

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner



Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Department of Public Health Office of Health Care Access Certificate of Need Application

Agreed Settlement

Applicant: Advanced Radiology MRI Centers
1259 East Main Street
Stamford, CT 06902

Docket Number: 16-32093-CON

Project Title: Acquisition of a Magnetic Resonance Imaging Scanner

Project Description: Advanced Radiology MRI Centers ("ARC" or "Applicant") is proposing to acquire and operate a new 3.0 Tesla ("T") magnetic resonance imaging ("MRI") scanner to be located at 1259 East Main Street, Stamford, Connecticut at an associated capital cost of \$2,916,224.

Procedural History: The Applicant published notice of its intent to file a Certificate of Need ("CON") application in *The Advocate* (Stamford) on March 14, 15 and 16, 2016. On June 14, 2016, the Office of Health Care Access ("OHCA") received the CON application from the Applicant for the above-referenced project and deemed the application complete on July 20, 2016. On August 5, 2016, the Applicant was notified of the date, time and place of the public hearing. On August 8, 2016, a notice to the public announcing the hearing was published in *The Advocate*. Commissioner Pino designated Attorney Kevin T. Hansted as the hearing officer in this matter. Thereafter, pursuant to Connecticut General Statutes ("Conn. Gen. Stat.") § 19a-639a (f)(2), a public hearing regarding the CON application was held on August 30, 2016.

On August 25, 2016, Orthopaedic & Neurosurgery Specialist, P.C. (ONS) filed a petition requesting intervenor status. ONS was granted intervenor status with full rights in this matter on August 29, 2016.



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By petition dated August 25, 2016, Westchester Medical Group, P.C. requested intervenor status with full rights of cross-examination regarding the Applicant's CON application. The Hearing Officer designated Westchester Medical Group, P.C. as an Intervenor with limited rights of cross-examination on August 29, 2016.

The hearing was conducted in accordance with the provisions of the Uniform Administrative Procedure Act (Chapter 54 of the Conn. Gen. Stat.) and Conn. Gen. Stat. § 19a-639a (f)(2) and the Hearing Officer heard testimony from witnesses for the Applicant and the Intervenors.

The public hearing record was closed on September 20, 2016. In rendering the decision, Deputy Commissioner Addo considered the entire record in this matter.

Findings of Fact and Conclusions of Law

1. Advanced Radiology MRI Centers (“ARC” or “Applicant”) is a private radiology practice with offices in Stamford, Fairfield, Stratford, Trumbull, Shelton and Orange. Ex. A, p. 12.
2. ARC provides a full range of diagnostic imaging and interventional radiology services, including magnetic resonance imaging (“MRI”), computed tomography (“CT”), ultrasound, mammography and general x-ray. Ex. A, p. 12.
3. ARC’s Stamford facility is located at 1315 Washington Boulevard and has operated for over 15 years providing body, breast, musculoskeletal, neurological and vascular MRI scans. Ex. A, pp. 12-13. ARC will be relocating its Stamford office to 1259 East Main Street in 2017. Ex. A, p. 235.
4. In 2005, ARC received OHCA approval to replace its Stamford low-field open MRI unit with a 1.5 Tesla (“T”) Siemens Espree (Docket Number 04-30277-CON). Ex. A, p. 12, 21.
5. The existing scanner has exceeded 100% capacity since fiscal year (“FY”) 2011. The table below shows ARC’s existing MRI’s annual utilization¹:

TABLE 1
STAMFORD ARC’S UTILIZATION PERCENTAGE BY YEAR

	Fiscal Year				
	2011	2012	2013	2014	2015*
SHP Utilization	132%	156%	168%	175%	165%

*The decrease in utilization from 2014 to 2015 was due to upgrading ARC’s Trumbull MRI unit, allowing new scan types to be conducted at ARC’s Trumbull site, thereby shifting some of the Stamford volume to Trumbull.

Ex. A, pp. 13, 52.

6. ARC has extended hours of operations to 92 hours per week. Since FY 2011, ARC’s Stamford location has operated from 7 a.m. to 10 p.m. on weekdays and 7 a.m. to 3:30 p.m. on weekends. Ex. A, pp. 14, 17.
7. Finding MRI technologists willing to work late night and weekend shifts has been difficult for ARC. Additionally, public transportation is not available to some patients during ARC’s extended hours. Ex. A, pp. 14, 27.
8. Complicated scans, such as contrast cases and arthrograms, are only performed during normal business hours, as they often require a physician to be present. Additionally, some MRI scans require the coordination of multiple clinical resources and personnel and therefore are more easily accomplished during normal business hours. Ex. A, p. 14; Ex. D, p. 146.

¹ The 2012 Statewide Health Care Facilities and Services Plan established capacity guidelines indicating the possible need for an additional MRI scanner if 85% capacity is exceeded; however these guidelines have not been formally adopted into regulation.

9. Consequently, ARC has been diverting patients from its Stamford location to its closest facilities in Fairfield, Stratford and Trumbull, which were at 167%, 136% and 128% capacity, respectively, in FY 2015. Ex. A, pp. 14, 23.
10. ARC is proposing to obtain a second MRI scanner for the Stamford office, a G.E. Signa Pioneer 3.0T, which will offer high-quality advanced imaging techniques. Procedures such as diffusion tensor imaging², functional imaging³ and brain perfusion⁴ are not feasible or practical with the 1.5T MRI. Ex. A, pp. 15; 43-45; Testimony of Dr. Muro, Ex. V, p. 124.
11. A 3.0T MRI will allow for much higher quality vascular imaging of the head, neck, body and extremities and may eliminate the need for vascular imaging that requires radiation or may be more invasive. Furthermore, a 3.0T MRI is preferred for brain scans, Lyme and Parkinson's disease scans and certain prostate, spine and magnetic resonance angiography scans. Ex. A, pp. 15, 24. Testimony of Dr. Muro, Ex. V, pp. 124-125.
12. The Applicant's Stamford location will accommodate local patients in need of the enhancements provided by the proposed 3.0T MRI that would have previously been referred to ARC's Orange or Fairfield location. Ex. A, p. 15.
13. The Applicant's primary service includes Stamford, Norwalk, Darien, New Canaan and Greenwich. Ex. A, pp. 13, 38.
14. In FY 2015, ARC performed 84.86% of its total number of scans on persons residing within its primary service area towns:

TABLE 2
ARC'S UTILIZATION BY PATIENT TOWN OF RESIDENCE

TOWN	UTILIZATION in FY 2015	PERCENT OF TOTAL
Stamford	3,648	55.13%
Greenwich	661	9.99%
Norwalk	652	9.85%
Darien	379	5.73%
New Canaan	275	4.16%
Total	5,615	84.86%

Ex. A, p. 42.

² Diffusion tensor imaging is a method that provides a description of the diffusion of water through tissue, and can be used to highlight structural changes in tissue tracts. Johns Hopkins Medicine, *Diffusion Tensor Imaging (DTI)*, available at <http://www.hopkinsmedicine.org/psychiatry/research/neuroimaging/> (Accessed on 10/14/16).

³ Functional imaging is a technique for measuring brain activity. This is accomplished by detecting the changes in blood oxygenation and flow that occur in response to neural activity. PsychCentral, *What is Functional Magnetic Resonance Imaging (fMRI)*, available at <https://psychcentral.com/lib/what-is-functional-magnetic-resonance-imaging-fmri/> (Accessed on 10/14/16).

⁴ Brain perfusion is a type of brain scan that indicates the blood supply in certain areas of the brain. This type of scan provides information on how the brain is functioning. Johns Hopkins Medicine, *Brain Perfusion Scan*, available at http://www.hopkinsmedicine.org/healthlibrary/test_procedures/neurological/brain_perfusion_scan (Accessed on 10/14/16).

15. ARC utilizes an image sharing network which minimizes scheduling effort, data entry redundancies and errors while allowing physicians and providers real time viewing of patient imaging records and reports via an Internet-enabled clinical viewer, physician web portal or mobile application. Ex. D, p. 147.
16. The image sharing network lessens duplicative procedures by permitting physicians and providers new to the patient to search for recent MRI results and scans, minimizing the need to rescan patients, and lessening patient cost, exposure, and delay in diagnosis and treatment. Ex. D, p. 148.
17. The Applicant's electronic medical record ("EMR") system is integrated with Yale's Epic system and with several other EMRs throughout the Applicant's service area. The integration allows the ordering and uploading of patient results directly into the Epic system. Testimony of Dr. Yoder, Ex. V, pp. 129-130.
18. The table below shows ARC's Stamford historical utilization by MRI scan type for the existing scanner:

TABLE 3
STAMFORD ARC'S HISTORICAL UTILIZATION BY FISCAL YEAR

	Fiscal Year*			
	2013	2014	2015	CFY 2016**
Number of Scans:				
Body	340	328	323	404
Breast	205	223	168	179
Musculoskeletal	3,220	3,284	3,059	2,894
Neurological	2,794	3,042	2,954	3,047
Vascular	146	125	113	110
Grand Total	6,705	7,002	6,617	6,634

* Applicant's fiscal year is January 1 to December 31.

** Annualized totals based on scans completed from January 1 to August 29.

Ex. U, p. 249.

19. The following table shows the projected number of scans at ARCs Stamford location.

TABLE 4
STAMFORD ARC'S PROJECTED UTILIZATION

	FISCAL YEAR*		
	2017	2018	2019
Number of Scans by Scanner:			
1.5T Unit	3,647	3,829	4,021
Proposed 3.0T Unit	3,647	3,829	4,020
Total	7,294	7,658	8,041

* Applicant's fiscal year is January 1 to December 31.

** ARC projects 5% annual growth based on the aging population. This compares to previous growth of 25% from FY 2011 through FY 2015.

Ex. A, pp. 31-32, 50.

20. Of the existing providers in the service area, all but one utilize either a .7T or a 1.5T strength MRI scanner. The one provider that offers MRI services with a 3.0T does so in a hospital setting.

**TABLE 5
EXISTING PROVIDERS**

MRI FACILITY	TESLA STRENGTH	TOTAL SCANS	Distance from ARC
Darien Imaging Center	1.5	1,827	5.0 miles
Greenwich Hospital	1.5	4,693	7.5 miles
	3.0	3,128	
Greenwich Hospital Diagnostic Center	1.5	1,991	1.9 miles
Orthopedic Neurosurgical Specialist	1.5	4,800	7.7 miles
Norwalk Hospital	1.5	3,174	9.2 miles
Norwalk Hospital Radiology & Mammography Center	1.5 (2) & .7	9,797	9.7 miles
ARC	1.5	6,702	-----
Stamford Hospital	1.5	6,427	0.8 miles
Tully Health Center	1.5	4,360	0.9 miles
Hospital for Special Surgery *	1.5	1,981	2.2 miles

*Hospital for Special Surgery figure includes scans from February 2015 through January 2016 Source: *Statewide Healthcare Facilities and Services Inventory-2014*, Exhibit AA
http://www.huskyhealthct.org/provider_lookup.html

21. The proposed MRI will be staffed by the same technologist and scans will be interpreted by the same subspecialist radiologists that staff the existing MRI unit. Ex. A, p. 24; Testimony of Dr. Kaye, Ex. V, p. 206.
22. The Applicant is the sole private radiology practice that provides MRI services in the service area and does so with no facility or add-on fees. Of the 13 MRI scanners in the area, 11 are hospital-affiliated, which typically charge a facility fee. Ex. A, pp. 17, 26, 35-36.
23. The fees typically charged by private physician practices and the reimbursement rates for MRI services are typically lower than those found in a hospital setting. Ex. A, pp. 17, 26, 28; Testimony of Dr. Yoder, Ex. V, pp. 119-120.

24. The Applicant does not anticipate any changes in payer mix for the next three fiscal years.

TABLE 6
ARC'S CURRENT & PROJECTED PAYER MIX

Payer	FY 2016		Projected by Fiscal Year					
			2017		2018		2019	
	Discharges	%	Discharges	%	Discharges	%	Discharges	%
Medicare	1,208	17.39%	1,268	17.39%	1,332	17.39%	1,398	17.39%
Medicaid	270	3.89%	284	3.89%	298	3.89%	313	3.89%
CHAMPUS & TriCare	0	0%	0	0%	0	0%	0	0%
Total Government	1,478	21.28%	1,552	21.28%	1,630	21.28%	1,711	21.28%
Commercial Insurers	4,952	71.28%	5,200	71.29%	5,460	71.30%	5,733	71.30%
Uninsured/Self Pay	262	3.77%	275	3.77%	289	3.77%	303	3.77%
Workers Compensation	255	3.67%	267	3.66%	279	3.65%	294	3.65%
Total Non-Government	5,469	78.72%	5,742	78.72%	6,028	78.72%	6,330	78.72%
Total Payer Mix	6,947	100%	7,294	100%	7,658	100%	8,041	100%

*10.26% of MRI volume practice wide is comprised of Medicaid, uninured, and self-pay.

Ex. A, pp. 16-17, 32, 41; Ex. Y, p. 250.

25. The Applicant is the sole private physician practice that serves the Medicaid population in the region. ARC has history of and a commitment to serving Medicaid recipients as well as the indigent population. The proposal will not impact access to care for the Medicaid and indigent population. Ex. A, pp. 16-17, 28, 32.

26. ARC is the only private physician practice in lower Fairfield County that offers MRI services to patients referred by third parties. The referrals, an estimated 500 in FY2015, are from different sources and include primary care physicians, orthopedist, neurologists, gastroenterologists, pulmonologists, ophthalmologist, gynecologists, urologists, podiatrists, chiropractors and endocrinologists. Ex. A, pp. 13, 16.

27. The Applicant will finance the proposed scanner, along with the construction costs, with a loan from Bank of America. Ex. I, p. 137.

28. The proposal's total capital expenditure is shown below:

TABLE 7
ARC'S TOTAL PROPOSED CAPITAL EXPENDITURE

Item	Cost
Equipment (Medical, Non-Medical, Imaging)	\$2,506,224
Construction/Renovation	\$410,000
Total Capital Expenditure	\$2,916,224

*Final capital expenditure costs are anticipated to be less than projected but will be within the confirmed amount of financing.

Ex. A, p. 39; Ex. Y, p. 251.

29. The Applicant projects initial incremental operating expense losses in Stamford due to MRI volume growth not generating sufficient revenue to cover the cost of a second unit. However, ARC as a whole will remain profitable.

TABLE 8
ARC'S STAMFORD LOCATION PROJECTED INCREMENTAL REVENUES AND EXPENSES

	FY 2017	FY 2018	FY 2019
Revenue from Operations	\$212,504	\$431,221	\$665,464
Total Operating Expenses	\$836,758	\$915,310	\$1,007,818
Gain/Loss from Operations	(\$624,254)	(\$484,089)	(\$324,354)

*The loss in operations is attributed to depreciation from the proposed scanner, and increased costs from salaries and fringe benefits.

TABLE 9
ARC'S OVERALL PROJECTED INCREMENTAL REVENUES AND EXPENSES

	FY 2017	FY 2018	FY 2019
Revenue from Operations	\$19,910,286	\$20,507,595	\$21,122,822
Total Operating Expenses	\$12,401,206	\$12,959,260	\$13,542,427
Gain/Loss from Operations	\$7,509,080	\$7,548,334	\$7,580,395

Ex. A, pp. 29, 31, 39; Ex. Y, p. 250.

30. Based on the fixed costs necessary to operate the proposed scanner (annual lease, employee salaries and wages, fringe benefits, the occupancy fee, other equipment, license and permit fees, and other miscellaneous expenses) and the pro rata share of all adjustable costs (professional fees, supplies and drugs, billing fees, and transcription fees), the minimum number of MRI scans required to show an incremental gain is 1,925. It is anticipated the incremental gain would be achieved by FY 2021. Ex. A, p. 31; Ex. D, p. 147.
31. ARC's proposed scanner will be accredited by the American College of Radiology ("ACR"). Ex. A, p. 19.
32. The proposed scanner's construction and installation will have no effect on the current MRI scanner. Operation of the proposed 3.0T MRI would begin early in the second quarter of 2017. Testimony of Mr. Yoder, Ex. V, p. 205.
33. OHCA is currently in the process of establishing its policies and standards as regulations. Therefore, OHCA has not made any findings as to this proposal's relationship to any regulations not yet adopted by OHCA. (Conn. Gen. Stat. § 19a-639(a)(1))
34. This CON application is consistent with the Statewide Health Care Facilities and Service Plan. (Conn. Gen. Stat. § 19a-639(a)(2))
35. The Applicant has established that there is a clear public need for the proposal. (Conn. Gen. Stat. § 19a-639(a)(3))
36. The Applicant has demonstrated that the proposal is financially feasible. (Conn. Gen. Stat. § 19a-639(a)(4))

37. The Applicant has satisfactorily demonstrated that the proposal will improve the accessibility and quality and maintain cost effectiveness of health care delivery in the region. (Conn. Gen. Stat. § 19a-639(a)(5))
38. The Applicant has shown that there would be no adverse change in the provision of health care services to the relevant populations and payer mix, including access to services by Medicaid recipients and indigent persons. (Conn. Gen. Stat. § 19a-639(a)(6))
39. The Applicant has satisfactorily identified the population to be affected by this proposal. (Conn. Gen. Stat. § 19a-639(a)(7))
40. The Applicant's historical provision of services in the area supports this proposal. (Conn. Gen. Stat. § 19a-639(a)(8))
41. The Applicant has satisfactorily demonstrated that this proposal would not result in an unnecessary duplication of existing services in the area. (Conn. Gen. Stat. § 19a-639(a)(9))
42. The Applicant has demonstrated that there will be no reduction in access to services by Medicaid recipients or indigent persons. (Conn. Gen. Stat. § 19a-639(a)(10))
43. The Applicant has demonstrated that the proposal will not negatively impact the diversity of health care providers and patient choice in the region. (Conn. Gen. Stat. § 19a-639(a)(11))
44. The Applicant has satisfactorily demonstrated that the proposal will not result in any consolidation that would affect health care costs or access to care. (Conn. Gen. Stat. § 19a-639(a)(12))

DISCUSSION

CON applications are decided on a case by case basis and do not lend themselves to general applicability due to the uniqueness of the facts in each case. In rendering its decision, OHCA considers the factors set forth in § 19a-639(a) of the Statutes. The Applicant bears the burden of proof in this matter by a preponderance of the evidence. *Jones v. Connecticut Medical Examining Board*, 309 Conn. 727 (2013).

Advanced Radiology MRI Centers (“ARC” or “Applicant”) is a private radiology practice with office locations in Stamford, Fairfield, Stratford, Trumbull, Shelton and Orange. *FF1*. ARC provides a full range of diagnostic imaging and interventional radiology services, including Magnetic Resonance Imaging (“MRI”), Computed Tomography (“CT”), ultrasound, mammography and general x-ray. *FF2*. ARC’s Stamford facility has served the community for over 15 years providing body, breast, musculoskeletal, neurological and vascular MRI scans. *FF3*. The Stamford location primarily serves the towns of Stamford, Norwalk, Darien, New Canaan and Greenwich. *FF13*.

In 2005, ARC received approval from OHCA (Docket Number 04-30277-CON) to replace its low-field open MRI unit. *FF4*. The current 1.5 Tesla (“T”) scanner has seen capacity in excess of 100% for the past four years and is projected to increase by 5% each year through 2019. *FF5*, *FF19*.

Since 2011, ARC has attempted to accommodate the increased volume by extending its hours of operations to include nights and weekends. Hours of operation now total 92 hours per week. *FF6*. Extended hours have proven troublesome as ARC has experienced difficulty recruiting MRI technologists willing to work extended hours. *FF7*. Additionally, complicated MRI scans such as contrast cases and arthrograms can only be performed during normal business hours due to the need for a physician to be present during the scan. Some MRI scans also require coordination of multiple clinical resources and personnel which can more easily be accomplished during normal business hours. *FF8*. In response to the limited appointment availability, ARC has diverted patients from its Stamford location to its closest facilities in Fairfield, Stratford and Trumbull. The diversion has impacted capacity at each of those facilities, whose capacity exceeds 100%. *FF9*.

In an effort to meet demand, the Applicant is proposing the acquisition of a 3.0T MRI which will allow for much higher quality vascular imaging of the head, neck, body and extremities and may eliminate the need for vascular imaging that requires radiation or may be more invasive. *FF11*. The proposed MRI scanner will offer high-quality advanced imaging techniques such as diffusion tensor imaging, functional imaging and brain perfusion which are not feasible or practical with a 1.5T MRI unit. *FF10*. Furthermore, a 3.0T MRI is preferred for brain scans, Lyme and Parkinson’s disease scans and certain prostate, spine and magnetic resonance angiography scans. *FF11*. It will also permit ARC to perform such examinations currently not available in a non-hospital affiliated setting due to the limited availability of a 3.0T MRI in the Stamford area. *FF20*.

There are 13 MRI scanners in lower Fairfield County with 11 located in hospital-affiliated settings. *FF22*. The remaining two MRI scanners are owned by two private physician practices --

the Applicant and a self-referring private practice. *FF20*. Out of the two, the Applicant is the only physician practice that accepts third party referrals allowing patients not under the care of a physician who owns an MRI a choice. *FF26*. Fees typically charged by private physician practices and the reimbursement rates for MRI services are typically lower than hospital-affiliated scanners. *FF23*. The proposed MRI would continue to positively impact patient choice by offering increased access and at a lower cost and with no facility fee when compared to hospital-affiliated MRIs. *FF22*.

The Applicant is the only private physician practice that accepts Medicaid recipients. This ensures access to services and patient choice for Medicaid recipients that would otherwise have no choice but to go to a hospital-affiliated MRI for a 3.0T scanner. *FF25*. The Applicant has and continues to serve Medicaid recipients, the uninsured and self-pay resulting in 7.66% of all patient volume in the Stamford location and 10.26% practice wide. *FF24*. The Applicant has demonstrated the commitment to preserving access to medical care for Medicaid and indigent patients.

The Applicant does not project any changes in payer mix in the next three years and thus, the proposal will not impact the indigent population and Medicaid patients' access to care. *FF24*.

The proposed MRI scanner would allow more patients to benefit from ARC's image sharing network, which provides physicians and providers real time viewing of patient imaging records via internet access. *FF15*. The technology increases health care system efficiency by reducing duplicative procedures as physicians and providers new to the patient are afforded the ability to search for MRI results and scans, minimizing the need to rescan the patient. *FF16*. Further efficiencies are achieved through the imaging network's ability to minimize scheduling effort, data entry redundancies and errors. *FF15*.

Although ARC projects incremental losses in operating expenses due to MRI volume growth not generating sufficient revenue to cover the second unit, overall the Applicant, as a whole, will remain profitable. *FF29*. The Applicant estimates it would need an additional 1,925 scans to show an incremental gain, which is anticipated to be achieved by FY 2021. *FF30*. The total cost of the proposal will be financed through Bank of America. *FF27*.

The acquisition of a 3.0T MRI scanner by the Applicant will improve access as it will make available advanced imaging techniques that are not otherwise offered in the service area in a non-hospital affiliated setting. In addition, the scans conducted on the 3.0T MRI will be of higher quality, reduce the need for scans that require radiation or are more invasive and will be offered without associated facility fees. Thus, OHCA finds the Applicant has demonstrated clear public need for the proposal. Additionally, the aforementioned benefits are consistent with the Statewide Health Care and Facilities Plan.

In order to ensure that access to care will improve for the population currently being served, including that of the Medicaid population, and to ensure the proposal is consistent with the Statewide Health Care Facilities and Services Plan, OHCA requires that the Applicant agree to take certain actions as stated in the order attached hereto.

Order


NOW, THEREFORE, the Department of Public Health, Office of Health Care Access (“OHCA”) and Advanced Radiology MRI Centers (“Applicant”), through their authorized representatives, hereby stipulate and agree to the following terms of settlement with respect to the Applicant’s request to acquire and operate a new 3.0 Tesla magnetic resonance imaging (“MRI”) scanner to be located at 1259 East Main Street, Stamford, Connecticut:

1. The Applicant shall not relocate the proposed MRI outside of Stamford, Connecticut as long as the MRI is in operation.
2. OHCA and the Applicant agree that this settlement represents a final agreement between OHCA and the Applicant with respect to OHCA Docket No. 16-32093-CON. The execution of this settlement resolves all objections, claims and disputes, which may or could have been raised by the Applicant with regard to OHCA Docket Number 16-32093-CON.
3. OHCA may enforce this settlement under the provisions of Conn. Gen. Stat. §§ 19a-642; 19a-653 and all other remedies available at law, with all fees and costs of such enforcement to be governed by State Law.
4. This settlement shall be binding upon the Applicant and its successors and assigns.

All of the foregoing constitutes the final order of the Office of Health Care Access in this matter.

By Order of the
Department of Public Health
Office of Health Care Access

12/6/2016
Date


Yvonne T. Addo, MBA
Deputy Commissioner

12/5/2016
Date


Duly Authorized Agent for
Advanced Radiology MRI Centers

Signed by CLARK YODER,
(Print name)

CEO
(Title)