

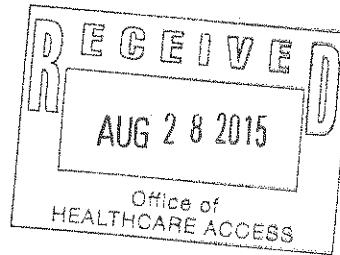
**PULLMAN
& COMLEY, L.L.C.**
ATTORNEYS

Randall C. Mathieson
850 Main Street
P.O. Box 7006
Bridgeport, CT 06601-7006
p 203 330 2037
f 203 576 8888
rmathieson@pullcom.com
www.pullcom.com

August 27, 2015

VIA OVERNIGHT MAIL

State of Connecticut
Office of Health Care Access
c/o Kimberly Martone
Director of the Office of Health Care Access
410 Capitol Avenue
MS#13HCA
Hartford, CT 06134



Re: CT Fertility, P.C. CON Determination Form 2020

Dear Ms. Martone:

Enclosed for submission please find CON Determination Form 2020 for CT Fertility, P.C.

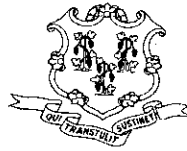
I appreciate your assistance in this matter. Should you have any questions, please do not hesitate to contact me.

Very truly yours,

A handwritten signature in cursive script that reads "Randall C. Mathieson".

Randall C. Mathieson

ACTIVE/76845.1/KDALEY/5313772v1



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	CT Fertility, P.C. f/k/a Michael B. Doyle, M.D. P.C.	
Doing Business As	Connecticut Fertility Associates	
Name of Parent Corporation	n/a	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	4920 Main Street Suite 306 Bridgeport, CT 06606	
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.	John Gagne, Director of Operations	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	4920 Main Street Suite 301 Bridgeport, CT 06606	
Contact Person's Telephone Number	203-373-1200	
Contact Person's Fax Number	203-416-5445	
Contact Person's e-mail Address	John.gagne@ctfertility.com	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Transfer of partial ownership in a fertility practice's outpatient surgical facility from a professional corporation owned by a single Connecticut licensed physician to a second Connecticut licensed physician.
- b. Estimated Total Project Cost: \$ n/a
- c. Location of proposal, identifying Street Address, Town and Zip Code:
d. No change in location; it will remain at 4920 Main Street, Suite 306, Bridgeport, CT 06606
- e. List each town this project is intended to serve:
See attached page regarding Section IV Proposal Description, which lists the towns.
- f. Estimated starting date for the project: n/a

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.
2. Identify the types of services that are 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.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Michael B. Doyle, M.D.

Project Title: Transfer of partial ownership in a fertility practice's outpatient surgical facility from a single physician owner to a second CT-licensed physician

I, Michael B. Doyle, M.D., President
(Name) (Position – CEO or CFO)

of CT Fertility, P.C., 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.

Michael Doyle MD

Signature

8-27-15
Date

Subscribed and sworn to before me on August 27th 2015

[Signature]
Notary Public/Commissioner of Superior Court

My commission expires: JOHN ROBERT GAGNE
NOTARY PUBLIC
STATE OF CONNECTICUT
* EXPIRES OCTOBER 31, 2018

Section IV. Proposal Description

The project involves the pending transfer of ownership of an outpatient surgical facility. The outpatient surgical facility's owner, formerly known as Michael B. Doyle, M.D. P.C. d/b/a Connecticut Fertility Associates, recently changed its name to CT Fertility, P.C. Michael B. Doyle, M.D. is currently the owner of 100% of the stock of CT Fertility, P.C. There is a pending sale of seventy-five percent (75%) of the stock of CT Fertility, P.C. to a second Connecticut licensed physician, Myles D. Greenberg, M.D., License No. 42728. Dr. Doyle would continue as a 25% shareholder.

The types of services provided by CT Fertility, P.C. upon the transfer of stock will be the same as provided before the transfer and include the following:

- Follicle puncture for oocyte retrieval, any method
- Embryo transfer, intrauterine
- Ultrasonic guidance for aspiration of ova and embryo transfer
- Abdominal paracentesis
- Drainage of ovarian cyst
- Drainage of ovarian abscess
- Drainage of pelvic abscess
- Paracentesis
- Local anesthesia
- Light sedation
- Medium sedation
- Deep sedation

The Department of Public Health licenses held by Connecticut Fertility, P.C. are:

- Outpatient Surgical Facility License No. 0332
- Licensed Clinical Laboratory License No. CLPOL-0407

Please see copies of the licenses attached.

The types of services proposed are as listed above. No additional Department of Public Health licenses are being sought.

The current population served includes patients who come from all over the state, and, indeed, all over the world. 89% of our population are Connecticut residents who come from towns that include Bridgeport, Trumbull, Fairfield, Stratford, Easton, Shelton, Milford, Orange, West Haven, Norwalk, Seymour, Westport, North Haven, Groton, Ansonia, Stamford, Meriden, Southbury, West Haven, Beacon Falls, Hamden, Norwich, Naugatuck, Barkhamsted, Deep River, Windsor, Cheshire, Manchester, East Hartford and New Milford. 6% visit us from other states including, but not limited to, states such as California, Florida, Georgia, Massachusetts and New York. 5% of our population come from foreign countries, including, but not limited to, France, Ireland, Israel, and Sweden. Our target population will not change.

STATE OF CONNECTICUT

Department of Public Health

LICENSE

LICENSE NO. 0332

Outpatient Surgical Facility

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

Michael B. Doyle, M.D of Bridgeport, CT d/b/a Connecticut Fertility Associates is hereby licensed to maintain and operate an Outpatient Surgical Facility.

Connecticut Fertility Associates is located at 4920 Main Street, Suite 306, Bridgeport, CT 06606.

This license expires September 30, 2016 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2014. RENEWAL

Waiver Sec. 19-13-D56 (b)(D)(2), (b)(D)(5)

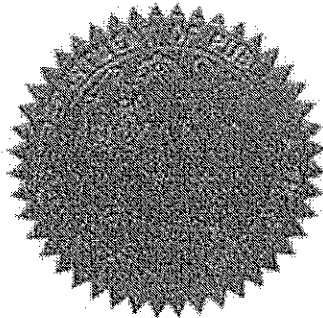
Waiver Sec. 19-13-D56 (b)(E)(4), (b)(E)(8)

Waiver Sec. 19-13-D56(b)(G)(1)(c)

Waiver Sec. 19-13-D56(b)(E)(10), (b)(E)(11)

Waiver Sec. 19-13-D56(b)(F)(1), (b)(F)(3)

Waiver Sec. 19-13-D56(e)(7)(B)(i)



Jewel Mullen

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT

Department of Public Health

License No. CLPOL-0407

Licensed Clinical Laboratory

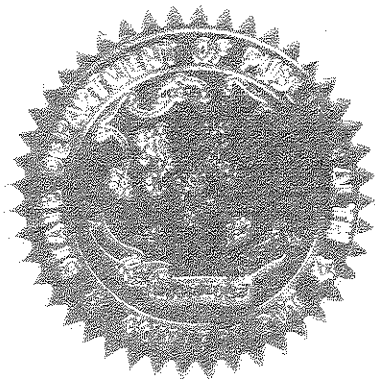
In accordance with the provisions of the General Statutes of Connecticut Section 19a-30:
CONNECTICUT FERTILITY ASSOCIATES is hereby licensed to maintain and operate a
Clinical Laboratory.

THE CONNECTICUT FERTILITY ASSOCIATES LABORATORY is located at
4920 MAIN STREET, SUITE 306, BRIDGEPORT, CT. 06606 with:

Michael Doyle, M.D. as Licensee,

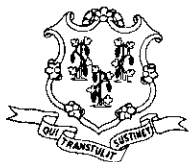
This license expires **SEPTEMBER 30, 2015** and may be revoked for cause at any time.

Dated at Hartford Connecticut **OCTOBER 01, 2013.**



A handwritten signature in cursive script that reads "Jewel Mullen MD".

Jewel Mullen, MD, MPH, MPA
Commissioner



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

August 31, 2015

VIA FACSIMILE ONLY

John Gagne
Director of Operations
CT Fertility, P.C. d/b/a Connecticut Fertility Associates
4920 Main Street
Suite 306
Bridgeport, CT 06606

RE: Certificate of Need Determination Report Number 15-32022-DTR
Addition of Physician Owners

Dear Mr. Gagne:

On August 28, 2015, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination Form on behalf of CT Fertility, P.C. d/b/a Connecticut Fertility Associates ("Petitioner") with respect to the transfer of partial ownership.

The Petitioner is a licensed outpatient surgical center located at 4920 Main Street, Bridgeport, Connecticut. The Petitioner is currently owned and controlled solely by Michael B. Doyle, M.D, a physician licensed in the State of Connecticut.

The Petitioner seeks to transfer a seventy-five percent (75%) ownership interest to a second Connecticut licensed physician, Myles D. Greenberg, M.D. Dr. Doyle would continue to own twenty-five percent (25%).

Connecticut General Statutes § 19a-638(a)(2) requires a CON for the "transfer of ownership of a health care facility". However, Connecticut General Statutes § 19a-493b(c) provides an exception for outpatient surgical facilities where Connecticut licensed physicians will maintain a controlling 60% ownershipship after a transfer of interest in a facility. Since Connecticut licensed physicians will own and control one-hundred percent (100%) of CT Fertility, P.C. d/b/a Connecticut Fertility Associates, OHCA hereby determines that a CON *is not required* for the proposed sale.

Sincerely,

Kimberly R. Martone
Director of Operations

C: Rose McLellan, License and Applications Supervisor, DPH, DHSR.

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

* * * COMMUNICATION RESULT REPORT (AUG. 31. 2015 11:14AM) * * *

FAX HEADER:

TRANSMITTED/STORED : AUG. 31. 2015 11:13AM
FILE MODE OPTION

ADDRESS

RESULT

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OK

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REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-3) NO ANSWER

E-2) BUSY
E-4) NO FACSIMILE CONNECTION



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

FAX SHEET

TO: JOHN GAGNE

FAX: 203 416-5445

AGENCY: CONNECTICUT FERTILITY ASSOCIATES

FROM: OHCA

DATE: 8/31/15 Time: _____

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments: Please see attached determination for Connecticut Fertility Associates, Report Nubmer 15-32022-DTR.

PLEASE PHONE Barbara K. Olejarz IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001

Fax: (860) 418-7053

410 Capitol Ave., MS#13HCA
P.O. Box 340308
Hartford, CT 06134