MR) on one desktop by using up to eight view ports on two monitors ad increase your speed and precision by contouring on all simultaneously.

Incorporation of CT simulation with the following enhancements in one integrated environment for advanced clinical functionality and flexibility.

Organ Auto-Segmentation:
Contour and organ in less than 5 seconds with Auto-segmentation features that automatically delineates critical organs and structures in 3D at the touch of a button. This improves speed and accuracy of organ segmentation for conventional treatment methods as well as newer 4D techniques.

Currently supported organs include:
o Lung
o Spinal Cord
o Liver
o Kidney
o Spleen
o Eyes
o Optic Nerve

3D contour interpolation:
This allows the user to define a full volume contour with a minimum of 3 contours in orthogonal views. This may be particularly useful for bladder delineation.

Speed:
The package allows complete 3D volumes to be defined and manipulated using automatic thresholding tools, structure drawing with or without "Live Wire" to pixel value gradients and automatic interpolation. Beam placement is

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QTY	CATALOG	DESCRIPTION	PRICE
		facilitated with automatic isocenter and beam's eye view. Ease of use: The package is mouse driven with a windows user interface. The press of a single button using pre-defined and configurable treatment plan templates linked to patient anatomy offers many functions. Protocol specific structure names and properties, beam geometry and field shape can be loaded from a palette of templates. Pre-defined sequences of actions can then be applied adding to the ease of use. Flexibility: Contouring and fiedl definition parameters can be modified on the fly to allow thresholds, margins and display characteristics to be tailored to a given patient data. Efficiency: The package is designed for use independently of a treatment planning system, enabling the physician to define volumes and select treatment technique at a dedicated workstation. Any plan can be saved and pushed to a RTP system as standard DICOM RT objects. DICOM RT Structure Set and RT Plan objects cam also be received from DICOM RT compliant systems and re-simulated in AdvantageSim MD. Advantage CT/PET & CT/MR Fusion: Advantage Fusion is a software application that provides easy comparison of three-dimensional images from CT and PET amd CT and MR. It allows 3D registration between two volumetric acquisitions, which may come from different acquisition modalities. The registration mechanism is based on the semi-automatic identification of common surface and user validated by localization of common landmarks. Visual feedbacks amd scores are provided to assess matching accuracy. Advantage Fusion displays real time axial, sagittal, and coronal MPR views for both exams. Multiple correlated or fused display options bring out the full information from both acquisitions. Advantage Fusion results may either be fused or registered stack of DICOM images, and registered graphic contours defined from one modality and reported into the other modality.	
1	E8505PE	LAP Green Laser Marking System (Wall Mounted);	43,840.00

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QTY	CATALOG	DESCRIPTION	PRICE
		The CT-4-3 consists of a single moving line aser to project the sagittal plane, two moving lateral lasers to project the coronal plane, and fixed lasers to project the axial plane. LAP Part #: CT-4-3 W-G; Sold per Each.	
1	P50801FT	Advantage Fusion PET/CT Software for the AW 4.1/ 4.2 and 4.2P Advantage Fusion is a Software Application Which Provides Easy Comparison of Three Dimensional (3D) Images From CT and PET and/or Nuclear Medicine (with Hawkeye Option Only). It Allows 3D Registration Between Two Volumetric Acquisitions Which may Come From Different Acquisition Modalities (CT/PET or CT/NM). The Registration Mechanism is Based on the Semi-Automatic Identification of Common Surface and User Validated by Localization of Common Landmarks. Visual Feedbacks and Scores are Provided to Assess Matching Accuracy. Advantage Fusion Displays Real Time Axial, Sagittal and Coronal MPR Views for Both Exams. Multiple Correlated or Fused Display Options Bring Out the Full Information From Both Acquisitions.	19,695.00
		Advantage Fusion Results may Either be Fused or Registered Stack of DICOM Images, and Registered Graphic Contours Defined From One Modality and Reported Into the Other Modality. Those Contours can be Saved Using the ACR NEMA DICOM RT Structure Set Standard Object. The Resultant DICOM-RT Structure Set can Then be Reloaded by a Compatible Planning or Simulation System, Such as Advantage SIM 4.1 and Advantage SIM 5.0. System Requirements: AW 4.1 or Higher. All software Purchases are Non-Transferable to Other Hardware and are Non-Returnable. *Additional CT Software for the AW workstation*	
1	S7800CP	Advantage CTC Pro with Interpreting the Colon: a visual guide using Advantage CTC Pro Upgrade CT Colonography Pro is a CT Advanced Application Software Package for the Analysis of the Colon amd surrounding structures	14,300.00

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QTY	CATALOG	DESCRIPTION	PRICE

utilizing helical CT data. The physician centric design provides a complete reading workflow solution.
Synchronized, index review of 2D, 3D and dissection views provide a fast complete analysis of the CT data.

Key features include:

- o GE Exclusive 360 Degree Dissection View Speed review and analysis.
- o Prone and supine synchronized image review Aids in complete inspection of areas of the colon, which may be filled with fluid.
- o Polyp Color Display - Color marks polyps for easier tracking.
- o Small Bowel Extraction - The software quickly segments and removes the small bowel for unobstructed viewing of the colon.
- o Movie Generator - Movie views may be easily generated with just a few clicks of the mouse.
- o Patient Report - Customizible reports that offers complete flexibility. The report may be exported to CD, HTTP or printer.

System Requirements:

- o Advantage Workstation 4.2P or higher with Volume Viewer Plus
- o Two-monitor/flat panel configuration recommended.

Note: All software are Non-Transferable to other hardware and are Non-Returnable.

Colon Reading Tool Kit
Interpreting the Colon: A Visual Guide Using Advantage CTC

This guide provides radiologists with a variety of virtual colon colon exams selected to hone their interpretation skills. Thirty didactic case studies on CD are read using GE's Advantage CTC colon software package. The case interpretation may be noted on a Case Study Form and then compared to the Case Answer Key, which includes details such as the surgical report, endoscopy report and histopathology report. Color supine and prone images and teaching points enhance the learning experience.

Remote Access software for the AW workstation

1	M80311BG	AW RemoteAccess Software Package for xw8200	13,000.00

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QTY	CATALOG	DESCRIPTION	PRICE
		Hardware. AW RemoteAccess allows remote access to GE Healthcare's Advantage Workstation 4.2 or later products in a secure fashion for convenience and collaboration. It includes two modes: o Virtual AW - Allows one user to remotely "drive" all host AW features and applications from a suitably configured PC or laptop. o Remote Review - Allows up to three concurrent remote users to conduct interactive MIP/MPR review of datasets on the host AW from any suitably configured PC or laptop. AW RemoteAccess is ONLY available for HP xw8000 and xw8200 hardware with AW 4.2 or later software. 2GB of additional RAM for xw8200 hardware is included with this package to ensure optimal performance of AW RemoteAccess and minimal impact on host AW performance.	
		Additional Master Series Training Course for PET/CT	
1	P5005TR	3-day PET and PET/CT Masters Series	3,500.00
		The 3-day PET and PET/CT Masters Series are Designed to Give Physicians an Avenue to Learn About Clinical PET and PET/CT and Help Them Deliver Better Patient Care While Maximizing Productivity. These Classes are Balanced with Class Work, Image Interpretation and Small Class Sizes That Ensure Active Participation and are Taught by Leading Physicians and Scientists who Provide Instruction in PET and PET/CT Imaging. o Comprehensive Agenda o Read with the Experts o Hands-on Experience o Clinical Applications o PET Technology o Radio Pharmacy o CME Credits (Duke CME Pending, Vanderbilt Offers 24 CME Credits, Methodist Healthcare Offers 24 CME Credits)	

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QTY	CATALOG	DESCRIPTION	PRICE
1	B7600MD	CT 2Day Masters Course The CT Masters Series includes a variety of courses designed to maximize physician's use of GE's CT advanced applications software packages and enhance their understanding of CT multi-slice technology in clinical practice. These courses are taught by leading physicians at clinical sites throughout the United States. The course description, agendas and registration form can be found on www.gehealthcare.com The price of this course includes tuition only. Travel and living are not included.	3,600.00

PRICING PROPOSAL

General Electric Company is pleased to submit this Pricing Proposal for budgetary purposes only. This Pricing Proposal will be valid until November 25, 2006, unless otherwise indicated herein. If you would like to place an order for the equipment listed herein, your GE Sales Representative will arrange for the preparation and submission to you of a formal GE Quotation, including applicable GE Terms and Conditions and Warranties, for your consideration. Only a formal GE Quotation may be used to create a binding order for this equipment.

Upon request, your GE Sales Representative can also provide you with information concerning GE training, lease/finance and service agreement options.

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QTY	CATALOG	DESCRIPTION	PRICE
		Miscellaneous Quote	
		Miscellaneous	
1	B7500LN	HIS/RIS ConnectPro Software Key - Linux version	
1	B7866PK	FX Exam Split Pre-requisite: ConnectPro Exam Split simplifies anatomy-specific physician review and billing by providing customers with the capability to split a series of patient images back into individual procedures or groups. With Exam Split the user retrospectively selects the first and last image in a group and attaches them to one of the accession numbers in the exam They then select the next group of images for attaching to each successive accession numbers. This accession number is what ties the exam to billing codes, and comes from the customer RIS (Radiology Information System). Exam Split FX integrates the image groups pre-defined in the scan order with your RIS, and notifies physicians when their image groups are ready to read. Ther new smaller image groups can then be networked to seperate review locations for multiple "reads" and appropriate billing on select patient exams. This application can be run in one of two modes (hard and virtual) to support hosts that do and do not support Gray Scale Presentation State (GPSPS). Virtual mode provides ability to send window level values, flip & rotate images, and has compatibility with MPPS. Customers using Exam Split also require Radiology Information System or Modality Worklist support.	
1	B7866PE	FX Workflow for GE 4 and 8 channel systems with HP8000 based on Xtream Operator Console FX Workflow provides a unique set of features to help you easily manage your large, thin-slice data-sets for productive and efficient workflow in your department. Key features include: o Direct Multi-Planar Reconstruction (DMPR) allows you to move from routine 2D review to prospective 3D image review of axial, sagital, coronal and oblique planes by enabling automated protocol-driven batch	

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		reformats to be created and networked to their desired reading location, reducing total exam time and increased technologist and clinician productivity. These automated reformats will allow you to work efficiently in a colume world to quickly clarify confusing anatomy and add confidence to every interpretation. Furthermore, reformations provide views familiar to referring physicians and surgeons. o DICOM interchange allows exam transfer between stations that are not networked or passing images to a referring physicians or patients via DVD. Interchange allows saving of CT image to a DVD in DICOM along with a PC viewer, without marking the exam/series or image as archived. o Data Export provides you a stand-alone tool to save images to any PC industry standard removable media, creating more flexible report creation for both referring physicians and patients. Data Exports allows you to convert clinical images into PC-friendly formats like .jpeg, .mpeg, and .avi from the image browser. With FX Workflow, you have the flexibility to design the workflow you want to fit your needs.	
1	S7868JP	PROMO Xtream Upgrade for LightSpeed QXi and LightSpeed Plus (includes 6 Frame per Second Image Reconstruction) Promo kit includes B7858LC Flat screen monitors and English Keyboard B7800KE. The New Xtream Upgrade for LightSpeed QXi and LightSpeed Plus is Designed to Improve Departmental Productivity in all Steps of the Scanning Process including Acquisition, Reconstruction and Processing. Designed as a Platform for Future Growth, Xtream Utilizes the Linux Operating System Delivering True System Simultaneity that GE Customers have Grown to Expect. Scan, Reconstruct, Network, Archive and Film without any Need for User Intervention. Xtream delivers Speed in all Aspects of the Exam Averaging 25-30% Faster for Basic Scan Operations Including: Patient Setup, Loading Large Datasets for Reformatting, Screen Transitions, Adjusting mA Values, and a Network Transfer Time of up to 10 Images per Second. Xtream also Provides Total Workflow Flexability	

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QTY	CATALOG	DESCRIPTION	PRICE

with the Option* of Adding Advanced Clinical Applications on the Operator's Console.

The Xtream Console is Enhanced with the Addition of an Industry Leading 6 frames per Second Image Reconstruction Speed for all Slice Thicknesses and at Full Image Quality (ie. 512 Matrix Images with CrossBeam,GE's Cone Beam Algorithm ON).

*Advanced Clinical Applications are Charge-able Options.

If Customer is Ordering an Xtream Upgrade as Part of a CT System Order, the Following Provision Applies:

Included with this CT System Order is an Xtream GRE Upgrade. Before Order Entry, GEMS will Remove the Xtream Upgrade Catalog Number Item from this order and Create a Seperate Order for Such Item. GEMS will then Ship the CT System (including all products covered by the Order other than the Xtream Upgrade Catalog Number Item) and Bill the Customer for the CT System,less the Amount Attributable to the Xtream Upgrade catalog Number Item, per the Original Quotation Payment Terms. When the Xtream Upgrade is Commercially Available, as Determined by GEMS, GEMS will Install the Xtream Upgrade on the Customer's CT System. GEMS will bill the Customer for the Remaining Amount Due for the Xtream Upgrade upon Installation.

TOTAL NET EQUIPMENT SELLING PRICE 129,000.00

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Upon request, your GE Sales Representative can also provide you with information concerning GE training, lease/finance and service agreement options.

ATTACHMENT B

PROJECT DESCRIPTION

The Hospital of Central Connecticut
Letter of Intent
64 Slice CT/PET Scanner

Project Description

Introduction

In this Letter, The Hospital of Central Connecticut ("HCC") is announcing its proposal to purchase a 64 Slice CT/PET scanner to be installed at the New Britain General Campus ("NBGC").

Project Description

HCC's mission is to provide high quality and high technology diagnostic imaging modalities to the communities located in Central Connecticut. The proposal of purchasing a 64 Slice PET/CT scanner to replace an existing CT scanner will provide our patients with the next evolution in diagnostic imaging. The existing 4 slice Lightspeed CT scanner will be relocated to the NBGC Emergency Department. This unit will undergo an operating system upgrade further enhancing its capabilities and offer the same user interface as the proposed new unit. HCC made the decision to purchase a third CT scanner for the New Britain Campus based on the rapid growth in volume of CT exams of 57% over the past five years. Access to PET services would be available seven days per week versus the one day a week with the current mobile unit. The total cost of the project is estimated to be about $3,812,322.

There is a demonstrated need to augment HCC's NBGC PET/CT capability. With the growth in CT and PET volumes and the addition to the NBGC Emergency Department, purchasing a third CT scanner would better position HCC to meet current and future demand.

New Britain General Hospital will fund this project either through its own equity and/or borrowing.

Conclusion

This proposal will have no adverse affect on the delivery of care as well as no significant impact on rates or patient charges. It will allow for faster and better diagnostic imaging capabilities at HCC. We respectfully request a favorable determination by the Office of Health Care Access on this matter.

Supplemental Information:

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.**

   The Hospital of Central Connecticut reflects the combined talent, resources, and capabilities of New Britain General Hospital and Bradley Memorial Hospital. It is a 414-bed acute care teaching hospital affiliated with the University of Connecticut School of Medicine and serves as the primary referral center for the central Connecticut region,

serving a population of 250,000. As a full-service hospital, The Hospital of Central Connecticut offers many clinical services that are recognized for their comprehensiveness and excellence. They include: The George Bray Cancer Center; The Wolfson Palliative Care Program; The Joslin Center for Diabetes at The Hospital of Central Connecticut; The Wound Care Center; The Family BirthPlace; Critical Care Services, and The Sleep Disorders Center.

A copy of the Department of Public Health license held by this facility is presented in Attachment C.

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

No change in the services offered at this facility is proposed in this application.

In this proposal, the Applicant is seeking to purchase a 64 Slice CT/PET scanner to augment its current imaging capabilities at the New Britain General Campus. No new DPH licensure categories are being sought.

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

The Hospital of Central Connecticut currently receives nearly 80% of its volume from the towns of New Britain, Berlin, Newington, Southington and Plainville. The remainder of the patients originates from the secondary service area comprised of the towns of Farmington, Burlington, Bristol, Cromwell, West Hartford, Meriden and Cheshire. There will be no change in the population served.

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

In the five years spanning fiscal year 2002 to fiscal year 2006, HCC's at NBGC has seen CT volume rise go from 17,000 to 27,000. The ED CT volume portion went from 6,600 to 13,600. Accompanying this was a 15% gain in PET scans from fiscal year 2005 to fiscal year 2006. With the demand driven from ED volume gains of 8%, and the increase in general volume, assigning a CT scanner to the ED and purchasing a new scanner for the Radiology department, HCC will be better poised to accommodate this growth.

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

Since HCC is currently a provider in this area, this proposal is not expected to have a significant impact on the patient volumes, financial stability or the quality of care offered by the other providers of service. The closest provider is John Dempsey Hospital.

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

   This proposal will improve the delivery of health care in central Connecticut by providing increased access to PET/CT services at HCC's New Britain Campus. With the construction of an additional eleven beds, demand for CT scans will only increase. Relocating the existing 4 slice CT scanner to the newly renovated and expanded Emergency Department will allow for increased access which can potentially reduce ED wait times. Replacing that CT scanner with a 64 Slice PET/CT scanner in the Radiology Department provides seven day a week PET coverage, increased image quality and the ability to perform biopsies through clinically preferred single slice CT fluoroscopy. Finally, it affords the community improved access to care, reduced waiting time, and improved diagnostic imaging.

7. **Who will be responsible for providing the service?**

   The responsibility for providing services for the new equipment would not be changed by this project. The unit will be part of HCC's Radiology Department.

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

   There is no anticipated impact on payer mix.

ATTACHMENT C

DPH LICENSE

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0052

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

The Hospital of Central Connecticut at New Britain General and Bradley Memorial of New Britain, CT, d/b/a The Hospital of Central Connecticut is hereby licensed to maintain and operate a General Hospital.

The Hospital of Central Connecticut is located at 100 Grand Street, New Britain, CT 06050

The maximum number of beds shall not exceed at any time:
32 Bassinets
414 General Hospital beds

This license expires **December 31, 2006** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2005.

License revised to reflect:
Change of facility d/b/a name and change of Licensee name only eff: 10/1/06.
Addition of Satellite eff: 10/1/06 due to merger. Added 84 beds eff: 10/1/06.

Satellites
Older Adult Program, 33 Highland Street, New Britain, CT
Hispanic Counseling Center, 24 Whiting Street, New Britain, CT
New Britain General Counseling Center, 50 Oswald Street, New Britain, CT
Substance Abuse Services, 33 Highland Street, New Britain, CT
*The Hospital of Central Connecticut at Bradley Memorial, 81 Meriden Avenue, Southington, CT

J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

December 20, 2006

Claudio Capone
Director of Planning
The Hospital of Central Connecticut
100 Grand Street
New Britain, CT 06050

RE: Certificate of Need Application Forms; Docket Number: 06-30895-CON
The Hospital of Central Connecticut at New Britain General
Acquisition and Operation of a 64-Slice, PET-CT Scanner

Dear Mr. Capone:

Enclosed are the application forms for The Hospital of Central Connecticut's Certificate of Need ("CON") proposal to acquisition and operation of a 64-Slice, PET-CT Scanner with an associated capital expenditure of $3,812,322. According to the parameters stated in Sections 19a-638 and 19a-639 of the Connecticut General Statutes, the CON application may be filed between February 17, 2007, and April 18, 2007.

When submitting your CON Application, please paginate and date each page contained in your submission. In addition, please submit one (1) original and three (3) hard copies; as well as a scanned copy of the complete Application, including all attachments, on CD or Diskette. OHCA requests a copy of the submission be in MS Word format and the scanned copy be in Adobe format. Please submit the Financial Attachments and other data as appropriate in MS Excel format.

The OHCA analyst assigned to the CON application is Jack A. Huber. Please feel free to contact him at (860) 418-7034, if you have any questions.

Sincerely,

Kimberly Martone
Certificate of Need Supervisor

Enclosures

State of Connecticut
Office of Health Care Access
Certificate of Need Application

Please complete all questions. If any question is not relevant to your project, an answer of "Not Applicable" may be used as an acceptable response. Your Certificate of Need application will be eligible for submission no earlier than February 17, 2007, and may be submitted no later than April 18, 2007. The CON analyst assigned to your application is Jack A. Huber. He may be reached directly at the Office of Health Care Access by dialing (860) 418-7034.

Docket Number:	06-30897-CON
Applicant Name:	Hospital of Central Connecticut at New Britain General
Contact Person:	Claudio A. Capone
Contact Title:	Director of Planning
Contact Address:	Hospital of Central Connecticut at New Britain General 100 Grand Street New Britain, CT 06050
Project Location:	New Britain
Project Name:	Acquisition and Operation of a 64-Slice, PET-CT Scanner
Type proposal:	Sections 19a-638 and 19a-639, C.G.S.
Estimated Capital Expenditure:	$3,812,322

OFFICE OF HEALTH CARE ACCESS

REQUEST FOR NEW CERTIFICATE OF NEED

FILING FEE COMPUTATION SCHEDULE

APPLICANT: _____ PROJECT TITLE: _____ DATE: _____	FOR OHCA USE ONLY: DATE INITIAL 1. Check logged (Front desk) _____ _____ 2. Check rec'd (Clerical/Cert.) _____ _____ 3. Check correct (Superv.) _____ _____ 4. Check logged (Clerical/Cert).) _____ _____

SECTION A – NEW CERTIFICATE OF NEED APPLICATION	
1. Check statute reference as applicable to CON application (see statute for detail): _____ 19a-638.Additional function or service, change of ownership, service termination. **No Fee Required.** _____ 19a-639 Capital expenditure exceeding $3,000,000 or capital expenditure exceeding $3,000,000 for major medical equipment, CT scanner, PET scanner, PET/CT scanner, MRI scanner, cineangiography equipment or linear accelerator. **Fee Required.** _____ 19a-638 and 19a-639. **Fee Required.**	
2. Enter $0 on "Total Fee Due" line (SECTION B) if application is required pursuant to Section 19a-638 only, otherwise go on to line 3 of this section.	
3. Enter $400 on "Total Fee Due" line (SECTION B) if application is for capital expenditure for major medical equipment, imaging equipment or linear accelerator less than $3,000,000	
4. Section 19a-639 fee calculation (applicable if section 19a-639 capital expenditure for major medical equipment, imaging equipment or linear accelerator exceeding $3,000,000 or other capital expenditure exceeding $3,000,000 is checked above **OR** if both 19a-638 and 19a-639 are checked): a. Base fee: _____ b. Additional Fee: (Capital Expenditure Assessment)_____ (To calculate: Total requested Capital Expenditure/Cost excluding capitalized financing costs multiplied times .0005 and round to nearest dollar.) ($_____ x .0005) c. Sum of base fee plus additional fee: (Lines A4a + A4b)_____ d. Enter the amount shown on line A4c. on "Total Fee Due" line (SECTION B).	$ 1,000.00 $_____.00 $_____.00
SECTION B TOTAL FEE DUE:_____	$_____.00

ATTACH HERE CERTIFIED OR CASHIER'S CHECK ONLY (Payable to: Treasurer, State of Connecticut)

HOSPITAL AFFIDAVIT

Applicant: _____

Project Title: _____

I, _____, _____
(Name) (Position – CEO or CFO)

of _____ being duly sworn, depose and state that the (Hospital Name) information submitted in this Certificate of Need application is accurate and correct to the best of my knowledge. With respect to the financial impact related to this CON application, I hereby affirm that:

1. The proposal will have a capital expenditure in excess of $15,000,000.

   ☐ Yes ☐ No

2. The combined total expenses for the proposal's first three years of operation will exceed one percent of the actual operating expenses of the Hospital for the most recently completed fiscal year as filed with the Office of Health Care Access.

   ☐ Yes ☐ No

_____ _____
Signature Date

Subscribed and sworn to before me on_____

_____

Notary Public/Commissioner of Superior Court

My commission expires: _____

1. Expansion of Existing or New Service

What services are currently offered at your facility that the proposed expansion or new service will augment or replace? Please list.

Augment: _____

_____

Replace: _____

_____

2. State Health Plan

No questions at this time.

3. Applicant's Long Range Plan

Is this application consistent with your long-range plan?

☐ Yes ☐ No

If "No" is checked, please provide an explanation.

4. Clear Public Need

A. Explain how it was determined there was a need for the proposal in your service area.

i) Provide the following information:

a) Primary and secondary service area towns for the CT service and PET/CT service.
b) The unit of service (i.e. CT and PET/CT scans) for the past three fiscal years by service area town, subtotaled for primary and secondary service areas and totaled for the entire service area.
c) The population to be served, including the number of individuals to receive the proposed services. Include demographic Information, as appropriate.
d) Scheduling backlogs in the service area.
e) Travel distance from proposed site to service area towns.
f) Hours of operation of existing CT and PET/CT services by Hospital service and of the proposed CT and PET/CT services by Hospital service.
g) Description of the scanning units that constitutes the Hospital's CT scanning services and the PET/CT scanning service.

ii) What will be the effect of your proposal on existing PET/CT providers (i.e. patient volume, financial stability, quality of care, etc.)?

iii) Provide the units of service projected for the first three years of operation of the proposed PET/CT and reconfigured CT scanning service. **Include the derivation/calculation.**

iv) Provide the information as outlined in the following table concerning the existing providers' (in the Applicant's Primary Service Area) current operations:

Description of Service[1]	Provider Name and Location	Hours and Days of Operation[2]	Current Utilization[3]

[1] If proposal concerns imaging equipment, provide a description of the equipment used by the Provider, if known.
[2] Specify days of the week and start and end time for each day.
[3] Number of scans performed on specified scanner by Provider for the most recent 12 month period, if known.

v) What is the projected number of PET scans that will be used for specifically for detecting metastatic disease by the hospital? Will this use relate to a reduction in other imaging modalities?

B. Will your proposal remedy any of the following barriers to access? Please provide an explanation.

☐ Cultural ☐ Transportation

☐ Geographic ☐ Economic

☐ None of the above ☐ Other (Identify) _____

If you checked other than None of the above, please provide an explanation.

C. Provide copies of any of the following plans, studies or reports related to your proposal:

☐ Epidemiological studies ☐ Needs assessments

☐ Public information reports ☐ Market share analysis

☐ Other (Identify) _____

☐ None: *explain* why no reports, studies or market share analysis was undertaken related to the proposal:

_____
_____
_____
_____

5. Quality Measures

A. If the proposal is for a new technology or procedure, have all appropriate agencies approved the proposed procedure (e.g., FDA etc.)?

☐ Yes ☐ No ☐ Not Applicable

If "No", please provide an explanation.

B. Check off all the Standard of Practice Guidelines that will be utilized by the Applicant for the proposed service. Please submit the most recent copy of each report related to the proposal:

☐ American College of Cardiology ☐ National Committee for Quality Assurance ☐ Public Health Code & Federal Corollary

☐ National Association of Child Bearing Centers ☐ American College of Obstetricians & Gynecologists ☐ American College of Surgeons

☐ Report of the Inter-Council for Radiation Oncology ☐ American College of Radiology ☐ Substance Society Abuse and Mental Health Services Administration

☐ Other: Specify _____

C. Describe in detail how the Applicant plans to meet the each of the guidelines checked off above.

D. Submit a list of **all** key professional and administrative personnel, including the Applicant's Chief Executive Officer (CEO) and Chief Financial Officer (CFO), Medical Director, physicians, etc., related to the proposal and a copy of their Curriculum Vitae.

Note: For physicians, please provide a list of hospitals where the physicians have admitting privileges.

E. Provide a copy of the most recent inspection reports and/or certificate for your facility:

☐	DPH	☐	JCAHO
☐	Fire Marshall Report	☐	Other States Health Dept. Reports (new out-of-state providers)
☐	AAAHC	☐	AAAASF
☐	Other: _____		

Note: Above referenced acronyms are defined below. [1]

F. Provide a copy of the following (as applicable):

☐ A copy of the Radiology Department's Quality Assurance plan

[1] DPH – Department of Public Health; JCAHO – Joint Commission on Accreditation of Hospitals Organization; AAAHC – Accreditation Association for Ambulatory Health Care, AAAASF – American Association for Accreditation of Ambulatory Surgery Facilities, Inc.

6. Improvements to Productivity and Containment of Costs

In the past year has your facility undertaken any of the following activities to improve productivity and contain costs?

☐ Energy conservation ☐ Group purchasing

☐ Reengineering ☐ None of the above

☐ Application of technology (e.g., computer systems, robotics, telecommunication systems, etc.)

☐ Other (identify)_____

7. Miscellaneous

A. Will this proposal result in any change to your teaching or research responsibilities?

☐ Yes ☐ No

If you checked "Yes," please provide an explanation.

B. Are there any characteristics of your patient/physician mix that makes your proposal unique?

☐ Yes ☐ No

If you checked "Yes," please provide an explanation.

C. Provide a copy of the State of Connecticut Department of Public Health license currently held.

8. Financial Information

A. Type of ownership: (Please check off all that apply)

☐ Corporation (Inc.) ☐ Limited Liability Company (LLC)

☐ Partnership ☐ Professional Corporation (PC)

☐ Joint Venture ☐ Other (Specify):

_____

B. Provide the following financial information:

i) Please submit the Applicant's audited financial statements for the most recently completed fiscal year. If the Applicant has no audited financial statements, please submit a compilation report or an unaudited Balance Sheet and Statement of Operations for the most recently completed fiscal year. These statements should be externally prepared and submitted on the preparer's letterhead.

ii) Identify the entity that will be billing for the proposed PET/CT scanning service.

9. Major Cost Components/Total Capital Expenditure

Submit a final version of all capital expenditures/costs as follows:

Medical Equipment (Purchase)	
Major Medical Equipment (Purchase)	
Non-Medical Equipment (Purchase)*	
Land/Building (Purchase)	
Construction/Renovation	
Other (Non-Construction) Specify:_____	
Total Capital Expenditure	
Medical Equipment (Lease (FMV))	
Major Medical Equipment (Lease (FMV)	
Non-Medical Equipment (Lease (FMV))*	
Fair Market Value of Space – (Capital Leases Only)	
Total Capital Cost	
Capitalized Financing Costs (Informational Purpose Only)	
Total Capital Expenditure with Cap. Fin. Costs	

* Provide an itemized list of all non-medical equipment.

10. Capital Equipment Lease/ Purchase

If the CON involves any capital equipment lease and/or purchase, please answer all of the following that apply:

What is the anticipated residual value at the end of the lease or loan term?	$_____
What is the useful life of the equipment?	___ Years
Please submit a copy of the vendor quote or invoice as an attachment.	
Please submit a schedule of depreciation for the purchased equipment as an attachment.	

For multiple items, please attach a separate sheet for each item in the above format.

11. Type of Financing

A. Check type of funding or financing source and identify the following anticipated requirements and terms: (Check all which apply)

☐ Applicant's equity:

Source and amount:

Operating Funds Source/Entity Name Available Funds	$_____
Contributions	$_____
Funded depreciation	$_____
Other	$_____

☐ Grant:

Amount of grant	
Funding institution/ entity	

☐ Conventional loan or
☐ Connecticut Health and Educational Facilities Authority (CHEFA) financing:

Current CHEFA debt	
CON Proposed debt financing	
Interest rate	%
Monthly payment	
Term	Years
Debt service reserve fund	

☐ Lease financing or
☐ CHEFA Easy Lease Financing:

Current CHEFA Leases	
CON Proposed lease financing	
Fair market value of leased assets at lease inception	
Interest rate	%
Monthly payment	
Term	Years

☐ Other financing alternatives:

Amount	
Source (e.g., donated assets, etc.)	

B. Please provide copies of the following, if applicable:
   i. Letter of interest from the lending institution,
   ii. Amortization schedule (if not level amortization payments),
   iii. Lease agreement.

12. Revenue, Expense and Volume Projections

A.1. Payer Mix Projection

Please provide both the current payer mix and the projected payer mix with the CON proposal for the Total Facility based on Net Patient Revenue in the following reporting format:

Total Facility Description	Current Payer Mix	Year 1 Projected Payer Mix	Year 2 Projected Payer Mix	Year 3 Projected Payer Mix
Medicare*	%	%	%	%
Medicaid* (includes other medical assistance)				
CHAMPUS and TriCare				
Total Government Payers				
Commercial Insurers*				
Uninsured				
Workers Compensation				
Total Non-Government Payers				
Payer Mix	100.0%	100.0%	100.0%	100.0%

*Includes managed care activity.

A.2. Please describe the impact of the proposal on the interests of consumers of health care services and the payers of such services.

B. Does the Applicant have Tax Exempt Status? ☐ Yes ☐ No

C. Provide the following for the financial and statistical projections:

i) A summary of revenue, expense and volume statistics, without the CON project, incremental to the CON project, and with the CON project. Please complete the enclosed **OHCA's Financial Attachment I.** Please note that the actual results for the fiscal year reported in the first column must agree with the Applicant's audited financial statements.

ii) The assumptions utilized in developing the projections (e.g., FTE's by position, volume statistics, other expenses, revenue and expense % increases, project commencement of operation date, etc.).

iii) An explanation for any projected incremental losses from operations contained in the financial projections that result from the implementation and operation of the CON proposal.

iv) Please complete the enclosed **OHCA's Financial Attachment II.**

v) Provide a copy of the rate schedule for the proposed service.

vi) Describe how this proposal is cost effective.

13. B (i). Please provide one year of actual results and three years of ***Total Hospital Health System*** projections of revenue, expense and volume statistics without, incremental to and with the CON proposal in the following reporting format:

Total Hospital Health System: Description	FY Actual Results	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON
NET PATIENT REVENUE										
Non-Government				$0			$0			$0
Medicare				$0			$0			$0
Medicaid and Other Medical Assistance				$0			$0			$0
Other Government				$0			$0			$0
Total Net Patient Patient Revenue	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other Operating Revenue										
Revenue from Operations	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
OPERATING EXPENSES										
Salaries and Fringe Benefits				$0			$0			$0
Professional / Contracted Services				$0			$0			$0
Supplies and Drugs				$0			$0			$0
Bad Debts				$0			$0			$0
Other Operating Expense				$0			$0			$0
Subtotal	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Depreciation/Amortization				$0			$0			$0
Interest Expense				$0			$0			$0
Lease Expense				$0			$0			$0
Total Operating Expenses	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Income (Loss) from Operations	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Non-Operating Income				$0			$0			$0
Income before provision for income taxes	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Provision for income taxes										
Net Income	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Retained earnings, beginning of year		$0	$0	$0	$0	$0	$0	$0	$0	$0
Retained earnings, end of year	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
FTEs				0			0			0

*Volume Statistics:
Provide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.

13.C(ii). Please provide three years of projections of incremental revenue, expense and volume statistics **attributable to the proposal** in the following reporting format:

Type of Service Description

Type of Unit Description:
# of Months in Operation

Year 1	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
FY Projected Incremental Total Incremental Expenses:		Rate	Units	Gross Revenue	Allowances/ Deductions	Charity Care	Bad Debt	Net Revenue	Operating Expenses	Gain/(Loss) from Operations
Total Facility by Payer Category:				Col. 2 * Col. 3				Col.4 - Col.5 -Col.6 - Col.7	Col. 1 Total * Col. 4 / Col. 4 Total	Col. 8 - Col. 9
Medicare				$0				$0	$0	$0
Medicaid		$0		$0				$0	$0	$0
CHAMPUS/TriCare		$0		$0				$0	$0	$0
Total Governmental			0	$0	$0	$0	$0	$0	$0	$0
Commericial Insurers		$0	5	$0				$0	$0	$0
Uninsured		$0	2	$0				$0	$0	$0
Total NonGovenrment		$0	7	$0	$0	$0	$0	$0	$0	$0
Total All Payers		$0	7	$0	$0	$0	$0	$0	$0	$0

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

December 20, 2006

Claudio Capone
Director of Planning
The Hospital of Central Connecticut
100 Grand Street
New Britain, CT 06050

RE: Certificate of Need Application Forms; Docket Number: 06-30895-CON
The Hospital of Central Connecticut at New Britain General
Acquisition and Operation of a 64-Slice, PET-CT Scanner

Dear Mr. Capone:

On December 19, 2006, the Office of Health Care Access ("OHCA") received the Letter of Intent ("LOI") Form of The Hospital of Central Connecticut for the acquisition and operation of a 64-slice, PET-CT scanner in New Britain, at a total capital expenditure of $3,812,322.

A notice to the public regarding OHCA's receipt of a LOI was published in *The Herald* pursuant to Sections 19a-638 and 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:JAH:bko

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

December 20, 2006

Requisition # HCA07-100
FAX #: 225-2611

The Herald
One Herald Square
New Britain, CT 06050

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 Sunday, December 24, 2006.

Please fax evidence that the legal notice was published by the date requested above to (860) 418-7053. In addition, please send the original legal notice (full tear sheet is required) with the invoice.

If there are any questions regarding this legal notice, please contact Jack A. Huber at (860) 418-7034.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

Kimberly R. Martone
Certificate of Need Supervisor

Attachment

KRM:jah

c: Sandy Salus, OHCA

The Herald
Docket Number: 06-30895-LOI

Letter of Intent
December 20, 2006

PLEASE INSERT THE FOLLOWING:

Statute Reference:	19a-638 and 19a-639 C.G.S.
Applicant:	The Hospital of Central Connecticut
Town:	New Britain
Docket Number:	06-30895-LOI
Proposal:	Acquisition and Operation of a 64-Slice, PET-CT Scanner
Total Capital Expenditure:	$3,812,322

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.

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	1622
RECIPIENT ADDRESS	92252611
DESTINATION ID	
ST. TIME	12/21 09:47
TIME USE	00'46
PAGES SENT	2
RESULT	OK

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

December 20, 2006

Requisition # HCA07-100
FAX #: 225-2611

The Herald
One Herald Square
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KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

Kimberly R. Martone
Certificate of Need Supervisor