



RECEIVED

**State of Connecticut
Office of Health Care Access** MAR 12 P 1:11
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	Dr. Alan B. Rosenthal	Dr. Dennis L. Pipher
Doing Business As	Endodontic Associates of Norwalk	Endodontic Associates of Norwalk
Name of Parent Corporation		
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail (Zip Code Required)	120 East Ave. 3 rd FL. Norwalk, CT. 06851	120 East Ave. 3 rd FL. Norwalk, CT. 06851
Identify Applicant Status: P for Profit or NP for Nonprofit	P	P
Does the Applicant have Tax Exempt Status?	Yes	No
Contact Person, including Title/Position: This Individual will be the Applicant Designee to receive all correspondence in this matter.	Dr. Alan B. Rosenthal	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail (Zip Code Required)	120 East Ave. 3 rd FL. Norwalk, CT. 06851	
Contact Person Telephone Number	203-853-0880	
Contact Person Fax Number	203-866-3522	
Contact Person e-mail Address	alnwheeling@sbcglobal.net	

SECTION II. GENERAL APPLICATION INFORMATION

- a. Project Title: Gendex GXCB-500 HD Dental 3D
- b. Project Proposal: To add a Gendex GXCB-500 HD combination panoramic x-ray/medium field of view cone-beam scanner
- c. Type of Project/Proposal, please check all that apply:

Inpatient Service(s): Not Applicable

Outpatient Service(s): Not Applicable

Imaging:

<input type="checkbox"/> MRI	<input type="checkbox"/> X CT Scanner	<input type="checkbox"/> PET Scanner
<input type="checkbox"/> CT Simulator	<input type="checkbox"/> PET/CT Scanner	<input type="checkbox"/> Linear Accelerator
<input type="checkbox"/> Cineangiography Equipment	<input type="checkbox"/> New Technology: _____	

Non-Clinical: Not Applicable

- 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:

<input type="checkbox"/> New (F, S, Fnc)	<input checked="" type="checkbox"/> Additional (F, S, Fnc)	<input type="checkbox"/> Replacement
<input type="checkbox"/> Expansion (F, S, Fnc)	<input type="checkbox"/> Relocation	<input type="checkbox"/> Termination of Service
<input type="checkbox"/> Reduction	<input type="checkbox"/> 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:

120 East Ave. 3rd FL. Norwalk, CT. 06851

- g. List each town this project is intended to serve: Norwalk, CT.

This project is intended to solely serve patients referred to Endodontic Associates of Norwalk, for the evaluation and/or treatment: Refer to IV. Project Description.

h. Estimated starting date for the project: Immediately upon approval of CON.

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

Not Applicable

ii. **SECTION III. ESTIMATED CAPITAL EXPENDITURE/COST INFORMATION**

a. Estimated Total Project Expenditure/Cost: **\$131,000**

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

Major Medical Equipment Purchases*	
Medical Equipment Purchases*	\$131,000
Non-Medical Equipment Purchases*	N/A
Land/Building Purchases	N/A
Construction/Renovation	N/A
Other (Non-Construction) Specify: _____	N/A
Total Capital Expenditure	\$131,000
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	\$131,000
Total Project Cost	\$131,000
Capitalized Financing Costs (Informational Purpose Only)	0

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

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.

Not Applicable

d. Major Medical and/or Imaging Equipment Acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
Extraoral Dental Imaging System (panoramic + cone-beam scanner)	Gendex	GXCB-500 HD	One (1)	\$131,000

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):

<input checked="" type="checkbox"/> Applicant's Equity	<input type="checkbox"/> Capital Lease	<input 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. **See Attached**

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: Alan B. Rosenthal

Project Title: Owner

I, Alan B. Rosenthal, Owner

of Endodontic Associates of Norwalk 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 Endodontic Associates of Norwalk 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.

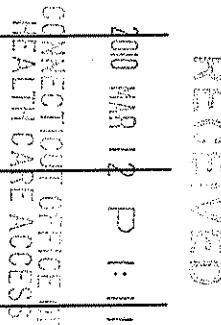

Signature

3/9/10
Date

Subscribed and sworn to before me on March 9, 2010

Lauren A. Dignioli
Notary Public/Commissioner of Superior Court

My commission expires: 11/30/2014



Section IV. Project Description

IV. 1:

Currently, Endodontic Associates of Norwalk is providing treatment to our patients in the field of endodontics and implants. We are doing so without the benefit of in-office, localized, three dimensional imaging. This type of technology would provide increased diagnostic information that would improve the ability to accurately and effectively establish treatment plans for my patients. The diagnostic and treatment planning tools greatly surpass those that currently exist with conventional two-dimensional imaging. This technology would not require any additional licensing from the DPH.

IV. 2:

The advancement in technology that is Dental Cone Beam has allowed dentists as a whole the ability to increase patient care due to our ability to better diagnose and plan for said patients. The Gendex GXCB-500 HD medium field of view allows for dentists to gain three dimensional views that can reveal critical anatomical views currently not available through traditional two dimensional imaging. In our case, being able to accurately measure the distances to nerve canals and sinus floors without magnification or distortion as well as measure the thicknesses and densities of bone will allow for better planning and therefore safer procedures with surgical predictability. Additionally, for cases that do not require three-dimensional imaging, the Gendex GXCB-500 can take a traditional two-dimensional panoramic x-ray.

IV. 3,4:

The current population and target population is limited to Endodontic Associates of Norwalk existing and future patient base and those patients referred to Endodontic Associates of Norwalk. There exists a need within the aforementioned patient base for the same access to **all** of the advancements in dental technology that is currently available to patients in all other states. Cone beam three-dimensional imaging has already been embraced across the country as standard of care due to its diagnostic capabilities. This project seeks to fulfill said need by providing our patients with a low radiation, in-office, localized dental CT radiographic imaging technology that is not currently available in our office. There exists only one provider of this technology in the greater medical/dental community but said provider is another dental practitioner who is not utilizing this technology as an imaging center.

IV. 5:

Currently, one practitioner has received approval for localized 3D imaging. Said practitioner is not accepting referrals solely for the application of imaging.

IV. 6:

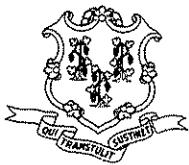
It is not anticipated that this proposal will have a negative effect on the health care delivery system in the State of Connecticut. To the contrary, the reduced amount of radiation compared to a traditional medical CT as well as the reduced cost of each scan, the addition of this type of technology will have a positive effect on the health care delivery system. In addition, the quality of the diagnostic and treatment planning capabilities provided to our patients will increase the quality of care and the access to information for our patients.

IV. 7:

The responsibility of providing the dental imaging services will be assigned to the doctor and staff of Endodontic Associates of Norwalk. There are no current payers for this service as no such service currently exists within our office. Any anticipated changes when the service commences will be limited solely to the patients of Endodontic Associates of Norwalk. As imaging needs are based exclusively to the patients of Endodontic Associates of Norwalk, payers will be limited to said patient base and any future patients referred to Endodontic Associates of Norwalk.

Summary:

In summary, the addition of medium field of view, dental CT imaging is necessary to our ability to continue to provide state-of-the-art care to our patients in regards to diagnostic and treatment planning. It is important to consider that this technology is currently being utilized across the country by general dentist and specialists alike where practitioners have open access to this technology and is quickly becoming standard of care for a wide array of dental procedures. This technology will be used only in cases in which two-dimensional imaging would not provide sufficient information. Currently in these situations the only options we have are to use two-dimensional imaging, or to send our patients out for high-cost, high-dose medical CT's that are approximately 100 times more radiation and provide thicker slices, and less dental-specific data than the Gendex GXCB-500. The GXCB-500 HD scans both arches while exposing the patient to a mere 36 microsieverts of radiation (less than half the effective dose of a digital full mouth series and a fraction of the approximate 3000 microsieverts of a traditional medical CT.)



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

March 25, 2010

Via: Fax & E-mail

Dr. Alan B. Rosenthal
Endodontic Associates of Norwalk
120 East Ave, 3rd Floor
Norwalk, CT 06851

RE: Certificate of Need Application Forms; Docket Number: 10-31567-CON
Dr. Alan B. Rosenthal and Dr. Dennis L. Pipher d/b/a Endodontic Associates of Norwalk
Acquisition of a Gendex Cone Beam CT Scanner in Norwalk

Dear Dr. Rosenthal:

Enclosed are the application forms for Dr. Alan B. Rosenthal and Dr. Dennis L. Pipher d/b/a Endodontic Associates of Norwalk's Certificate of Need ("CON") proposal for the acquisition of a Gendex Cone Beam CT Scanner in Norwalk, at an estimated total capital expenditure of \$131,000. According to the parameters stated in Section 19a-639 of the Connecticut General Statutes, the CON application may be filed between May 11, 2010, and July 10, 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 five (5) 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.
- 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 analyst assigned to this CON application is Alexis Fedorjaczenko. Please feel free to contact her at (860) 418-7017, if you have questions.

Sincerely,

Kaila Riggott
Planning Specialist

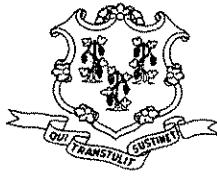
An Equal Opportunity Employer

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

Enclosure



**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, a response of "Not Applicable" may be deemed an acceptable answer. Your Certificate of Need application will be eligible for submission no earlier than May 11, 2010 and may be submitted no later than July 10, 2010. The OHCA analyst assigned to this application is Alexis Fedorjaczenko. She may be reached at the Office of Health Care Access at (860) 418-7017.

Docket Number: 10-31567-CON

Applicant Name: Dr. Alan B. Rosenthal and Dr. Dennis L. Pipher
d/b/a Endodontic Associates of Norwalk

Contact Person: Dr. Alan B. Rosenthal
Contact Title: Owner

Contact Address: 120 East Ave, 3rd Floor
Norwalk, CT 06851

Project Location: Norwalk

Project Name: Acquisition of a Gendex Cone-Beam CT Scanner

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

**Estimated Total
Capital Expenditure:** \$131,000

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 piece of 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 each selected article.

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.

OFFICE OF HEALTH CARE ACCESS

REQUEST FOR NEW CERTIFICATE OF NEED

FILING FEE COMPUTATION SCHEDULE

APPLICANT: _____	FOR OHCA USE ONLY:	DATE	INITIAL
PROJECT TITLE: _____	1. Check logged (Front desk) _____	_____	_____
DATE: _____	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):		
<input type="checkbox"/> 19a-638. Additional function or service, change of ownership, service termination. No Fee Required.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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 <u>OR</u> if both 19a-638 and 19a-639 are checked):		
a. Base fee: _____	\$ 1,000.00	
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)	\$ _____.00	
c. Sum of base fee plus additional fee: (Lines A4a + A4b) _____	\$ _____.00	
d. Enter the amount shown on line A4c. on "Total Fee Due" line (SECTION B).	\$ _____.00	
SECTION B TOTAL FEE DUE: _____		

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

GENERAL AFFIDAVIT

Applicant: _____

Project Title: _____

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:

Financial Attachment I

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
Revenue from Operations										
Non-Operating Revenue:										
Total Revenue:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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:

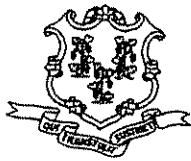
*Provide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.

Financial Attachment II
Please provide three years of projections of incremental revenue, expense and volume statistics attributable to the proposal in the following reporting format:

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 1388
RECIPIENT ADDRESS 912038663522
DESTINATION ID
ST. TIME 03/25 12:13
TIME USE 02 '11
PAGES SENT 12
RESULT OK



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

FAX SHEET

TO: Dr. Rosenthal
FAX: 203-866-3522
AGENCY: _____
FROM: Alexis Fedorj acenka
DATE: 3/25 TIME: 12:15
NUMBER OF PAGES: 12
(including transmittal sheet)

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Comments:

**PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.**

**Greer, Leslie**

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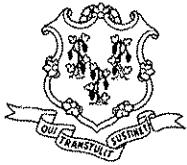
**From:** Fedorjaczenko, Alexis  
**Sent:** Monday, March 29, 2010 4:39 PM  
**To:** 'alnwheeling@sbcglobal.net'  
**Cc:** Greer, Leslie  
**Subject:** Certificate of Need Forms

**Attachments:** 10-31567 FA I.xls; 10-31567 Affidavit-General.doc; 10-31567 Application.doc; 10-31567 CONFEE.doc; 10-31567 Cover Letter.doc; 10-31567 FA II.xls

Dr. Rosenthal,

Enclosed please find electronic copies of the CON forms that were faxed to you last week. Let me know if you have any questions.

*Alexis G. Fedorjaczenko, MPH  
Health Care Analyst  
DPH Office of Health Care Access  
860.418.7017*



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

March 29, 2010

Facsimile Only

Alan Rosenthal  
Endodontic Associates of Norwalk  
120 East Avenue, 3<sup>rd</sup> Floor  
Norwalk, CT 06851

Re: Letter of Intent; Docket Number: 10-31567  
Endodontic Associates of Norwalk  
Acquisition of a Gendex Cone Beam Scanner in Norwalk

Dear Dr. Rosenthal,

On March 12, 2010, the Office of Health Care Access (“OHCA”) received the Letter of Intent (“LOI”) Form of Endodontic Associates of Norwalk (“Applicant”) for the acquisition of a Gendex Cone Beam Scanner in Norwalk, with a total capital expenditure for \$131,000.

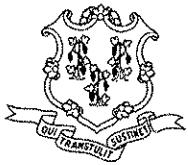
A notice to the public regarding OHCA’s receipt of a LOI was published in *The Hour* pursuant to Section 19a-639 of the Connecticut General Statutes. Enclosed for your information is a copy of the notice to the public.

Sincerely,

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

Kimberly R. Martone  
Director of Operations

KRM:Img



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

March 30, 2010

Requisition # 30925

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 **Friday, April 2, 2010**.

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 Alexis Fedorjaczenko at 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

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

---

Kimberly R. Martone  
Director of Operations

Attachment

KRM:AF:lmg

c: Danielle Pare, DPH

**PLEASE INSERT THE FOLLOWING:**

|                      |                                           |
|----------------------|-------------------------------------------|
| Statute Reference:   | 19a-639                                   |
| Applicant:           | Endodontic Associates of Norwalk          |
| Town:                | Norwalk                                   |
| Docket Number:       | 10-31567-LOI                              |
| Proposal:            | Acquisition of a Gendex Cone Beam Scanner |
| Capital Expenditure: | \$131,000                                 |

The Applicant may file its Certificate of Need application between May 11, 2010 and July 10, 2010. Interested persons are invited to submit written comments to Cristine A. Vogel, Deputy Commissioner Office of Health Care Access, Division of Department of Public Health, 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](http://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.

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

TX/RX NO 1405  
RECIPIENT ADDRESS 912038663522  
DESTINATION ID  
ST. TIME 03/31 11:57  
TIME USE 00 '34  
PAGES SENT 4  
RESULT OK



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

**FAX SHEET**

TO: DR. ALAN B. ROSENTHAL  
FAX: (203) 866-3522  
AGENCY: ENDODONTIC ASSOCIATES OF NORWALK  
FROM: ALEXIS FEDORJACZENKO  
DATE: 3/31/10 TIME: \_\_\_\_\_  
NUMBER OF PAGES: 4  
(including transmittal sheet)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: Docket 10-31567

**PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.**

**Greer, Leslie**

---

**From:** ads [ads@graystoneadv.com]  
**Sent:** Tuesday, March 30, 2010 4:38 PM  
**To:** Greer, Leslie  
**Subject:** Re: Legal Notice 10-31567

Good day!

Thanks so much for your ad submission.  
We will be in touch shortly and look forward to serving you.

If you have any questions or concerns, please don't hesitate to contact us at the number below.

We sincerely appreciate your business.

Thank you,  
Graystone Group Advertising

2710 North Avenue  
Bridgeport, CT 06604  
Phone: 800-544-0005  
Fax: 203-549-0061  
E-mail: ads@graystoneadv.com  
<http://www.graystoneadv.com/>

On 3/30/10 4:33 PM, "Greer, Leslie" <Leslie.Greer@ct.gov> wrote:

To Whom It May Concern,  
Please run the attached public notice in **The Hour** by 4/2/10. For invoicing please refer to  
requisition 30925, if you have any questions, feel free to contact me.

Thank you,

Leslie M. Greer  
Office of Health Care Access  
A Division of Department of Public Health  
State of Connecticut  
410 Capitol Avenue, MS#13HCA  
Hartford, CT 06134  
Phone: (860) 418-7001  
Fax: (860) 418-7053  
Website: [www.ct.gov/ohca](http://www.ct.gov/ohca) <<http://www.ct.gov/ohca>>

 Please consider the environment before printing this message

# Hour Classifieds

203.354.1100

10315b7

FRIDAY, APRIL 2, 2010

346 Main Avenue • Norwalk, CT 06851 • Fax 203.846.9897 • www.thehour.com



REAL  
estate



AUTOS  
for sale



BUSINESS  
services



HELP  
wanted



MERCHANDISE  
for sale

PHONE HOURS  
Monday - Friday  
7:30 am - 5:30 pm

DEADLINES  
In-Column 5:00 PM  
One Publishing Day  
Prior to insertion



LEGAL NOTICES 1 ■ REAL ESTATE 520-760 ■ TRANSPORTATION 105-108  
BUSINESS SERVICES 3000-4000 ■ HELP WANTED 400-420 ■ MERCHANDISE 520-760

## legal notices 1

### PUBLIC NOTICE

Statute Reference:  
19a-639  
Applicant:  
Endodontic Associates of  
Norwalk  
Town:  
Norwalk  
Docket Number:  
10-3157-101  
Proposal:  
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Cone Beam Scanner  
Capital Expenditure:  
\$131,000

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written comments to Christine  
A. Vogel, Deputy  
Commissioner, Office of  
Health Care Access, Division  
of Department of Public  
Health, 410 Capitol Avenue,  
MS131CA, P.O. Box 30308  
Hartford, CT 06143-0308.

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### LEGAL NOTICE

WESTPORT PUBLIC  
SCHOOLS  
REAR ENTRANCE  
STORE FRONT WALL  
SYSTEM  
REPLACEMENT  
STAPLES HIGH  
SCHOOL  
BID #10-015-BDE

Bids will be received in  
the office of the Assistant  
Superintendent for Business,  
Westport Public  
Schools, 110 Myrtle Avenue,  
Westport, CT 06880 no  
later than 2:00 P.M.,  
MONDAY, APRIL 19,  
2010 for completing  
STAPLES HIGH SCHOOL  
- REAR ENTRANCE  
STORE FRONT WALL  
SYSTEM REPLACEMENT

Bid packages will be available  
in the District Maintenance  
Office, 1 Canal Street,  
Westport, CT on Monday, April  
5, 2010. If you pray, you may  
download a copy of the bid  
from our website  
<http://www.westport12ct.us>

### LEGAL NOTICE

SIXTH TAXING DISTRICT  
P.O. BOX 245  
NORWALK, CT 06853

The Sixth Taxing District  
of Norwalk is now accepting Qualification  
Proposals from insurance agencies/brokers to provide insurance coverage  
to the District.

Please request a  
Proposal of Qualifications by  
contacting our District  
Clark, Andrea Woodworth,  
at 203-854-5056  
by Wednesday, April 7,  
2010 for a copy of the  
Qualification Form. All  
forms must be returned  
to the District by April

## automotive 105

CHEVY 1993  
CAVALIER  
ONLY 15,000 MILES.  
GOOD CONDITION.  
\$850. 203-853-7050

## foreign autos 110

VW 1997 GTI VR6  
5 speed, 120K miles. DE  
wheels, F/K cup kit, new  
axles, wheel bearings,  
brakes, plugs, wires, etc.  
Strong VR. Great driver or wind surfer.  
\$3650.  
Call (203) 216-0951

## sport utility vehicles 120

FORD 1997  
EXPLORER XLS  
104,000 mi. New brakes,  
tires, battery. Good condition.  
Asking \$3500.  
Call 203-667-9511.

## automotive wanted 130

CASH &  
TAX DEDUCTION  
For your vehicle, any  
cond., to the JCF. Call  
today 1-800-527-3863

## tag sales 230

ENTIRE CONTENTS OF  
HOME! Furn., brit-  
eac, too many items to  
list! Fri. & Sat., April 2nd  
& 3rd. 10-3. Half Price  
on Saturday! Must items  
\$25 or less. 30 North  
Taylor Ave., Norwalk.

## insurance

## Home Surveyor

Fieldwork & computer re-  
porting for industry  
leader. No exp. Pd. training.  
Performance based  
pay. \$15K-20K. TPT Apply at  
[www.muhlerreports.com](http://www.muhlerreports.com).

## PT - WILTON BAKERY

(on Rte. 7) seeking  
part-time employee for  
cleaning and baking.  
Tuesday - Thursday, 12  
to 20 hours per week.  
\$10/hour. Must speak  
English. 203.761.7990

## NYLKV ESTATE SALE

Saturday, 4/3; 9 - 3

18 Mohawk Drive

Furniture, household items

Many free items!

Cash only. No early birds!

## SATURDAY, APRIL 3

20 North Main Street

Norwalk. 1pm to 8pm.

Antiques, books,

(children's art, history

leather, photography,

silver, art, jewelry,

collectibles.

## TAG SALE

Fri. 4/2 & Sat. 4/3

9am - 3pm

14 Mola Road, Norwalk

Something for Everyone!

## THURS, FRI, SAT, 4 -

3

11 Richmond Hill Road

Norwalk

Home for 48 years. Gar-  
den, crafts. All must go!

## merchandise for sale 240

2008 HOT TUB  
6 person, all options  
white. Brand new in  
plastic. Full warranty.  
\$2500. 557-3388

BED - Queen Size  
mattress & boxspring. Brand

## merchandise for sale 240

SOFA / LOVESEAT  
ONLY 100 all leather. Brand  
new, still in plastic. Cost  
\$2500, sell \$950.  
247-9499

## loam, top soil 280

SCREENED TOP  
SOIL FOR SALE  
\$30/yard  
Call BRI (203) 515-0123

\*\*\*\*\*  
CLASSIFIEDS  
354-1100  
\*\*\*\*\*

## help wanted 400

COUNTER PERSON  
Must be friendly,  
energetic & responsible.  
DRIVERS - F/F & P/T  
For busy pizza.  
(203) 807-2503

FULL-TIME BATHER  
Required for busy board-  
ing/grooming kennel.  
Weekends a must. Apply  
in person at The Board-  
ing House, 726 Connecticut  
Ave., Norwalk

## announcements

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## insurance

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BED - Queen Size  
mattress & boxspring. Brand

## office space lease/sale 530

1ST FLOOR OFFICE  
and private bath. Upscale  
building. Route 7, 240 st.  
Utilities incl. \$500. Call  
owner, (203) 648-2300

## 2 FURNISHED OFFICES

Altair's suite, Norwalk, next  
court house, Hwy. wireless,  
etc. \$1950/mo. pix. ent. +  
util. Call (203) 654-0881.

CLASSIFIEDS  
[www.thehour.com](http://www.thehour.com)

## industrial/com m'l lease/sale 550

CONTRACTORS YARD  
AVAILABLE - Perfect for  
landscapers, masons, etc.  
(203) 471-1040  
(203) 216-7754

## Buy It!

## Sell It!

## Find It!

The Hour  
Classifieds  
www.thehour.com

## room for rent norwalk 615

BEAUTIFULLY  
FURNISHED ROOM  
In private home. All utili-  
ties included. No smkg/pets.  
\$725/mo. inc. 2nd/5th. Call  
(203) 274-0274

## FURN ROOM • Private

bath entrance, frdg. All  
util. incl. Oil st. parking.  
Near busines. \$160/wk.  
Call (203) 952-5777

## RESULTS!

THE HOUR  
ON-LINE CLASSIFIEDS  
[www.thehour.com](http://www.thehour.com)

## legal notices 1

### LEGAL NOTICE

FORECLOSURE AUCTION SALE  
BUCKET #: FST-CV09-600202-S

CASE NAME: WELLS FARGO BANK N.A.  
AS TRUSTEE V. SHANNON WARD  
ADMINISTRATOR, ET AL

PROPERTY ADDRESS: 50 FAIRVIEW AVENUE, #4K,

NORWALK, CT 06850

PROPERTY TYPE: RESIDENTIAL

DATE OF SALE: APRIL 10, 2010 at 12 NOON

COMMITTEE NAME: M. L. BLOOMTHAL,

BLOOMTHAL & TROW, LLC

COMMITTEE PHONE: 203-516-5444

SEE FORECLOSURE SALES AT

[www.jud.ct.gov](http://www.jud.ct.gov) for more detailed information.

## legal notices

### LEGAL NOTICE

Addendum #1

City of Norwalk, Connecticut

Norwalk Redevelopment Agency/Norwalk

omic Development Corporation (NEDC)

REQUEST FOR PROPOSALS

Urban Planning and Design Services

Transit-Oriented Development Master P

The Norwalk Redevelopment Agency/

Development Corporation (NEDC) has issued a

Request for Proposals in response to

the above-mentioned Request for Proposals.

The Addendum is available at (1) the Agency's

offices located in Norwalk City Hall, 125 East Ave

202, Norwalk, CT 06850 or (2) the Agency's

[www.norwalkdevelopmentagency.com](http://www.norwalkdevelopmentagency.com)

In order to request a copy of the Addendum please

call Michael Moore, Senior Project Manager for De

at (203) 854-7810 ext. 46792 or [mmore@nwa](mailto:mmore@nwa)

## legal notices

### NOTICE OF MEETING

BOARD OF EDUCATION

WESTPORT, CONNECTICUT

Staples High School

April 5, 2010

"AGENDA"

(Agenda Subject to Modification in Accordance with Law)

PUBLIC CALL TO ORDER: 7:00 p.m., Staples High

School, Room 333, Public Services Conference Room

ANTICIPATED EXECUTIVE SESSION: Strategies for

Negotiation

RESUME PUBLIC SESSION

PLEDGE OF ALLEGIANCE: Staples High School, Cafeteria B (Room 301), 7:30 p.m.

ANNOUNCEMENTS FROM BOARD AND ADMINISTRATION

PUBLIC QUESTIONS/COMMENTS ON NON-AGENDA ITEMS (15 MINUTES)

INFORMATION:

1. Potential Budget Delays Responsive to \$1 Million

Board of Finance Reduction

DISCUSSION:

1. Reservation Request to Board of Finance

2. Expansion of 3-Day Full Day Kindergarten

3. Computerized Scheduling, Staples, 2011-12 School Year

3. Acceptance of Gifts

ADJOURNMENT

A 2/3 vote is required to go to executive session, to add

to the agenda or to regular session, or to start a

new topic after 10:30 p.m.

The meeting can also be viewed on cable TV on channel 78.

## Los Angeles Times Daily Crossword Puzz

Edited by Rich Norris and Joyce Nichols Lewis

### ACROSS

1 Cotton unit

5 "is life"

9 Ears a fink

moniker

14 Seine sights

15 Circular cookie

16 Breath You

Take: Police hit

17 Unappetizing

food

18 Like some

summer days

19 Bach's "the

G String"

20 Caucus member

changing his

mind about a

candidate?

21 Latin 101 verb

24 Freudian subject

25 Asgard niter

26 Timberlake with

28 Grammys

28 Pointer

30 For the real

thing?

32 Took it slow

34 Flaw partner