

State of Connecticut Office of Health Care Access CON Determination Form Form 2020

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed project must complete this Form 2020. The completed form should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If this proposal has more than two Petitioners, please attach a separate sheet, supplying the same information for each Petitioner in the format presented in the following table.

| | Petitioner | Petitioner |
|---|--|------------|
| Full Legal Name | Richard Nejat (DDS) | |
| Doing Business As | Conescan | |
| Name of Parent Corporation | Entity to be formed at a future date | |
| Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail | 8 Bond St, Ste 203, Great Neck, NY 11021 | |
| What is the Petitioner's Status: P for profit and NP for Nonprofit | P | |
| Contact Person at Facility , including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter. | Gideon Yudel, Practice Manager | |

| | | |
|--|--|--|
| Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail | C/o Conescan 8 Bond St, Ste 203, Great Neck, NY 11021 | |
| Contact Person's Telephone Number | 516.978.0084 | |
| Contact Person's Fax Number | | |
| Contact Person's e-mail Address | <u>gideony@gmail.com</u> | |

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: _Conescan 2Go (dental cone beam CT scanning)
- b. Estimated Total Project Cost: \$200,000
- c. Location of proposal, identifying Street Address, Town and Zip Code: Within a 85 miles of Greenwich CT (not yet determined)
- d. List each town this project is intended to serve: Initially, within an 85 mile radius of Greewich CT but will look to service entire CT
- e. Estimated starting date for the project: 12/1/2015

SECTION IV. PROPOSAL DESCRIPTION

Please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following elements need to be addressed, if applicable:

1. If applicable, identify the types of services currently provided and provide a copy of each Department of Public Health license held by the Petitioner.

Not applicable

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

Dental CT scanning services using a cone beam CT scanner – operated under the supervision of Richard Nejat, DDS. Richard Nejat is a dentist licensed in the state of Connecticut (license number: 011510 – see license attached)

3. Identify the current population served and the target population to be served.
Target Population: Not sure of the population but looking to provide a service for dental patients requiring a dental cone beam CT scan in the Connecticut area

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Richard Nejat (DDS) - Conescan

Project Title: Conescan 2Go (dental conebeam CT scanning)

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

of Richard Nejat DDS / Conescan being duly sworn, depose and state that the
(Organization Name)

information provided in this CON Determination form is true and accurate to the best of my knowledge.

Signature [Handwritten Signature] Date 11/20/2015

Subscribed and sworn to before me on Nov. 20, 2015

Kathleen Ford
Notary Public/Commissioner of Superior Court

My commission expires: Dec. 08, 2015


KATHLEEN FORD
NOTARY PUBLIC, State of New York
No. 01FO6316121
Qualified in Nassau County
Commission Expires December 08, 2015

Dear RICHARD NEJAT, DDS,

Attached you will find your validated license for the coming year. Should you have any questions about your license renewal, please do not hesitate to write or call:

Department of Public Health
P.O. Box 340308
M.S.#12MQA
Hartford, CT 06134-0308

(860) 509-7603
opl.c.dph@ct.gov
www.ct.gov/dph/license


Sincerely,

JEWEL MULLEN, MD, MPH, MPA, COMMISSIONER
DEPARTMENT OF PUBLIC HEALTH


STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT
THE INDIVIDUAL NAMED BELOW IS LICENSED
BY THIS DEPARTMENT AS A
DENTIST

RICHARD NEJAT, DDS

LICENSE NO
011510
CURRENT THROUGH
06/30/16
VALIDATION NO
03-308402


SIGNATURE


COMMISSIONER

EMPLOYER'S COPY

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

RICHARD NEJAT, DDS


VALIDATION NO
03-308402


LICENSE NO
011510

CURRENT THROUGH
06/30/16

NAME
RICHARD NEJAT, DDS

PROFESSION
DENTIST


SIGNATURE


COMMISSIONER

INSTRUCTIONS:

1. Detach and sign each of the cards on this form.
2. Display the large card in a prominent place in your office or place of business.
3. The wallet card is for you to carry on your person; if you do not wish to carry the wallet card, place it in a secure place.
4. The employer's copy is for persons who must demonstrate current licensure verification in order to receive employment or privileges. The employer's card is to be presented to the employer and kept by them as a part of your personnel file. Only one copy of this card can be supplied to you.

WALLET CARD

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

RICHARD NEJAT, DDS


VALIDATION NO
03-308402


LICENSE NO
011510

CURRENT THROUGH
06/30/16

NAME
RICHARD NEJAT, DDS

PROFESSION
DENTIST


SIGNATURE


COMMISSIONER



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

November 24, 2015

VIA FACSIMILE ONLY

Gideon Yudel
Practice Manager
Conescan
8 Bond Street, Suite 203
Great Neck, NY 11021

RE: Certificate of Need Determination Report Number 15-32044-DTR
Acquisition of a Cone-Beam CT Scanner

Dear Mr. Yudel:

On November 23, 2015, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Conescan with respect to the acquisition of a cone-beam CT scanner.

The Petitioner seeks to provide dental CT scanning services to dental patients using a cone-beam CT scanner operated under the supervision of Richard Nejat, DDS, who is a dentist licensed in the State of Connecticut.

Connecticut General Statutes § 19a-638(b)(19) exempts from CON requirements the "[a]cquisition of cone-beam dental imaging equipment that is to be used exclusively by a dentist licensed pursuant to chapter 379". Since the proposed cone-beam CT scanner will be operated by a dentist licensed in Connecticut, a **CON is not required** for the Petitioner's proposal.

Sincerely,

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

Kimberly R. Martone
Director of Operations

An Equal Opportunity Provider

(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)
410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov