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 the Applicant(s), 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	Norwalk Hospital Association	NRC Equipment Associates, LLC and SWC Corporation
Doing Business As	Norwalk Hospital	Norwalk Radiology and Mammography Center
Name of Parent Corporation		
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail (Zip Code Required)	34 Maple Street Norwalk, Connecticut 06856	148 East Avenue Norwalk, Connecticut 06851
Identify Applicant Status: P for Profit or NP for Nonprofit	Non-profit	Profit
Does the Applicant have Tax Exempt Status?	**Yes** No	Yes **No**
Contact Person, including Title/Position: This Individual will be the Applicant Designee to receive all correspondence in this matter.	Lisa Brady, Vice President, Planning and Business Development	Alan H. Richman M.D., President
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail (Zip Code Required)	Norwalk Hospital 34 Maple Street Norwalk, Connecticut 06856	Norwalk Hospital 34 Maple Street Norwalk CT 06856
Contact Person Telephone Number	203 852-3402	203 852-2715
Contact Person Fax Number	203 852-1553	203 855-3967
Contact Person e-mail Address	Lisa.Brady@norwalkhealth.org	alan.richman@norwalkhealth.org

SECTION II. GENERAL APPLICATION INFORMATION

a. Project Title: **Acquisition and operation of a fixed-site PET/CT scanner in place of both a mobile PET/CT service and a 16-slice CT scanner (the CT scanner was previously authorized in Docket No. 07-31009-CON).**

b. Project Proposal: **This is a proposal to replace Norwalk Hospital's mobile one-day-a-week PET/CT service and Norwalk Radiology and Mammography Center's 16-slice CT scanner with a fixed-site PET/CT scanner to be physically located at Norwalk Radiology and Mammography Center.**

c. Type of Project/Proposal, please check all that apply:

Inpatient Service(s):

☐ Medical/Surgical ☐ Cardiac ☐ Pediatric ☐ Maternity
☐ Trauma Center ☐ Transplantation Programs
☐ Rehabilitation *(specify type)* _____
☐ Behavioral Health (Psychiatric and/or Substance Abuse Services)
☐ Other Inpatient *(specify)* _____

Outpatient Service(s):

☐ Ambulatory Surgery Center ☐ Primary Care ☐ Oncology
☐ New Hospital Satellite Facility ☐ Emergency ☐ Urgent Care
☐ Rehabilitation *(specify type)* _____ ☐ Central Services Facility
☐ Behavioral Health (Psychiatric and/or Substance Abuse Services)
☐ Other Outpatient *(specify)* _____

Imaging:

☐ MRI ☐ CT Scanner ☐ PET Scanner
☐ CT Simulator ☒ PET/CT Scanner ☐ Linear Accelerator
☐ Cineangiography Equipment ☐ New Technology: _____

Non-Clinical:

☐ Facility Development ☒ Non-Medical Equipment ☒ Renovations
☐ Change in Ownership or Control ☐ Land and/or Building Acquisitions
☐ Organizational Structure (Mergers, Acquisitions, & Affiliations)
☐ Other Non-Clinical: _____

d. Does the proposal include a Change in Facility (F), Service (S)/Function (Fnc) pursuant to Section 19a-638, C.G.S.?

☐ Yes ☒ No

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

☐ New (F, S, Fnc) ☐ Additional (F, S, Fnc) ☐ Replacement
☐ Expansion (F, S, Fnc) ☐ Relocation ☐ Termination of Service
☐ Reduction ☐ Change in Ownership/Control

e. Will the Capital Expenditure/Cost of the proposal exceed $3,000,000, pursuant to Section 19a-639, C.G.S.?

☐ Yes ☒ No

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

☐ New equipment acquisition and operation
☐ Replacement equipment with disposal of existing equipment
☐ Major medical equipment
☐ Change in ownership or control

f. Location of proposal, identifying Street Address, Town and Zip Code: **148 East Avenue, Norwalk Connecticut 06851.**

g. List each town this project is intended to serve: **The service area for this project is Norwalk Hospital's historical service area including Norwalk, Westport, Wilton, New Canaan, and Weston.**

h. Estimated starting date for the project: **March 1, 2009**

i. If the proposal includes change in the number of beds provide the following information:

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

SECTION III. ESTIMATED CAPITAL EXPENDITURE/COST INFORMATION

a. Estimated Total Project Expenditure/Cost: $1,890,000

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

Major Medical Equipment Purchases*	
Medical Equipment Purchases*	1,490,000
Non-Medical Equipment Purchases*	0
Land/Building Purchases	0
Construction/Renovation	400,000
Other (Non-Construction) Specify:_____	
Total Capital Expenditure	
Major Medical Equipment – Fair Market Value of Leases 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	1,890,000
Capitalized Financing Costs (Informational Purpose Only)	

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

Response:

c. If the proposal has a total capital expenditure/cost exceeding $20,000,000 or if the proposal is for major medical equipment exceeding $3,000,000, you may request a Waiver of Public Hearing pursuant to Section 19a-643-45 of OHCA's Regulations? Please check your preference.

☐ Yes ☐ No

1. If you checked "Yes" above: please check the appropriate box below indicating the basis of the projects eligibility for a waiver of hearing

   ☐ Energy Conservation ☐ Health, Fire, Building and Life Safety Code

   ☐ Non Substantive

2. Provide supporting documentation from elected town officials (i.e. letter from Mayor's Office).

Response: Not Applicable

d. Major Medical and/or Imaging Equipment Acquisition: (NRMC to Supply Detail)

Equipment Type	Name	Model	Number of Units	Cost per unit
PET/CT Scanner	GE	16-slice	1	1,490,000

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

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

- [X] Applicant's Equity
- [ ] Capital Lease
- [X] Conventional Loan
- [ ] Charitable Contributions
- [ ] Operating Lease
- [ ] CHEFA Financing
- [ ] Funded Depreciation
- [ ] Grant Funding
- [ ] Other *(specify)* _____

SECTION IV. PROJECT DESCRIPTION

In paragraph format, 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 being proposed and what DPH licensure categories will be sought, if applicable.

3. Identify the current population served and 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?

PROJECT DESCRIPTION

The Applicants, Norwalk Hospital and Norwalk Radiology and Mammography Center ("NRMC"), are proposing to acquire and operate a fixed-site Positron Emission Tomography/Computed Tomography (PET/CT) scanner to be physically located at NRMC.

Norwalk Hospital is an acute care general hospital that offers a full range of medical and surgical services including comprehensive inpatient, emergency and outpatient imaging services on its hospital campus. NRMC is a joint venture between NRC Equipment Associates, LLC and SWC Corporation ("SWC"). SWC is a for-profit subsidiary of Norwalk Hospital Association. NRMC provides a full range of outpatient imaging services including the modalities of digital mammography, CT scanning, ultrasound, diagnostic radiography, bone densitometry, fluoroscopy, and MRI.

A copy of the Norwalk Hospital Department of Public Health license is included as **Exhibit 1**. There is no anticipated change to this license resulting from the proposed equipment acquisition.

Norwalk Hospital currently participates in the Fairfield County Mobile PET Collaborative and offers mobile PET/CT services one day per week through a contractual arrangement with PET Scans of America Corporation. This service was authorized by the Office of Health Care Access ("OHCA") under Docket Nos. 00-509 (mobile PET) and 02-584 (upgrade to mobile PET/CT). In April 2008, NRMC received OHCA approval under Docket No. 07-31009-CON to replace its single slice CT scanner with a 16-slice CT scanner. To date, the replacement authorized in that docket has not been implemented.

If granted, the fixed-site PET/CT scanner proposed herein will incorporate a 16-slice CT scanner, thereby making the separate installation of a 16-slice CT scanner unnecessary. However, if the PET/CT scanner is approved, NMRC will still remove the existing single slice CT scanner from NRMC as authorized under Docket No. 07-31009-CON. NRMC plans to renovate space at NRMC to accommodate the new PET/CT scanner. The proposed fixed-site PET/CT scanner will also replace Norwalk Hospital's need for the mobile service, therefore the service arrangement with PET Scans of America Corporation will be discontinued and PET/CT services will be relocated from the Norwalk Hospital campus to NRMC.

The targeted population for this project remains the existing and future imaging patients of Norwalk Hospital and NRMC. The primary service area ("PSA") for this project consists of Norwalk, New Canaan, Wilton, Weston, and Westport. There are no other existing providers of PET/CT services in the PSA. In Norwalk Hospital's secondary service area, Stamford Hospital operates a mobile PET/CT service and Greenwich Hospital operates a fixed-site PET/CT service.

NRMC will be responsible for providing the PET/CT services. All payers including Medicare, Medicaid, commercial insurance and managed care will pay for the PET/CT services. The Applicants do not anticipate any payer changes when this project becomes operational.

The Applicants are requesting approval for the PET/CT scanner because the PET/CT market is growing and will continue to grow in the coming years as reimbursed clinical applications expand significantly. The installation of a fixed-site PET/CT scanner is a more economical alternative to the existing lease of a mobile scanner given the current volume level. The mobile scanner's one-day-a-week service can no longer meet the increasing demand for services from the Applicants' patient population. A fixed-site

PET/CT scanner will result in a significant cost savings compared to the mobile scanner. Furthermore, once it becomes necessary for the Applicants to have the mobile scanner two days a week, the cost savings will only increase. In summary, by granting this proposal, OHCA will improve the delivery of health care by providing cost effective, increased access to PET/CT services in Norwalk and the surrounding communities.

Concurrent with this request, NRMC has filed a CON Modification Request Form 2050 to extend the CON expiration date for Docket No. 07-31009-CON (the 16-slice CT scanner) until a decision has been rendered on this proposal for a fixed-based PET/CT scanner.

AFFIDAVIT

To be completed by each Applicant

Applicant: Norwalk Hospital Association

Project Title: Acquisition and operation of a fixed-based PET/CT Scanner in place of a mobile PET/CT Service and 16-slice CT Scanner

I, Geoffrey F. Cole (Name), President and Chief Executive Officer (Position – CEO or CFO)

of Norwalk Hospital 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 Norwalk Hospital (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.

Geoffrey F. Cole — Signature

Oct. 20, 2008 — Date

Subscribed and sworn to before me on OCTOBER 20, 2008

Barbara DiCarlo

Notary Public/~~Commissioner of Superior Court~~

My commission expires: 2/28/2010

RECEIVED
2008 OCT 22 A 11:25
CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

AFFIDAVIT

To be completed by each Applicant

Applicant: Norwalk Radiology and Mammography Center

Project Title: Acquisition and operation of a fixed-based PET/CT Scanner in place of a mobile PET/CT Service and 16-slice CT Scanner

I, Alan H. Richman, M.D. (Name), President (Position – CEO or CFO)

of Norwalk Radiology and Mammography Center 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 Norwalk Radiology and Mammography Center (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.

Alan H. Richman MD
Signature

10/20/08
Date

RECEIVED
2008 OCT 22 A 11: 27
CONNECTICUT OFFICE OF HEALTH CARE ACCESS

Subscribed and sworn to before me on 10/20/2008

Notary Public/Commissioner of Superior Court

My commission expires:

CARRIE SAVIANO
NOTARY PUBLIC
MY COMMISSION EXPIRES JUNE 30, 2013

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0053

General Hospital

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

Norwalk Hospital Association of Norwalk, CT, d/b/a Norwalk Hospital is hereby licensed to maintain and operate a General Hospital.

Norwalk Hospital is located at 34 Maple Street, Norwalk, CT 06856

The maximum number of beds shall not exceed at any time:
38 Bassinets
328 General Hospital beds

This license expires **June 30, 2009** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, July 1, 2007. RENEWAL.

Satellites
Norwalk Hospital Surgery Center, 40 Cross Street, Suite 120, Norwalk, 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

October 28, 2008

Lisa Brady
Vice President
Planning and Business Development
Norwalk Hospital
34 Maple Street
Norwalk, CT 06856

Alan H. Richman, M.D.,
President
NRC Equipment Associates, LLC
148 East Avenue
Norwalk, CT 06851

Re: SWC Corporation and NRC Equipment Associates, LLC, d/b/a
Norwalk Radiology and Mammography Center
A Joint Venture Proposal to Acquire and Operate a Fixed-Based PET/CT Scanner
Notice of Letter of Intent: Docket Number: 08-31256-LOI

Dear: Ms. Brady and Dr. Richman:

On October 22, 2008, the Office of Health Care Access ("OHCA") received the Letter of Intent ("LOI") Form of SWC Corporation, an affiliate of Norwalk Hospital, and NRC Equipment Associates, LLC ("Applicants") to acquire and operate through a joint venture arrangement a fixed-based PET/CT scanner, at a total capital expenditure of $1,890,000.

A notice to the public regarding OHCA's receipt of a LOI was published in *The Hour* 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:lmg

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

October 28, 2008

Requisition # HCA09-053
Email: OBIT@The Hour.com
Attention: David

The Hour Publishing Company
P.O. Box 790
Norwalk, CT 06852-0790

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 **Saturday, November 1, 2008.**

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 Jack Huber or Paolo Fiducia at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

Kimberly R. Martone
Certificate of Need Supervisor

Attachment

KRM:JAH:PF:lmg

c: Sandy Salus, OHCA

PLEASE INSERT THE FOLLOWING:

Statute Reference:	19a-639
Applicants:	SWC Corporation and NRC Equipment Associates, LLC, d/b/a Norwalk Radiology and Mammography Center
Town:	Norwalk
Docket Number:	08-31256-LOI
Proposal:	Acquire and operate through a joint venture arrangement a fixed-based PET/CT scanner
Capital Expenditure:	$1,890,000

The Applicant may file its Certificate of Need application between December 21, 2008 and February 19, 2009. 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.

Greer, Leslie

Sent: Tuesday, October 28, 2008 10:16 AM

----IMA59c56e0.4907/pop.state.ct.us
Content-Type: text/plain; charset=us-ascii

Your message was successfully relayed to a system that does not support delivery confirmations.
Unless the delivery fails, this will be the only delivery notification.

----IMA59c56e0.4907/pop.state.ct.us
Content-Type: message/delivery-status

Reporting-MTA: pop.state.ct.us
Final-Recipient: rfc8222;obit@THEHOUR.COM
Action: relayed
Status: 2.0.0

----IMA59c56e0.4907/pop.state.ct.us
Content-Type: message/rfc822

Received: from doit-mstwmms1 [159.247.5.80] by pop.state.ct.us with ESMTP
(SMTPD-9.23) id A6D9027C; Tue, 28 Oct 2008 14:15:53 -0400
Received: from 159.247.77.53 by doit-mstwmms1 with ESMTP (Tumbleweed EMF SMTP Relay (Email Firewall v6.0.0)); Tue, 28 Oct 2008 14:22:46 -0400
X-Server-Uuid: AAF81055-C3E5-43F1-82D3-EBCFC44FF42A
X-MimeOLE: Produced By Microsoft Exchange V6.5
Content-class: urn:content-classes:message
Return-Receipt-To: "Greer, Leslie" <Leslie.Greer@ct.gov>
MIME-Version: 1.0
Disposition-Notification-To: "Greer, Leslie" <Leslie.Greer@ct.gov>
Subject: Legal Ad 08-31256-LOI
Date: Tue, 28 Oct 2008 14:13:45 -0400
Message-ID: <741BDEFB9A5C9A4F9421A255626F70B101B7D964@DOIT-EX401.exec.ds.state.ct.us>
X-MS-Has-Attach: yes
X-MS-TNEF-Correlator:
Thread-Topic: Legal Ad 08-31256-LOI
Thread-Index: Ack5KOquKCyCDiBnQby9S6ce2ulfig==
From: "Greer, Leslie" <Leslie.Greer@ct.gov>
To: obit@THEHOUR.COM
X-WSS-ID: 651987FC30S107347-01-01
Content-Type: multipart/mixed;
boundary="----_=_NextPart_001_01C93928.EAEF6E43"

----IMA59c56e0.4907/pop.state.ct.us--

Greer, Leslie

From: obit Classified [obit@thehour.com]
Sent: Tuesday, October 28, 2008 3:44 PM
To: Greer, Leslie
Subject: RE: Legal Ad 08-31256-LOI

You are all set Leslie. A tear sheet will be mailed after the run. - YeVette

-----Original Message-----
From: Greer, Leslie [mailto:Leslie.Greer@ct.gov]
Sent: Tue 10/28/2008 2:13 PM
To: obit Classified
Subject: Legal Ad 08-31256-LOI

Legal Ad,

Please run the attached public notice in your newspaper no later than Saturday, November 1, 2008. Please notify me that you have received this request.

Thank you,

Leslie M. Greer

Office of Health Care Access

State of Connecticut

410 Capitol Avenue

Hartford, CT 06134

Phone: (860) 418-7001

Fax: (860) 418-7053

Website: www.ct.gov/ohca <http://www.ct.gov/ohca>

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

November 4, 2008

Lisa Brady
Vice President
Planning and Business Development
Norwalk Hospital
34 Maple Street
Norwalk, CT 06856

Alan H. Richman, M.D.,
President
NRC Equipment Associates, LLC
148 East Avenue
Norwalk, CT 06851

Re: Certificate of Need Application Forms; Docket Number: 08-31256-CON
Southwest Connecticut Corporation and NRC Equipment Associates, LLC, d/b/a Norwalk Radiology and Mammography Center - A Joint Venture Proposal to Acquire and Operate a Fixed-Based PET/CT Scanner

Dear: Ms. Brady and Dr. Richman:

Enclosed are the Certificate of Need ("CON") application forms regarding the proposal of Southwest Connecticut Corporation and NRC Equipment Associates,LLC, d/b/a Norwalk Radiology and Mammography Center to acquire and operate a fixed-based PET/CT scanner in Norwalk. The proposal's anticipated capital expenditure is $1,890,000. According to the parameters stated in Section 19a-639 of the Connecticut General Statutes the CON application may be filed between December 21, 2008, and February 19, 2009.

When submitting your CON application and any subsequent application information to this agency, you are obligated to observe the following procedural requirements. **Failure to observe these requirements will require follow-up work on your part to correct the filing.**

- Number and date each page, including cover letter and all attachments. Information filed after the initial CON application submission (i.e. completeness response letter, prefile testimony, late file submissions and the like) must be numbered sequentially from the Applicant's document immediately preceding it. For example, if the application concludes with page 100, your completeness response letter would begin with page 101.

- Submit one (1) original and six (6) hard copies of the submission, each in 3-ring binders.
- Submit a scanned copy of each submission in its entirety, including all attachments on CD, preferably in Adobe (.pdf) format.
- Submit an electronic copy of the documents in MS Word format with financial attachments and other data, as appropriate, in MS Excel format.

The OHCA analysts assigned to the CON application are Jack A. Huber and Paolo Fiducia. Please feel free to contact either analyst at (860) 418-7001, if you have any questions.

Sincerely,

Kimberly Martone
Certificate of Need Supervisor

Enclosure

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, a response of "Not Applicable" will be an acceptable answer. Your Certificate of Need application will be eligible for submission no earlier than December 21, 2008, and may be submitted no later than February 19, 2009. The OHCA analysts assigned to your application are Jack A. Huber and Paolo Fiducia. Either analyst may be reached at the Office of Health Care Access at (860) 418-7001.

Docket Number:	08-31256-CON	
Applicant Names:	Southwest Connecticut Corporation and NRC Equipment Associates, LLC, d/b/a Norwalk Radiology and Mammography Center	
Contact People:	Lisa Brady	Alan H. Richman, M.D.,
Contact Title:	Vice President Planning and Business Development	President
Contact Address:	Norwalk Hospital 34 Maple Street Norwalk, CT 06856	NRC Equipment Associates, LLC 148 East Avenue Norwalk, CT 06851
Project Location:	Norwalk	
Project Name:	Proposal to Acquire and Operate a Fixed-Based PET/CT Scanner	
Proposal Type:	Section 19a-639, C.G.S.	
Estimated Total Capital Expenditure:	$1,890,000	

GENERAL AFFIDAVIT

Applicant: **Norwalk Radiology and Mammography Center**

Project Title: **NRMC's Acquisition of a Fixed-Based PET/CT Scanner**

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

of _____ being duly sworn, depose and state that the (Facility Name) said facility 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 Date

Subscribed and sworn to before me on_____

_____

Notary Public/Commissioner of Superior Court

My commission expires: _____

GENERAL AFFIDAVIT

Applicant: **Southwest Connecticut Corporation**

Project Title: **NRMC's Acquisition of a Fixed-Based PET/CT Scanner**

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

of _____ being duly sworn, depose and state that the (Facility Name) said facility 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 Date

Subscribed and sworn to before me on_____

_____

Notary Public/Commissioner of Superior Court

My commission expires: _____

GENERAL AFFIDAVIT

Applicant: **NRC Equipment Associates, LLC**

Project Title: **NRMC's Acquisition of a Fixed-Based PET/CT Scanner**

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

of _____ being duly sworn, depose and state that the (Facility Name) said facility 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 Date

Subscribed and sworn to before me on_____

_____

Notary Public/Commissioner of Superior Court

My commission expires: _____

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, or 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)

1. **State Health Plan** - No questions at this time.

2. **Applicant's Long Range Plan**

   Is this application consistent with your long-range plan?

   ☐ Yes ☐ No

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

3. **Existing Imaging Services**

   A. Describe the relationship between Norwalk Radiology and Mammography Center (Applicant") and Norwalk Hospital.

   B. Provide any existing agreements or memorandums of understanding between the two parties.

   C. Identify the imaging systems that constitutes the Applicant's and Norwalk Hospital's CT scanning and PET/CT scanning services.

   D. Provide a historical narrative depicting the evolution of CT and PET/CT imaging services for the Applicant and Norwalk Hospital since the introduction of PET imaging technology. Include all OHCA actions taken during this period relative to CT, PET and PET/CT equipment changes and upgrades.

   E. What imaging services (including CT, PET/CT, oncology simulations, etc.), are currently offered at the Applicant's sites and at Norwalk Hospital that the proposed fixed-based PET/CT acquisition will augment or replace? Please identify each specific imaging unit whose utilization will be affected by the proposal and explain in what manner the imaging unit's service volumes will be affected.

   F. Explain how the existing mobile-based PET/CT scanner is utilized for oncology and Alzheimer disease services.

   G. Provide two historical utilization tables illustrating the actual number of scanning procedures performed, one for the Applicant's by site and the second for Norwalk Hospital that is itemized by imaging category (i.e. CT, PET/CT, oncology simulations) and by specific imaging unit that covers the last three completed fiscal years, FY 2006 through FY 2008.

   H. Provide a historical utilization table illustrating the actual number of scanning procedures performed by Norwalk Hospital that is itemized by imaging category (i.e. CT, PET/CT, oncology simulations), by specific imaging unit and by inpatient, outpatient and emergency medicine services that covers the last three completed fiscal years, FY 2006 through FY 2008.

I. For the Applicant and the Hospital provide the weekly hours of operation of the existing CT services, oncology CT simulations and existing mobile-based PET/CT services.

J. For the Applicant and the Hospital provide a rationale explaining the scheduled days of operations for the existing CT services, oncology CT simulations and existing mobile-based PET/CT services.

K. Please provide the capacity for each of the existing imaging units identified in response to Sections 3.C. and 3.D. above, in the format provided below:

	Unit 1_____ FY _____	Unit 2_____ FY_____
Average # Hours/Week Unit Operates		
Weeks/Year Unit Operates		
Targeted Utilization as % of Capacity		
Annual Total Capacity for Scans in Hours		
Average Scan Time in Hours		
Annual Capacity - # Scans		
Actual # Scans		
% Total Capacity	_____%	_____%

L. Describe the assumptions used to estimate the percentage operating capacity of each of the aforementioned imaging units.

M. How will the departure of Norwalk Hospital from the Fairfield County Mobile PET Collaborative affect the operation of the Collaborative?

4. **Clear Public Need**

A. Explain how it was determined there was a need by the Applicant to acquire a 16-slice PET/CT scanner.

B. Has the Applicant conducted a need assessment for the proposed fixed-based PET/CT scanner? If so, please provide a copy of the assessment. If an assessment was not conducted, explain why this is the case.

C. Discuss how the methodology utilized in the need assessment relates to the imaging requirements of the following entities:

1. Norwalk Radiology and Mammography Center; and
2. Norwalk Hospital

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

☐ Epidemiological studies ☐ Market share analysis

☐ Public information reports ☐ Other (Identify) _____

E. Provide a list of the primary and secondary service area towns for the proposed fixed-based PET/CT service.

F. Provide a rationale for choosing the selected towns for each service area.

G. Explain how and why the prospective fixed-based PET/CT service areas differ from those service areas of the following existing services:

1. Mobile-based PET/CT services of Norwalk Hospital; and
2. Fixed-based CT services of the Applicant and Norwalk Hospital.

H. Describe the population to be served by the proposed fixed-based PET/CT service, including demographic information, conditions, diseases, etc., where appropriate.

I. Provide the mobile-based PET/CT service volume by procedural scan for the past three fiscal years, FY 2006 through FY 2008, by service area town, subtotaled for primary and secondary service areas and totaled for the entire service area.

J. Are there any scheduling backlogs experienced by the existing mobile-based PET/CT service? If so, where are the Hospital and/or Hospital affiliated physicians currently referring their patients requiring PET/CT services?

K. Provide the travel distance from the proposed fixed-based PET/CT service site to the anticipated service area towns.

L. Discuss the types of oncology services Norwalk Hospital currently provides and how the proposal will affect the oncology department operations.

M. Discuss how Norwalk Hospital's Alzheimer's disease services will be affected by the proposed fixed-based PET/CT scanner.

N. Provide the weekly hours of operation of the proposed CT services, if reconfigured, oncology CT simulations and fixed-based PET/CT services.

O. Provide a rationale behind the proposed scheduled days of operations for the proposed CT, if reconfigured, oncology CT simulations and fixed-based PET-CT services.

P. Utilizing in the table presented below, provide the historical and projected service volumes by the number of procedural scans for CT, oncology CT simulations, mobile-based PET/CT and fixed-based PET/CT ***by scanning system*** that is or has been operated by the Applicant and Norwalk Hospital:

	Actual Scan Volume (Last 3 Completed FYs)			CFY Scan Volume*	Projected Scan Volume (First 3 Full Operational FYs)**		
	FY____	FY____	FY____	FY____	FY____	FY____	FY____
CT							
CT Simulations							
Mobile PET-CT							
Fixed PET/CT							

Number of Procedural Scans

Notes: *Please report the annualized number of exams, identifying the respective number of months of recorded activity in your response.

**If the first year of operation of the proposed service site is only a partial year, the Hospital must provide the first partial year estimate and then the first three full FYs estimate. Include all derivations and/or calculations used in arriving at the projected number of procedural scans..

Q. Provide the units of service projected for the first three years of operation of the proposed fixed-based PET/CT service ***by disease type***. Include all assumptions used in the derivation/calculation of your projections.

R. Please provide the capacity for the proposed PET/CT scanner in the table format provided below:

	Proposed PET/CT Scanner FY____
Average # Hours/Week Scanner Operates	
Weeks/Year Operational	
Targeted Utilization as % of Capacity	
Annual Total Capacity for Scans in Hours	
Average Scan Time in Hours	
Annual Capacity - #Scans/Scanner	
Actual & Projected/Actual # scans	
% Total Capacity	____%

S. Describe the assumptions used to estimate the percentage operating capacity of the proposed fixed-based PET-CT scanner.

T. Identify the existing providers of the mobile and fixed based PET/CT services in your primary and secondary service areas.

U. Provide the information as outlined in the following table concerning the existing mobile and fixed-based PET/CT providers in the proposed primary and secondary service areas:

Description of Service[1]	Provider Name and Location	Hours and Days of Operation[2]	Current Utilization[3]
Mobile-based Units			
Fixed based Units			

Notes:
[1] Provide a description of the equipment used by the Provider, if known. For PET/CT scanners, include the number of CT slices.
[2] Specify the days of the week and start and end time for each day.
[3] Number of PET/CT scans performed on specified scanner by Provider for the most recent 12 month period, if known.

V. Identify the nearest PET-CT service provider to the proposed fixed-based PET/CT site and the relative distance between the two sites.

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

X. Explain how the proposal will relate to a reduction in other imaging modalities by the Hospital and/or existing providers.

Y. Provide the number of referred PET/CT scanning procedures to other providers from the current mobile-based PET/CT service for the past three fiscal years by service area town.

Z. Will your proposal remedy any of the following barriers to access? Please provide an explanation, regardless of answer(s) selected.

☐ Cultural ☐ Transportation

☐ Geographic ☐ Economic

☐ None of the above ☐ Other (Identify) _____

5. Quality Measures

A. 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-Society Council for Radiation Oncology
☐ American College of Radiology
☐ Substance Abuse and Mental Health Services Administration
☐ Other: Specify _____

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

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

D. 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]

E. Provide a copy of the related sections of the Applicant's Quality Assurance plan to the proposal.

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[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 the following licensing information:

i. If you are currently licensed, provide a copy of the State of Connecticut Department of Public Health license currently held.

ii. The DPH licensure category you are seeking.

iii. If not applicable, please explain why.

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

C. Please provide a corporate chart of organization which illustrates the relationship between the joint venture entity and each member's affiliate organizations.

D. 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) Please submit the Norwalk Hospital's audited financial statements for the most recently completed fiscal year.

iii) Provide a copy of Norwalk Hospital's most recently completed internal monthly financial statements, including utilization volume totals to date.

iv) Identify the entity that will be billing for the fixed-base PET/CT service.

9. Major Cost Components/Total Capital Expenditure

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

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

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

10. Construction Information

A. Describe the proposed new construction/renovation including the related gross square footage.

B. Provide a schematic drawing related to the project.

C. Provide the anticipated date of operation of the proposed fixed-based PET/CT scanner.

11. Capital Equipment Lease/ Purchase

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

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

12. 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. Letter of interest from CHEFA,
   iii. Amortization schedule (if not level amortization payments),
   iv. Lease agreement.

13. 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 or TriCare				
Total Government Payers				
Commercial Insurers*				
Uninsured				
Workers Compensation				
Total Non-Government Payers				
Total 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. Provide the following for the financial and statistical projections for the Applicant and Norwalk Hospital:

i) A summary of revenue, expense and volume statistics, without the CON project, incremental to the CON project, and with the CON project. **See Financial Attachments I.a and I.b., enclosed for the Applicant and Norwalk Hospital, respectively.** 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) Please provide three years of projections of incremental revenue, expense, and volume statistics attributable to the proposal by payer. **Please complete CON Financial Attachments II.a and II.b., enclosed for the Applicant and Norwalk Hospital, respectively.**

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

iv) 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 for the Applicant and Norwalk Hospital.

v) Please complete Financial Attachment II, enclosed for the Applicant and Norwalk Hospital.

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

vii) Describe how this proposal is cost effective. How will the operation of the proposed fixed-based PET/CT scanner result in cost savings compared with the operation of the mobile-based scanner?

viii) Provide a cost benefit analysis which supports the position that the installation of the proposed fixed-based PET/CT scanner is a more economical alternative to the existing lease of a mobile-based scanner given the current volume level.

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

Total Facility:	FY	FY	FY	FY	FY	FY	FY	FY	FY
Description	Actual Results	Projected W/out CON	Projected Incremental	Projected With CON	Projected W/out CON	Projected Incremental	Projected With CON	Projected W/out CON	Projected Incremental	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. B i. Please provide one year of actual results and three years of projections of **Total Facility** revenue, expense and volume statistics without, incremental to and with the CON proposal in the following reporting format:

Total Facility: 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.

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

FY _____	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
FY Projected Incremental		Rate	Units	Gross	Allowances/	Charity	Bad	Net	Operating	Gain/(Loss)
Total Incremental Expenses:				Revenue	Deductions	Care	Debt	Revenue	Expenses	from Operations
				Col. 2 * Col. 3				Col.4 - Col.5	Col. 1 Total *	Col. 8 - Col. 9
Total Facility by								-Col.6 - Col.7	Col. 4 / Col. 4 Total	
Payer Category:										
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 NonGovernment		$0	7	$0	$0	$0	$0	$0	$0	$0
Total All Payers		$0	7	$0	$0	$0	$0	$0	$0	$0

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										
FY _____	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
FY Projected Incremental		Rate	Units	Gross	Allowances/	Charity	Bad	Net	Operating	Gain/(Loss)
Total Incremental Expenses:				Revenue	Deductions	Care	Debt	Revenue	Expenses	from Operations
				Col. 2 * Col. 3				Col.4 - Col.5	Col. 1 Total *	Col. 8 - Col. 9
Total Facility by								-Col.6 - Col.7	Col. 4 / Col. 4 Total	
Payer Category:										
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 NonGovernment		$0	7	$0	$0	$0	$0	$0	$0	$0
Total All Payers		$0	7	$0	$0	$0	$0	$0	$0	$0

Office of Health Care Access

Hour Classifie[d]

SATURDAY, NOVEMBER 1, 2008 • C5

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1

Statute Reference:	19a-639
Applicants:	SWC Corporation and NRC Equipment Associates, LLC, d/b/a Norwalk Radiology and Mammography Center
Town:	Norwalk
Docket Number:	08-31256-LOI
Proposal:	Acquire and operate through a joint venture arrangement a fixed-based PET/CT scanner
Capital Expenditure:	$1,890,000

The Applicant may file its Certificate of Need application between December 21, 2008 and February 19, 2009. 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.

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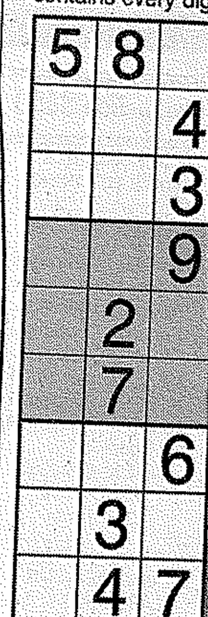
Complete the grid... contains every dig...



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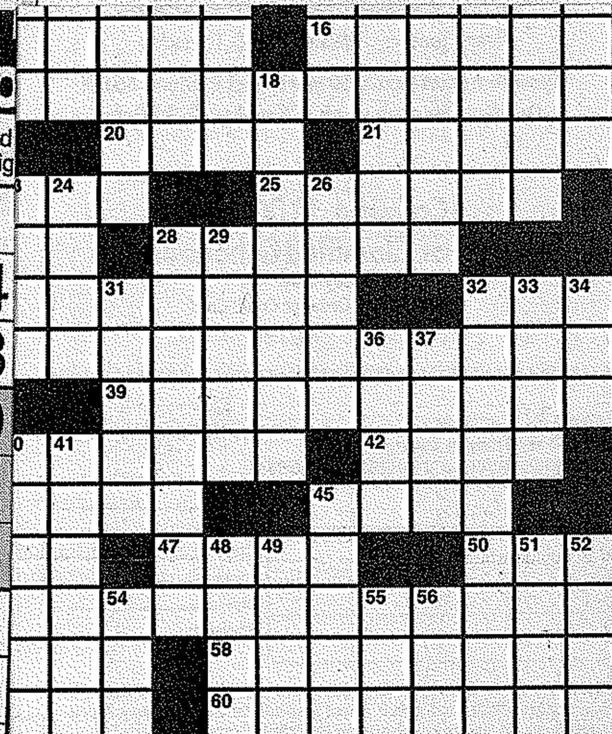

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