



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

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

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	Gregory A. Toback	
Doing Business As	Shoreline Periodontics, PC	
Name of Parent Corporation	Shoreline Periodontics, PC	
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail (Zip Code Required)	190 Hempstead Street New London, CT 06320	
Identify Applicant Status: P for Profit or NP for Nonprofit	P	
Does the Applicant have Tax Exempt Status?	No	
Contact Person, including Title/Position: This Individual will be the Applicant Designee to receive all correspondence in this matter.	Dr. Gregory Toback Periodontist, Owner	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail (Zip Code Required)	190 Hempstead Street New London, CT 06320	
Contact Person Telephone Number	860-443-2428	
Contact Person Fax Number	860-443-6704	
Contact Person e-mail Address	toback@shorelineperio.com	

SECTION II. GENERAL APPLICATION INFORMATION

a. Project Title: Shoreline Periodontics E-WOO Cone Beam

b. Project Proposal: Installation of EWOO Picasso DUO dental cone-beam computer imaging machine for in-office use for periodontic and dental implant purposes. The machine is to be used exclusively for patients of Shoreline Periodontics, P.C. for use in conjunction with existing and developing dental technology.

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 X New Technology: dental cone-beam 3-D imaging

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.?

X Yes No

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

New (F, S, Fnc) Additional (F, S, Fnc) X Replacement

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

*** Replacement of orthopantomograph x-ray machine leased by Shoreline Periodontics, P.C.

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

Yes X 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:

190 Hempstead Street, New London, CT 06320

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

This project is intended to serve only the patients of Shoreline Periodontics, P.C. The majority of these patients are from New London County, but may come from areas outside the towns included in New London County.

h. Estimated starting date for the project: Immediately following CON approval (October, 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: \$ 110,000.00

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

Major Medical Equipment Purchases*	
Medical Equipment Purchases*	
Non-Medical Equipment Purchases*	\$110,000
Land/Building Purchases	
Construction/Renovation	
Other (Non-Construction) Specify: computer support	
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	\$110,000
Capitalized Financing Costs (Informational Purpose Only)	

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

E-WOO Technology, Picasso DUO

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).

d. Major Medical and/or Imaging Equipment Acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
Dental Cone Beam Imaging	EWOO	Picasso DUO	1	110,000

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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):

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

SECTION IV. PROJECT DESCRIPTION

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?

AFFIDAVIT

To be completed by each Applicant

Applicant: Gregory A. Toback DMD,MSProject Title: Shoreline Periodontics E-WOO Cone Beam

I, Gregory A. Toback, President
 (Name) (Position – CEO or CFO)

of Shoreline Periodontics, P.C. 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 Shoreline Periodontics complies with the appropriate and (Facility Name)

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

10-14-09

Subscribed and sworn to before me on

October 14, 2009

Notary Public/Commissioner of Superior Court

My commission expires:

THERESA K SALAS	NOTARY PUBLIC	MY COMMISSION EXPIRES	AUGUST 31, 2013	RECEIVED
				2009
CONNECTICUT	STATE	HEALTH CARE	REGISTRATION	REGISTRATION
NOTARY PUBLIC	COMMISSION	EXPIRES	2013	2013



SHORELINE PERIODONTICS PC

Committed to Excellence in Periodontics and Dental Implants

Gregory A. Toback, D.M.D., M.S.

Board Certified Periodontist

October 14, 2009

Department of Public Health:

The goal of the proposed project, "Shoreline Periodontics E-WOO Cone Beam", is to provide state-of-the-art, low radiation, in office diagnostic capabilities for the sole purpose of treating patients of Shoreline Periodontics, P.C. Shoreline Periodontics, would like to purchase an E-WOO Picasso DUO dental cone-beam 3-D computer imaging machine for \$110,000 to be placed into service at 190 Hempstead Street, New London, CT. This dental cone-beam machine would be purchased to replace the existing Gendex orthopantomograph currently owned by Shoreline Periodontics. The DUO unit would be used solely for diagnosing and treatment planning patients of Shoreline Periodontics.

With the advancement of computerized 3-D dental technologies, this type of dental technology will enable our practice to provide unparalleled care to their patients. Technologies available for use in conjunction with the DUO dental cone-beam 3-D computer imaging machine include:

- Pre-surgical diagnosis and treatment planning of jaw bone anatomy prior to implant placement.
- Identification of important anatomic landmarks such as nerve, sinus and tooth root locations prior to dental implant placement.
- Computer guided placement of dental implants which allows minimally invasive surgery and expedited treatment approaches.
- 3-D determination of bone defects surrounding teeth resulting from periodontal disease. This will allow a greater understanding of the prognoses of teeth in the treatment planning phases, and thereby the ability to offer the most appropriate treatment options to patients.
- tooth and root positioning for periodontal surgery minimizing the risk of morbidity to adjacent teeth and bone.
- And, the diagnosis and treatment of diseases of the teeth and jaws.

Currently, Shoreline Periodontics is providing treatment to their patients within the field of periodontics, however, they are doing so without the benefit of in-office 3-D imaging.

www.shorelineperio.com

190 Hempstead Street, New London, CT 06320 • (860) 443-2428



SHORELINE PERIODONTICS PC

Committed to Excellence in Periodontics and Dental Implants

Gregory A. Toback, D.M.D., M.S.

Board Certified Periodontist

The addition of 3-D imaging will enable our practice to provide better diagnostic and treatment planning capabilities to our respective patients, as well as, enable state-of-the-art clinical care with respect to these emerging dental technologies. Our practice will not require additional DPH licensure to utilize these new technologies.

Both the current population served and the target population is limited to the patients of record of Shoreline Periodontics, P.C. The unmet need within the current and target populations is the patients' desire to have access to the advancements in dental technology that are available to patients of other states where dental cone-beam technology has already been embraced. This project will fulfill that need by providing them with low radiation, in office dental cone-beam 3-D computer imaging technology that is not currently available in Southeastern, CT. While it is true that there are Medical CT scanning facilities located in Southeastern, CT, there are currently no existing dental cone-beam imaging centers. This is important from the standpoint that the radiation dose provided by the E-WOO Picasso DUO dental cone-beam is significantly lower than that for Medical CT scanning machines and that the emerging dental technologies are designed to integrate with only the dental cone-beam machines.

It is not anticipated that this proposal will have a negative effect on the greater health care delivery system in the State of Connecticut as it is limited to dental technologies exclusively for the patients of Shoreline Periodontics. It will, however, have a profound effect on the quality of the diagnostic and treatment planning capabilities of Shoreline Periodontics, as well as, improve the quality of care we are able to provide to our patients.

The responsibility of providing the dental imaging services will be assigned to the doctors and staff of Shoreline Periodontics. There are no current payers of this service as no service currently exists for dental cone-beam 3-D computer imaging in Southeastern, CT. Any anticipated payer changes when the project becomes operational will be limited exclusively to the patients Shoreline Periodontics. As imaging needs are based on diagnostic and treatment planning needs, payers will be limited to patients of record who required these types of diagnostic capabilities.



SHORELINE PERIODONTICS PC

Committed to Excellence in Periodontics and Dental Implants

Gregory A. Toback, D.M.D., M.S.

Board Certified Periodontist

In summary, it is the contention of Shoreline Periodontics that the addition of the E-WOO Picasso DUO dental cone-beam 3-D computer imaging machine to our practice is necessary for us to provide state-of-the-art care to our patients with regards to diagnosis and treatment planning of periodontal procedures. This is consistent with the determination and use of dental cone-beam technology seen in other states where practitioners have open access to purchase and use of this technology.

Respectfully submitted,

Gregory A. Toback, D.M.D., M.S.

E-WOO Technology USA Inc.

256 North Sam Houston Parkway East Suite 115

Houston, TX 77060, USA

TEL : +1-281-902-6189 E-mail : Travis.Harrison@ewoousa.com

Fax: +1-281-598-8150

Web page : www.ewoousa.com



Sales Contract

For the attn of: Dr. Gregory Toback		Our Ref. No.	PaX-Duo 12x8.5 C-2	
Shoreline Periodontics		Date	13-Sep-09	
190 Hempstead Street		Sales Rep.	Travis Harrison	
New London, CT 06320	Tel: 860-443-2428			
Dear Dr. Toback,				
E-WOO Technology USA Inc., Ltd. hereby provides this sales contract to you for the following goods in accordance with the terms and conditions as below.				
Item .	Description	Quantity	Unit price	Amount
CBCT	* PaX-DUO CT FOV 12x8.5 and Digital Panoramic System C-2 * 1 HP Workstation w/17" Flat Screen Monitor ** 2 Year Unlimited Warranty **** Easy Dent 4 Imaging Software **** 3D S/W ; Ez-3D2009 (1+1 Users License)	1 1 1 1 1	US\$139,000.00 Included Included Included Included	US\$139,000.00 Included Included Included Included
SFTWR			Sub total	US\$139,000.00
	* AAP Show DISCOUNT!!! *** 2 Year Unlimited Warranty **** Easy Dent 4 Software **** 3D S/W ; Ez-3D2009 (1+1 Users License)	1 -100% -100% -100%	-US\$29,000.00 FREE FREE FREE	-US\$29,000.00 FREE FREE FREE
			Sub total	-US\$29,000.00
	The Buyer is responsible for Sales/Usage Tax - Per State Law as applies *** Shipping and Handling Charges for all units to be delivered by 3rd party Company			NOT INCLUDED US\$1,500.00
			Equipment	US\$110,000.00
	Preferred Install Date		Total	\$111,500.00
	Removing old X-Ray Unit		Down Payment Due	\$11,150.00

* Shipment : by trucking

* Payment : Upfront 100% before installation : 10% Deposit at Time of Contract to ensure Shipping and Install Date

* Installation date : Aprox. 4 weeks from Signed Contract Date (10% Down Payment) or based on CON application process.

* Packing : Standard export packing suitable for transportation

* Remark: This proposal is valid for the AAP Boston Show Only. It is made in good faith, and should not be shared with competitive personnel.

1. Free Installation & Onsite Training

2. Free 2 Year Unlimited Warranty ; Additional Warranty Available @ 5% of retail cost

3. Free Easy Dent 4 & Ez3D2009 Software with S/W upgrading for (5 Years)

4. E-WOO to handle all 3rd party Shipment and Service Invoicing Charges per above line item

5. AAP Boston Show Discount of \$29,000 based on signature commitment before shows conclusion

6. Discounts subject to Buyer's agreement to participate in E-WOO / Vatech Reference Site Program:

to include sharing your experiences and expertise or using the device with other potential customers, the creation of a testimonial letter to be placed on our website and shared as needed, and be involved as a lecturer on a local and national level when convenient for both parties at no cost to E-WOO USA.

7. The terms of this contract are not to be disclosed under any circumstances per written agreement.

Any violations of disclosure will require buyer to submit full retail price compensation to E-WOO Technology USA, Inc.

8. The Sale is subject to Buyer's ability to source funding or based on grant approval.

Buyer:

Gregory A. Toback

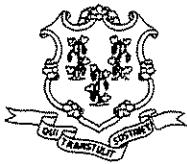
Check #

Seller:

Travis Harrison, Director of Sales

E-WOO Technology USA Inc.

Please fax back to +1-281-598-8150 Attn: Travis/Anya. Thank You!!!



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

October 27, 2009

Gregory A. Toback
Shoreline Periodontics, PC
190 Hempstead Street
New London, CT 06320

Re: Letter of Intent; Docket Number: 09-31481-LOI
Gregory A. Toback, d/b/a Shoreline Periodontics, P.C.
Acquisition of an E-WOO Cone Beam 3-D Computer Imaging Machine in New London
Notice of Letter of Intent

Dear Dr. Toback,

On October 15, 2009, the Office of Health Care Access ("OHCA") received the Letter of Intent ("LOI") Form of Gregory A. Toback d/b/a Shoreline Periodontics, P.C. ("Applicant") for the acquisition of an E-WOO Cone Beam 3-D computer imaging machine in New London, with a total capital expenditure of \$110,000.

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

Sincerely,

A handwritten signature in black ink, appearing to read "K. Martone".

Kimberly R. Martone
Director of Operations

KRM:lmg

October 27, 2009

Requisition # 102009A*
Email: Legal@Theday.com

The Day Publishing Company
47 Eugene O'Neill Drive
Box 1231
New London, CT 06320

***Please bill to the Following:**
Dept. of Public Health
Office of Healthcare Access

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, **October 31, 2009.**

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 Carmen Cotto or Alexis Fedorjaczenko at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,



Kimberly R. Martone
Director of Operations

Attachment

KRM:CC:AF:Img

c: Barbara Olejarz, OHCA

PLEASE INSERT THE FOLLOWING:

Statute Reference:	19a-639
Applicant:	Gregory A. Toback d/b/a/ Shoreline Periodontics, P.C.
Town:	New London
Docket Number:	09-31481-LOI
Proposal:	Acquisition of an E-WOO Cone Beam 3-D Computer Imaging Machine
Capital Expenditure:	\$110,000

The Applicant may file its Certificate of Need application between December 14, 2009 and February 12, 2010. Interested persons are invited to submit written comments to Cristine A. Vogel, Deputy Commissioner, Department of Public Health, Office of Health Care Access, 410 Capitol Avenue, MS13HCA P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available at OHCA or on OHCA's website at www.ct.gov/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

From: Greer, Leslie
Sent: Wednesday, October 28, 2009 9:19 AM
To: 'Legal@theday.com'
Subject: Legal Ad 09-31481-LOI
Attachments: 09-31481 The Day.doc

Legal Ad,
Please run the attached public notice in your newspaper by October 31, 2009. Please notify me by email when this has been completed.

P.S. Also note change of billing information
Dept of Public Health
Office of Healthcare Access

Feel free to call me if you have any questions.

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

 Please consider the environment before printing this message



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

October 28, 2009

via fax and email only

Gregory A. Toback
Periodontist, Owner
Gregory A. Toback d/b/a Shoreline Periodontics, P.C.
190 Hempstead Street
New London, CT 06320

RE: Certificate of Need Application Forms; Docket Number: 09-31481-CON
Gregory A. Toback d/b/a Shoreline Periodontics, P.C.
Acquisition of a E-WOO Picasso DUO Dental Cone-Beam in New London

Dear Dr. Toback:

Enclosed are the application forms for Shoreline Periodontics, P.C. Certificate of Need ("CON") proposal for the Acquisition of a E-WOO Picasso DUO Dental Cone-Beam in New London at a total cost of \$110,000. According to the parameters stated in Section 19a-639 of the Connecticut General Statutes, the CON application may be filed between December 14, 2009, and February 12, 2010.

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 each submission in 3-ring binders.
- Submit a scanned copy of each submission in its entirety, including all attachments on CD, preferably in Adobe (.pdf) format.

An Equal Opportunity Employer
410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Toll-Free: 1-800-797-9688
Fax: (860) 418-7053

- 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 Carmen Cotto and Alexis Fedorjaczenko. Please contact either analyst at (860) 418-7001 if you have questions.

Sincerely,

Kaila Riggott

Kaila Riggott
Planning Specialist

Enclosures

OFFICE OF HEALTH CARE ACCESS

REQUEST FOR NEW CERTIFICATE OF NEED

FILING FEE COMPUTATION SCHEDULE

APPLICANT: _____	FOR OHCA USE ONLY:
PROJECT TITLE: _____	DATE INITIAL
DATE: _____	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	
<p>1. Check statute reference as applicable to CON application (see statute for detail):</p> <p>_____ 19a-638. Additional function or service, change of ownership, service termination. No Fee Required.</p> <p>_____ 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.</p> <p>_____ 19a-638 and 19a-639. Fee Required.</p>	
<p>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.</p> <p>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</p> <p>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 <u>OR</u> if both 19a-638 and 19a-639 are checked):</p> <p>a. Base fee: _____ \$ 1,000.00</p> <p>b. Additional Fee: (Capital Expenditure Assessment) _____ \$ _____.00 (To calculate: Total requested Capital Expenditure/Cost excluding capitalized financing costs multiplied times .0005 and round to nearest dollar.) (\$ _____ x .0005) \$ _____.00</p> <p>c. Sum of base fee plus additional fee: (Lines A4a + A4b) _____</p> <p>d. Enter the amount shown on line A4c. on "Total Fee Due" line (SECTION B). _____</p>	
<p>SECTION B TOTAL FEE DUE: _____</p>	<p>\$ _____.00</p>

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

GENERAL AFFIDAVIT

Applicant: _____

Project Title: _____

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.

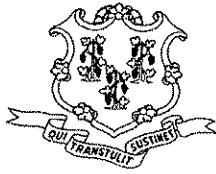
Signature

Date

Subscribed and sworn to before me on _____

Notary Public/Commissioner of Superior Court

My commission expires: _____



**State of Connecticut
Department of Public Health
Office of Health Care Access
Certificate of Need Application**

Please complete all questions. If any question is not relevant to your project, Not Applicable may be an acceptable response. Your Certificate of Need application will be eligible for submission no earlier than December 14, 2009, and may be submitted no later than February 12, 2010. The Analysts assigned to your application are Carmen Cotto and Alexis Fedorjaczenko. They may be reached at the Office of Health Care Access at (860) 418-7001.

Docket Number: 09-31481-CON

Applicant(s) Name: Gregory A. Toback d/b/a Shoreline Periodontics, P.C.

Contact Person: Dr. Gregory Toback

Contact Title: Periodontist, Owner

Contact Address: 190 Hempstead Street
New London, CT 06320

Project Location: New London

Project Name: Acquisition of a E-WOO Picasso DUO Dental Cone-Beam
in New London

Type proposal: Section 19a-639 of the Connecticut General Statutes

**Est. Capital
Expenditure:** \$110,000

Imaging Application

1. Project Description and Need

- a. Provide a narrative detailing the proposal.
- b. Provide the Manufacturer, Model, Number of slices/tesla strength of the proposed scanner (as appropriate to each equipment).
- c. List each of the Applicant's sites and the imaging modalities and other services currently offered by location.
- d. Complete **Table 1** for each scanner (of the type proposed) currently operated by the Applicant at each of the Applicant's sites.

Table 1: Existing Scanners Operated by the Applicant

Provider Name Street Address Town, Zip Code	Description of Service *	Hours/Days of Operation **	Utilization ***

* Include equipment strength (e.g. slices, tesla strength), whether scanner is open or closed (for MRI)

** Days of the week scanner is operational, and start and end time for each day; and

*** Number of scans performed on each scanner for the most recent 12-month period (identify period).

- e. Provide the following regarding the proposal's location:
 - i. The rationale for locating the proposed equipment at the proposed site;
 - ii. The population to be served, including specific evidence such as incidence, prevalence, or other demographic data that demonstrates need;
 - iii. How and where the proposed patient population is currently being served;
 - iv. Describe the unique/specialized diagnostic and treatment planning needs of the patient population that require use of the proposed 3-D imaging equipment.
 - v. Does the Applicant expect referrals from other dentists/orthodontists for the proposed service? If yes, quantify and document.
 - vi. All existing and CON approved providers (name, address) of the proposed service in the towns listed above and in nearby towns;

- vii. The effect of the proposal on existing providers; and
- viii. If the proposal involves a new site of service, identify the service area towns and the basis for their selection.

2. Actual and Projected Volume

- a. Complete the following table for the past three fiscal years ("FY"), current fiscal year ("CFY"), and first three projected FYs of the proposal. Report the total number of patients for each year, and provide a breakdown of the target population for the proposed Cone Beam Scanner by diagnoses.

Table 2: Historical, Current, and Projected Volume, by Diagnoses

	Actual Volume (Last 3 Completed FYs)			CFY Volume*	Projected Volume (First 3 Full Operational FYs)**		
	FY ****	FY ****	FY ****		FY ****	FY ****	FY ****
Diagnoses***							
Total							

* For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than six months, report actual volume and identify the period covered.

** If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary.

*** Identify each type of diagnoses and add lines as necessary.

**** Fill in years. In a footnote, identify the period covered by the Applicant's FY (e.g. July 1-June 30, calendar year, etc.).

- b. Provide a breakdown, by town, of the volumes provided in Table 2 for the most recently completed full FY.
- c. Explain any increases and/or decreases in volume seen in the tables above.
- d. Provide a detailed explanation of all assumptions used in the derivation/calculation of the projected volume.
- e. Provide a copy of any articles, studies, or reports that support the need to acquire the proposed scanner, along with a brief explanation regarding the relevance of the selected articles.

3. Quality Measures

- a. Submit a list of all key professional, administrative, clinical, and direct service personnel related to the proposal. Attach a copy of their Curriculum Vitae.

- b. Explain how this proposal contributes to the quality of health care delivery in the region.
- c. Describe the impact of the proposal on the interests of consumers of health care services and the payers of such services

4. Organizational and Financial Information

- a. Identify the Applicant's ownership type(s) (e.g. Corporation, PC, LLC, etc.).
- b. Does the Applicant have non-profit status?
 Yes (Provide documentation) No
- c. Provide a copy of the State of Connecticut, Department of Public Health license(s) currently held by the Applicant and indicate any additional licensure categories being sought in relation to the proposal.
- d. Financial Statements
 - i. If the Applicant is a Connecticut hospital: Pursuant to Section 19a-644, C.G.S., each hospital licensed by the Department of Public Health is required to file with OHCA copies of the hospital's audited financial statements. If the hospital has filed its most recently completed fiscal year audited financial statements, the hospital may reference that filing for this proposal.
 - ii. If the Applicant is not a Connecticut hospital (other health care facilities): Audited financial statements for the most recently completed fiscal year. If audited financial statements do not exist, in lieu of audited financial statements, provide other financial documentation (e.g. unaudited balance sheet, statement of operations, tax return, or other set of books.)
- e. Submit a final version of all capital expenditures/costs as follows:

Table 3: Proposed Capital Expenditures/Costs

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 (Fair Market Value) ***	\$
Imaging Equipment Lease (Fair Market Value) ***	
Non-Medical Equipment Lease (Fair Market Value) ***	
Fair Market Value of Space ***	
Total Capital Cost	\$

Capitalized Financing Costs (Informational Purpose Only)	
Total Capital Expenditure with Cap. Fin. Costs	\$

- * If the proposal involves a land/building purchase, attach a real estate property appraisal including the amount; the useful life of the building; and a schedule of depreciation.
- ** If the proposal involves construction/renovations, attach a description of the proposed building work, including the gross square feet; existing and proposed floor plans; commencement date for the construction/ renovation; completion date of the construction/renovation; and commencement of operations date.
- *** If the proposal involves a capital or operating equipment lease and/or purchase, attach a vendor quote or invoice; schedule of depreciation; useful life of the equipment; and anticipated residual value at the end of the lease or loan term.

- f. List all funding or financing sources for the proposal and the dollar amount of each. Provide applicable details such as interest rate; term; monthly payment; pledges received to date; letter of interest or approval from a lending institution.

5. Patient Population Projections

- a. Provide the current and projected patient population mix (based on the number of patients, not on revenue) with the CON proposal for the proposed Scanner.

Table 4: Patient Population Mix

	Current** FY ***	Year 1 FY ***	Year 2 FY ***	Year 3 FY ***
Medicare*				
Medicaid*				
CHAMPUS & TriCare				
Total Government				
Commercial Insurers*				
Uninsured				
Workers Compensation				
Total Non-Government				
Total Payer Mix				

* Includes managed care activity.

** New programs may leave the "current" column blank.

*** Fill in years. Ensure the period covered by this table corresponds to the period covered in the projections provided.

- b. Provide the basis for/assumptions used to project the patient population mix.

6. Financial Attachments I & II

- a. Provide a summary of revenue, expense, and volume statistics, without the CON project, incremental to the CON project, and with the CON project. **Complete Financial Attachment I.** (Note that the actual results for the fiscal year reported in the first column must agree with the Applicant's audited financial statements.) The projections must include the first three full fiscal years of the project.

- b. Provide a three year projection of incremental revenue, expense, and volume statistics attributable to the proposal by payer. **Complete Financial Attachment II.** The projections must include the first three full fiscal years of the project.
- c. Provide the assumptions utilized in developing **both Financial Attachments I and II** (e.g., full-time equivalents, volume statistics, other expenses, revenue and expense % increases, project commencement of operation date, etc.).
- d. Provide documentation or the basis to support the proposed rates for each of the FYs as reported in Financial Attachment II. Provide a copy of the rate schedule for the proposed service(s).
- e. Describe the billing for the proposed service. Provide the name of the insurance companies that reimburse for the proposed service(s).
- f. Provide the minimum number of units required to show an incremental gain from operations for each fiscal year.
- g. Explain any projected incremental losses from operations contained in the financial projections that result from the implementation and operation of the CON proposal.
- h. Describe how this proposal is cost effective.

7. Other Review Criteria

- a. Describe the proposal's relationship to the Applicant's long-range plans. Provide supporting documentation.
- b. Specify whether any of the following apply to the proposal. If so, provide an explanation and supporting documentation.
 - i. Voluntary efforts to improve productivity and contain costs;
 - ii. Changes to the Applicant's teaching or research responsibilities; and/or
 - iii. Special characteristics of the Applicant's patient or physician mix.

Please provide one year of actual results and three years of projections of Total Facility revenue, expense and if applicable, volume statistics without, incremental to and with the proposal in the following reporting format:

Total Facility: Description	FY Actual Results	FY Projected W/out Project	FY Projected Incremental	FY Projected With Project	FY Projected W/out Project	FY Projected Incremental	FY Projected With Project	FY Projected W/out Project	FY Projected Incremental	FY Projected With Project
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Revenue from Operations										
Non-Operating Revenue										
Total Revenue:										
Total Operating Expenses										
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										
Retained earnings, end of year	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$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 Expenses:				Rate	Units	Gross	Allowances/ Deductions	Charity Care	Bad Debt	Revenue	Net	Operating Expenses	Gain/(Loss) from Operations
Total Incremental Expenses:						Revenue	Col. 2 * Col. 3	Col. 4 - Col. 5	Col. 1 Total *	Col. 4 - Col. 7	Col. 4 / Col. 4 Total	Col. 8 - Col. 9	
Total Facility by Payer Category:													
Medicare						\$0				\$0	\$0	\$0	\$0
Medicaid						\$0				\$0	\$0	\$0	\$0
CHAMPUSTriCare						\$0				\$0	\$0	\$0	\$0
Total Governmental					0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Commercial Insurers						\$0	\$5	\$0		\$0	\$0	\$0	\$0
Uninsured						\$0	\$2	\$0		\$0	\$0	\$0	\$0
Total NonGovernment						\$0	7	\$0	\$0	\$0	\$0	\$0	\$0
Total All Payers						\$0	7	\$0	\$0	\$0	\$0	\$0	\$0

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

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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: Dr. Gregory A. Toback
FAX: (860) 443-6704
AGENCY: Gregory A. Toback d/b/a Shoreline Periodontics, P.C.
FROM: Carmen Cotto & Alekris Fedorjacezenko - DPH - OHCAT
DATE: 10/28/09 TIME: 10:40
NUMBER OF PAGES: 13
(including transmittal sheet)

Comments: CON Forms - Docket # 09-31481-CON

Acquisition of a E-Woo Picasso Duo Dental Cone Beam

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.



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Order Number: d00223456

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Telephone: 860-701-4219 ext 4219 | **Fax:** (860) 442-5443
Email: m.foley@theday.com

DEPT OF PUBLIC HEALTH
OFC OF HEALTH CARE/ACCESS MS#13HCA
PO BOX 340308
HARTFORD, CT 06134
860-418-7001

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Start date: 10/29/2009 | **Stop date:** 10/29/2009 |
Insertions: 1 | **Lines:** 0 ag

A preview of your ad will appear between the two solid lines.

Legal Notice

8721

Statute Reference: 19a-639
Applicant: Gregory A. Toback d/b/a/ Shoreline Periodontics, P.C.
Town: New London
Docket Number: 09-31481-LOI
Proposal: Acquisition of an E-WOO Cone Beam 3-D Computer Imaging Machine
Capital Expenditure: \$210,000

The Applicant may file its Certificate of Need application between December 14, 2009 and February 12, 2010. Interested persons are invited to submit written comments to Christine A. Vogel, Deputy Commissioner, Department of Public Health, Office of Health Care Access, 410 Capitol Avenue, MS13HCA P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available at OHCA or on OHCA's website at www.ct.gov/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.

CLASSIFIEDS

CLASSIFIEDS

Mike Cherry, Chairman

Legal Notice

Statute Reference: 19a-639
 Applicant: Gregory A. Toback d/b/a/ Shoreline Periodontics, P.C.
 Town: New London
 Docket Number: 09-31481-LOI
 Proposal: Acquisition of an E-WOO Cone Beam 3-D Computer Imaging Machine
 Capital Expenditure: \$110,000

The Applicant may file its Certificate of Need application between December 14, 2009 and February 12, 2010. Interested persons are invited to submit written comments to Cristina A. Vogel, Deputy Commissioner, Department of Public Health, Office of Health Care Access, 410 Capitol Avenue, MS13HCA P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available at OHCA or on OHCA's website at www.ct.gov/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.

NOTICE OF DISSOLUTION
OF OLD SAYBROOK WIRELESS, INC.

Notice is hereby pursuant to §33-881 of the Connecticut General Statutes, as amended, that Old Saybrook Wireless, Inc., a Connecticut corporation has been dissolved by resolution of its Directors and Shareholders. A Certificate of Dissolution has been filed with the Secretary of the State as required by law. All creditors, if any, are warned to present their claims, with identification of the amount(s) claimed, dates(s) and any description of services and/or products provided to Mark E. Block, Esquire, Block, Janney & Pascal, LLC, P.O. Box 310, Norwich, CT 06360. A claim against the corporation will be barred unless a proceeding to enforce the claim is commenced within three years of the date of publication of this notice.

By: Mark E. Block
 Its Attorney

Public Notice

AT&T Mobility intends to construct a telecommunications facility at 59 Billings Lake Road, in North Stonington, CT. AT&T seeks comment from interested persons on the impact of the facility on historic properties. All questions and comments about the planned telecommunications facility, including the environmental impact and historic preservation reviews that AT&T is conducting pursuant to the rules of the Federal Communications Commission (47 CFR Section 1.1307), should be directed to Judy Owens, AT&T Mobility, 500 Enterprise Drive, Rocky Hill, CT 06067 or Judy.A.Owens@att.com by November 30, 2009.

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10-22-2009

Right to Counsel: Upon proof of inability to pay for a lawyer, the court will provide one for you at court expense. Any such request should be made immediately at the court office where your hearing is to be held.

State of Connecticut

State of Connecticut Superior Court Juvenile Matters Order of Notice. NOTICE TO UNIDENTIFIED PERSON The father of the male child born to Kelly Patterson in New London, CT on 2/22/05 now presently of parts unknown.

A petition/motion has been filed seeking termination of the above unidentified person's parental rights in the male minor child born on 2/22/05, in the town and state of New London, Connecticut.

The petition, whereby the court's decision can impact your parental rights, if any, regarding the minor child will be heard on November 17, 2009 at 9:30 a.m. at Superior Court Juvenile Matters, 978 Hartford Tpke., Waterford, CT 06385.

It is therefore, ORDERED, that notice of the hearing of this petition/motion be given by publishing this Order of Notice once, immediately upon receipt, in The Day, 47 Eugene O'Neill Drive, New London, CT 06320 a newspaper having a circulation in the city of New London, CT.

Hon. John C. Driscoll,
 Judge
 Lisa Pisani,
 Deputy Chief Clerk
 10-19-2009

Right to Counsel: Upon proof of inability to pay for a lawyer, the court will provide one for you at court expense. Any such request should be made immediately at the court office where your hearing is to be held.

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