



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt
Division Director

March 14, 2013

Sean A. Timmons
4140 Parklake Avenue
GlenLake One, Second Floor
Raleigh, NC 27612

Exempt from Review – Acquisition of Facility

Facility: Lumberton Radiological Associates, P.A.
Acquisition by: Southeastern Regional Medical Center
County: Robeson
FID #: 955910

Dear Mr. Timmons:

In response to your letter of December 27, 2012, the above referenced proposal is exempt from certificate of need review in accordance with N.C.G.S 131E-184(a)(8). Therefore, Southeastern Regional Medical Center may proceed to acquire the above referenced health service facility without first obtaining a certificate of need. However, you need to contact the Acute and Home Care Licensure Section of the Division of Health Service Regulation to obtain instructions for changing ownership of the existing facility. Note that pursuant to N.C.G.S. §131E-181(b): *“A recipient of a certificate of need, or any person who may subsequently acquire, in any manner whatsoever permitted by law, the service for which that certificate of need was issued, is required to materially comply with the representations made in its application for that certificate of need.”*

It should be noted that this Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this Agency and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Tanya S. Rupp
Project Analyst

Craig R. Smith, Chief
Certificate of Need Section

cc: Acute & Home Care Licensure Section, DHSR
Medical Facilities Planning Section, DHSR



Certificate of Need Section

www.ncdhhs.gov

Telephone 919-855-3873 • Fax 919-733-8139

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

An Equal Opportunity/ Affirmative Action Employer



Nelson Mullins

Nelson Mullins Riley & Scarborough LLP

Attorneys and Counselors at Law
4140 Parklake Avenue / GlenLake One / Second Floor / Raleigh, NC 27612
Tel: 919.877.3800 Fax: 919.329.3984
www.nelsonmullins.com

Sean A. Timmons
Tel: 919.329.3922
Fax: 919.329.3984
sean.timmons@nelsonmullins.com

December 27, 2012

Hand Delivered

Craig R. Smith, Chief
Certificate of Need Section
Division of Health Service Regulation
North Carolina Department of Health and Human Services
809 Ruggles Drive
Raleigh, North Carolina 27603



Re: Notice of Exempt Acquisition Pursuant to N.C. Gen. Stat. § 131E-184(a)(8)

Dear Mr. Smith:

On behalf of our client, Southeastern Regional Medical Center ("SRMC"), we write to provide notice pursuant to N.C. Gen. Stat. § 131E-184(a)(8) of SRMC's forthcoming acquisition of the "diagnostic center" (as such term is defined at N.C. Gen. Stat. § 131E-176(7a)) operated by Lumberton Radiological Associates, P.A. ("LRA") located at 209 West 27th Street, Lumberton, North Carolina (the "Facility"), including all equipment operated by LRA in the Facility. The expected closing date of the acquisition is December 31, 2012.

LRA is an existing "health service facility" as defined under N.C. Gen. Stat. § 131E-176(9b). By letter dated October 10, 2003 (the "Confirmation Letter"), a copy of which is enclosed for your reference, the Certificate of Need Section determined that the Facility was a diagnostic center immediately prior to March 18, 1993, because LRA utilized medical diagnostic equipment at the Facility, each item of which cost \$10,000 or more, and the aggregate cost of which exceeded \$500,000. As such, the Facility is a "grandfathered" diagnostic center. LRA has represented to SRMC that the Facility has been in continuous operation as a diagnostic center since the date of the Confirmation Letter.

Pursuant to N.C. Gen. Stat. § 131E-184(a)(8), the acquisition of an existing health service facility is exempt from certificate of need review, upon prior written notice to the North Carolina Department of Health and Human Services. SRMC will not develop or establish any new health service facility, nor will it offer, develop or establish any new

Mr. Craig R. Smith
December 27, 2012
Page 2

institutional health service that is not exempt under N.C. Gen. Stat. § 131E-184(a)(8) in connection with this transaction. Based on these facts, SRMC's acquisition of the Facility is exempt from certificate of need review upon the CON Section's receipt of this notice.

We respectfully request that you respond to this letter and confirm that this transaction is exempt from certificate of need review pursuant to N.C. Gen. Stat. § 131E-184(a)(8). We also request that you file stamp the enclosed copy of this letter and return it to our courier, who has been instructed to wait.

Thank you for your assistance in this matter. If you have any questions, please contact me at (919) 329-3922.

Very truly yours,

A handwritten signature in cursive script that reads "Sean A. Timmons". The signature is written in dark ink and is positioned above the printed name.

Sean A. Timmons

Enclosure



**North Carolina Department of Health and Human Services
Division of Facility Services
Certificate of Need Section**

2704 Mail Service Center ■ Raleigh, North Carolina 27699-2704

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

<http://facility-services.state.nc.us>

Lee Hoffman, Section Chief
Phone: 919-855-3873
Fax: 919-733-8139

CORRECTED COPY

October 10, 2003

Joy H. Thomas
Law Office of Joy H. Thomas
Attorney at Law
P.O. Box 6514
Raleigh, North Carolina 27628

RE: Inquiry / Status of Lumberton Radiological Associates, P.A. as a diagnostic center / Robeson County

Dear Ms. Thomas:

In response to your letter of April 30, 2003, the Certificate of Need Section has determined that Lumberton Radiological Associates, P.A., operating at 209 West 27th Street in Lumberton, was a "diagnostic center" as defined in N.C.G.S. §131E-176(7a) immediately prior to March 18, 1993, because it owned and operated, on a single campus, medical diagnostic equipment that costs in excess of \$500,000, as indicated below:

GE Radiographic & Fluoroscopic with Tomography – Model # - DXD 525	\$ 125,000
GE Radiographic & Fluoroscopic with Tomography – Model # - DXS 650	\$ 148,000
GE Radiographic with Tomography – Model # MVP-Micro	\$ 81,470
GE Ultrasound – Model # - SPA 400	\$ 95,000
GE Ultrasound – Model # DRF 400R	\$ 33,000
Philips Mammodiagnost UC unit	<u>\$ 71,662</u>
Total	\$ 554,132

This determination does not permit Lumberton Radiological Associates, P.A. to operate more than one diagnostic center or to relocate and operate the existing single diagnostic center on more than one campus.

It should be noted that this Agency's determination is based solely on the facts represented by you. Any change in facts as represented would require further consideration by this Agency and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Andrea C. Phillips

Andrea C. Phillips, Project Analyst

Lee B. Hoffman, Chief
Lee B. Hoffman, Chief
Certificate of Need Section

LBH:ACP

cc: Medical Facilities Planning Section, DFS



Location: 701 Barbour Drive ■ Dorothea Dix Hospital Campus ■ Raleigh, N.C. 27603
An Equal Opportunity / Affirmative Action Employer





**North Carolina Department of Health and Human Services
Division of Facility Services
Certificate of Need Section**

2704 Mail Service Center ■ Raleigh, North Carolina 27699-2704

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

<http://facility-services.state.nc.us>

Lee Hoffman, Section Chief
Phone: 919-855-3873
Fax: 919-733-8139

October 2, 2003

Joy H. Thomas
Law Office of Joy H. Thomas
Attorney at Law
P.O. Box 6514
Raleigh, North Carolina 27628

RE: Inquiry / Status of Lumberton Radiological Associates, P.A. as a diagnostic center / Robeson County

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Sincerely,

Andrea C. Phillips
Andrea C. Phillips, Project Analyst

Lee B. Hoffman
Lee B. Hoffman, Chief
Certificate of Need Section

LBH:ACP

cc: Medical Facilities Planning Section, DFS





**North Carolina Department of Health and Human Services
Division of Facility Services
Certificate of Need Section**

2704 Mail Service Center ■ Raleigh, North Carolina 27699-2704

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

<http://facility-services.state.nc.us>

Lee Hoffman, Section Chief
Phone: 919-855-3873
Fax: 919-733-8139

October 2, 2003

Joy H. Thomas
Law Office of Joy H. Thomas
Attorney at Law
P.O. Box 6514
Raleigh, North Carolina 27628

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Sincerely,

Andrea C. Phillips
Andrea C. Phillips, Project Analyst

Lee B. Hoffman
Lee B. Hoffman, Chief
Certificate of Need Section

LBH:ACP

cc: Medical Facilities Planning Section, DFS



Law Office of Joy H. Thomas

Legal Services for the HealthCare Industry

Post Office Box 6514
Raleigh, NC 27628

T (919) 787-8338
F (919) 510-5121

joyhthomas@nc.rr.com

April 30, 2003

Via Hand Delivery

Ms. Lee B. Hoffman
Chief, CON Section
N.C. Department of Health and
Human Services
Division of Facility Services
Certificate of Need Section
701 Barbour Drive
Raleigh, North Carolina



RE: Lumberton Radiological Associates, P.A.
Request to Confirm Grandfathered Status of
Diagnostic Center, Lumberton, North Carolina

Dear Ms. Hoffman:

My client, Lumberton Radiological Associates, P.A. ("LRA"), has for many years operated a center at 209 West 27th Street in Lumberton, North Carolina in which it utilizes an extensive amount of medical diagnostic equipment. LRA leases the building and the medical diagnostic equipment from a related entity, Three R's, LLP.

As you are aware, in 1993, the Certificate of Need Law was amended to require a Certificate of Need for the establishment of various types of health service facilities, including diagnostic centers. However, at the time the law was changed, it was expressly made inapplicable to those who had developed facilities prior to the amendment of the law.

On behalf of LRA, I am writing to furnish you with detailed information to confirm that, prior to the March 1993 amendments to the Certificate of Need Law, LRA was established as a diagnostic center in its location at 209 West 27th Street in Lumberton, North Carolina.¹

¹ As you know, a diagnostic center is defined in N.C. Gen. Stat. § 131E-176(7a) to include a freestanding facility such as a radiology center in which the total cost of all the medical diagnostic equipment utilized by the facility, which costs ten thousand dollars (\$10,000) or more, exceeds five hundred thousand dollars (\$500,000). The capital expenditure is deemed to be the fair market value of the equipment or its cost, whichever is greater.

Lee B. Hoffman, Chief
April 30, 2003
Page Two

As of March 1, 1993, LRA was using several items of medical diagnostic equipment obtained from GE Medical Systems ("GE"). GE has independently confirmed that, as of March 1, 1993, LRA was utilizing GE medical diagnostic equipment with a total cost/FMV of \$482,470. See Exhibit A. The information from GE includes a chart showing a description of each item of GE equipment and the date it was installed at LRA. The model and serial number for each piece of equipment is included. The chart reflects the actual cost and/or the fair market value for each item of equipment based on its date of installation.

With respect to one of the items of GE equipment (the "Radiographic w/ Tomo"), we also enclose copies of the following: (a) the 1987 Quotation prepared for LRA by GE; (b) LRA's check to GE for the down payment on the equipment; and (c) the Equipment Acceptance Certificate reflecting delivery and installation of the equipment.

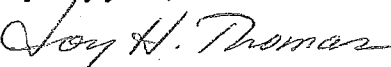
In addition to the GE equipment in use at LRA in 1993, LRA was also utilizing medical diagnostic equipment obtained from Philips Medical Systems ("Philips"). Enclosed is a copy of: (a) the 1991 Quotation prepared for LRA by Philips including detailed information on the Philips Mammodiagnostic UC unit; and (b) the Purchase Order for the mammography unit. Both the Quotation and Purchase Order documentation reflect the unit's cost of \$71,662.

We have also enclosed a Report of Assembly of a Diagnostic X-Ray System by the Department of Health and Human Services. This document shows that LRA installed the Philips mammography unit at its site in 1991. In addition, we are providing selected pages from the documentation furnished to LRA by the American College of Radiology (confidential data has been removed). The ACR accredited the Philips MammoDiagnost UC unit, based upon its 1992 review of the equipment at LRA.

Based on the above, LRA was functioning as a diagnostic center prior to March 1993 in that it was utilizing \$482,470 of GE medical diagnostic equipment plus another \$71,662 of Philips medical diagnostic equipment, a total in excess of \$500,000.² The information included with this letter verifies each item of equipment by number and includes the cost/FMV information for each piece of equipment. We trust that, on this basis, the Certificate of Need Section will provide a letter confirming for LRA that it is a "grandfathered" diagnostic center in Lumberton, North Carolina.

Thank you for your attention to this matter. If you have questions or require further information, please do not hesitate to contact the undersigned. With kind regards, I remain

Very truly yours,


Joy H. Thomas

Enclosures

² In fact, LRA had additional medical diagnostic equipment in use in 1993. Information on this equipment has not been included in that the GE and Philips equipment alone exceed \$500,000.



GE Medical Systems

General Electric Company
14045 Ballantyne Corporate Place, Suite 140
Charlotte, NC 28277
gemedicalsystems.com

April 24, 2003

Groyer Godwin
Practice Administrator
Lumberton Radiological Associates, P.A.
209 West 27th Street
Lumberton, NC 28359

Dear Mr. Godwin:

I am writing this letter to confirm for you the cost/FMV of the GE Medical Systems diagnostic equipment that was being utilized at the above address as of March 1, 1993. I have investigated and researched our databases and files for the equipment listed in Exhibit A. I have also reviewed fair market value information for this equipment based on the dates of installation. Please see Exhibit A for details.

If you have any questions, please feel free to call me at anytime.

Best Regards,

A handwritten signature in cursive script that reads "Mark Ramige".

Mark Ramige
Account Manager-Sales



GE Medical Systems

General Electric Company
14040 Guilford Corporate Place, Suite 140
Charlotte, NC 28227
gemedicalsystems.com

Exhibit A**Lumberton Radiological Associates, P.A.****Description of Medical Diagnostic Equipment in Use @ LRA in March 1, 1993**

<u>Description</u>	<u>Install Date</u>	<u>Model #</u>	<u>Serial #</u>	<u>Cost/FMV</u>
Radiographic & Fluoroscopic w/ Tomo	Dec-81	DXD 525	44095W58	\$125,000
Radiographic & Fluoroscopic w/ Tomo	Dec-83	DXS 650	883072	\$148,000
Radiographic w/ Tomo	Dec-87	MVP - Micro	1179	\$81,470 ✓
Ultrasound	Jan-91	SPA 400	09811	\$95,000
Ultrasound	Nov-85	DRF 400R	10275	\$33,000
			TOTAL	\$482,470

ID#736, From: 262-548-4889, To:, 09APR03, 06:49, Page 004 of 005

04/08/2003 TUE 08:08 FAX 0003/004



GENERAL ELECTRIC COMPANY • MEDICAL SYSTEMS GROUP • P.O. BOX 414, MILWAUKEE, WISCONSIN 53201

QUOTATION

Lumberton Radiology 209 West 27th Street Lumberton, NC 28358	DATE: December 17, 1987 NUMBER:
--	--

General Electric Company is pleased to submit the following quotation, consisting of _____ pages, and offers to sell the products described herein at prices and terms stated, subject to your acceptance of the terms and conditions on the face and back hereof and SUBJECT TO CREDIT APPROVAL. This quotation expires _____ days from its date.

QUANTITY AND CATALOG NUMBER	QTY	DESCRIPTION	PRICE
R3924BA	1	MVP Micro Radiographic Generator	
AS105D	1	Super Acceleration Rotor Controller II	
AQ660AC	1	Automatic Exposure Control Module	
S3931AC	1	RTI Table with Integrated Tube Stand, Tomographic System for RTI Table, Super Speed Bucky and Tray, 12:1 ratio, 103-line Bucky Grid, Sentry Automatic Collimator, Bucky Ion Chamber Detector	
D1152DH	1	MX75-09R (High Speed) 0.6-1.5, 15 degree x-ray tube	
G9040RA	1	Left handed vertical Bucky Stand	
CI665AG	2	60 ft. H-V Cables	
Radiographic Room accessories as detailed in prior quote			
Total			\$81,470.40

Offers to sell or lease GE equipment are independent of offers to sell or lease X-ray equipment. Prices, concessions or terms of payment quoted by General Electric for one or the above types of equipment are available whether or not the customer also purchases or leases the other type.

This quotation and any contract based thereon is not assignable without the prior express written permission of the Company.

TERMS OF DELIVERY:

WARRANTY (copy attached):

TERMS OF PAYMENT: 10% down payment, 70% upon delivery of equipment, balance due upon first Patient use.

CONTRACT PRICE PROTECTION:

_____ Months, subject to increase by _____ % per month after such time, and to renegotiation after _____ months

GENERAL ELECTRIC COMPANY

Sales Representative

Authorized Signature

BUYER

Local Sales Office

Address

Authorized Signature

City/State

Telephone

Title

Credit Approval By

Date of Approval

F171 R1/82

Printed in U.S.A.

ID#736, From: 262-548-4889, To: .

09APR03, 06:49, Page 003 of 005

04/08/2003 TUE 08:07 FAX

0002/001

FOR DEPOSIT ONLY

15% deposit on 21 Filing

1000001000 4305410197 24 01405111874

SOUTHERN NATIONAL BANK
OF NORTH CAROLINA
 Lumberton, North Carolina 28358

PAY TO THE ORDER OF *General Electric Medical Systems* \$ *8147.00*

Eight thousand one hundred forty seven and 00/100 DOLLARS

William J. Stover

THREE R/S
 PH. 010-735-9232
 P. O. DRAWER 2527
 LUMBERTON, NC 28358

330-510391
 77226-01-0520
 12/30/92

100
 58-187
 631

ID#796, From: 262-548-4889, To: ,

09APR03, 06:49, Page 002 of 005

04/08/2003 TUE 08:07 FAX

0001/001

CUSTOMER LUMBERTON RADIOLOGY
ADDRESS 209 WEST 27TH ST.
CITY, STATE LUMBERTON, N.C. 28358

CUSTOMER REFERENCE NO. _____
GE REFERENCE NO. 330077226
EQUIPMENT MVP. RAD.

EQUIPMENT ACCEPTANCE CERTIFICATE

The undersigned hereby certifies that all equipment has been delivered and installed per the terms of the agreement between the General Electric Company and LUMBERTON RADIOLOGY ASSOCS. PA. All terms and conditions of this agreement have been met and payment in full shall be forthcoming.

FOR GENERAL ELECTRIC:

Signed: [Signature]
Service Representative

Date 8-18-88

Signed: [Signature]
Sales Representative

Date 9/2/88

FOR CUSTOMER:

Signed: [Signature]
Representative

Title Radiologist Assistant

Date 8/18/88

**PHILIPS****Philips Medical Systems**

710 Bridgeport Avenue, Shelton, Connecticut 06484 (203) 926 • 7674

PROPOSAL FOR: PHILIPS MAMMODIAGNOST UC**PRESENTED TO:** LUMBERTON RADIOLOGY ASSOC
ATTN: MIKE NEWTON - ADMIN.
WEST 27TH STREET
LUMBERTON, NC 28358**DATE OF QUOTATION:** JUNE 03, 1991**QUOTATION NO:** 0580346970B**DELIVERY TERMS:** F.O.B. POINT OF SHIPMENT, FREIGHT
PREPAID AND ABSORBED**WARRANTY TERMS:** 6 MONTHS STANDARD**PAYMENT TERMS:** 10% DOWN PAYMENT WITH ORDER,
70% ON DELIVERY OF MAJOR EQUIPMENT AND
20% UPON COMPLETION OF INSTALLATION OR
AVAILABILITY FOR FIRST USE,
WHICHEVER OCCURS FIRST**PURCHASER'S REQUESTED
SHIPPING DATE:** JULY 01, 1991

Philips Medical Systems North America Company is pleased to submit the following quotation for the products described herein at the prices and upon the terms and conditions stated, subject to Customers acceptance of the terms and conditions on the face and reverse hereof within (30) days of the quotation date and further subject to final approval by Philips' Management in Shelton, Ct.

**CONTINGENCIES MUST BE REMOVED 90
DAYS BEFORE SCHEDULED SHIPMENT TO
ASSURE DELIVERY ON SPECIFIED DATE.**

**ADDITIONAL TERMS APPEAR ON THE
REVERSE SIDE OF THIS DOCUMENT.**

PRESENTED BY:T. MCDONNELL
REGION MANAGERV. SCOTT JOHNSON
ACCOUNT MANAGERCAROLINA REGION
805 PRESSLEY RD, SUITE 101
CHARLOTTE, NC 28217

704-527-9420

ANY RIGGING COSTS ARE THE RESPONSIBILITY OF THE PURCHASER

Page 002 of 005

QUOTATION NO. 0580346970B

DATE JUNE 03, 1991

ITEM	QTY	CATALOG NUMBER	DESCRIPTION	PRICE
001	001	FSRS530D	<p>SPECIAL PROMOTION - MAMMO DIAGNOST UC WITH 18 X 24cm AND 24 X 30cm ACCESSORIES</p> <p>System comprises:</p> <p>MAMMO DIAGNOST UC WITH ROM 20 X-RAY TUBE</p> <p>Universal mammography system with programmed or free selection exposure technique for magnified mammograms, grid or contact mammograms with high sensitive film-screen combination and xerography</p> <p>Features:</p> <ul style="list-style-type: none"> -40E cabinet containing the X-ray converter generator and carrying the U-shaped radiographic arc -Ergonomic handgrip control for break release of horizontal, vertical, telescopic, and rotational movements of the arc. Tilting movement is mechanically locked. -Motorized and manual compression can be applied by using several types of compression plates -Object-film table, at the S.I.D. 60cm, contains adjustable improved ionization chamber; prepared for use with different types of cassette holders -Object table for magnification technique -Dedicated converter X-ray generator, exposure voltage selectable from 22-49kV in steps of 1kV; mAs product selectable <ul style="list-style-type: none"> .for small focus 0.1 in 12 steps from 5 mAs up to 63 mAs .for small focus 0.15 in 14 steps from 5 mAs up to 100 mAs .for large focus in 20 steps from 5 mAs up to 400 mAs Selection for focal spots and two film sensitivities -Computerized automatic exposure control AMPLIMAT 26 for programmed exposure technique -ROTALIX tube assembly ROM 20/ROT 206, two focal spots selectable between 0.3 and 0.1 or 0.15. Equivalent anode power 3.0kW and 0.5 or 0.8kW. -Selection of molybdenum or aluminum 	

Page 003 of 005

QUOTATION NO. 0580346970B

DATE JUNE 03, 1991

ITEM	QTY	CATALOG NUMBER	DESCRIPTION	PRICE
			<p>filter for ROTALIX tube assembly</p> <ul style="list-style-type: none"> -Light-beam collimation device to illuminate the exposure field selected -Transparent radiation shield -Set of accessories: <ul style="list-style-type: none"> .Two compression plates, 18 x 24cm, small/straight and medium/straight .One cone for 60 cm S.I.D., 18 x 24cm .One compression plate for spot exposures .One set of film marking plates 18 x 24cm .One set of film marking plates 24 x 30cm .18 x 24cm moving grid .18 x 24cm cassette holder .24 x 30cm moving grid kit -Holder for accessories <p>ACR ACCREDITATION AND QUALITY CONTROL KIT</p> <p>Includes:</p> <ul style="list-style-type: none"> -ACR accreditation phantom -Hand-held, dual color sensitometer -Deluxe hand-held "clamshell" densitometer -Mammography screen-film contact tool -Digital thermometer -Four acrylic blocks - 10cm x 10cm x 2cm thick -Carrying case <p>This proposal includes 2 days of on-site applications training. Further training is available at an additional charge.</p>	

Page 005 of 005

QUOTATION NO. 0580346970B

DATE JUNE 03, 1991

ITEM	QTY	CATALOG NUMBER	DESCRIPTION	PRICE
<p>*** O P T I O N S ***</p> <p>SELECTION OF ANY OPTION/S WILL INCREASE THE CONTRACT PRICE BY THE AMOUNT SHOWN IN THE PRICE COLUMN</p>				
	001	D5303Z1	<p>OPTI-LOCALIZER BIOPSY SYSTEM</p> <p>Includes:</p> <ul style="list-style-type: none"> -Large hole biopsy paddle -Biopsy cone with cross hairs <p>Compatible with Mammo DIAGNOSTS U, UM, and UC</p>	\$1,128
	2 002 VST	D5304C	<p>THIN CASSETTE ADAPTER FOR AGFA-GEVAERT, DU PONT, KODAK, 3M, AND FUJI 18 x 24cm DAYLIGHT CASSETTES For use with magnification tower, cassette holder, and moving grid when incorporated on the Mammo DIAGNOSTS UC and UM.</p>	<p>\$227 \$454 VST</p>
	2 002 VST	D5304D	<p>24 x 30cm ADAPTER SET FOR THIN CASSETTES</p>	<p>\$248 \$480 VST</p>

Page 004 of 005

QUOTATION NO. 0580346970B

DATE JUNE 03, 1991

ITEM	QTY	CATALOG NUMBER	DESCRIPTION	PRICE
			TOTAL NET PRICE	\$69,600
			toppings from (1) D530321	\$ 1,128
			Page 5 (2) D5304C	\$ 454
			(2) D5304D	\$ 480
				<hr/>
				\$71,662
				- 7,662
				<hr/>
				7,662 Dr.
				<hr/>
				= 64,000.00
				DUE
				<i>John Johnson</i>
			<i>MAKESON</i>	
			PURCHASER APPROVAL AS QUOTED	
			<i>Rad Asst</i>	<i>6/4/91</i>
			TITLE	DATE

FROM
LUMBERTON RADIOLOGICAL ASSOCIATES, P.A.
 FREEMAN A. BERNE, M.D. CARL W. HOFFMAN, M.D.
 BOYD B. GASQUE JR., M.D.
 P.O. DRAWER 1527 200 WEST 27TH STREET
 LUMBERTON, N.C. 28358 PHONE: 919-736-8228 LUMBERTON, N.C. 28358

PURCHASE ORDER

No 10119

THIS NUMBER MUST APPEAR ON ALL
 CORRESPONDENCE, INVOICES,
 SHIPPING PAPERS AND PACKAGES.

Philips

DATE OF ORDER	WHEN TO SHIP	SHIP VIA	F.O.B. POINT	FOR OFFICE USE ONLY	
6-5-91					
QUANTITY ORDERED	PLEASE ENTER OUR ORDER IN ACCORDANCE WITH PRICES, DELIVERY, AND SPECIFICATIONS		PRICE	DATE RECEIVED	QUANTITY RECEIVED
1	mammo Diagnost UC Payment Terms = 10% Down w/ order 70% Upon Delivery 20% Upon Completion of Installation Total =		7,166.00 71,662.00		

APPROVED BY MN
 LUMBERTON RADIOLOGICAL ASSOCIATES, P.A.

<p>FOR FDA USE ONLY</p>	<p>DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION</p> <p>REPORT OF ASSEMBLY OF A DIAGNOSTIC X-RAY SYSTEM</p>	<p><small>Form Approved; OMB No. 0910-0217. Expiration Date: December 31, 1997. See reverse for OMB statement.</small></p> <p style="font-size: 2em; font-weight: bold;">C 893206</p>
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1. EQUIPMENT LOCATION		2. ASSEMBLER INFORMATION	
<p>a. NAME OF HOSPITAL, DOCTOR OR OFFICE WHERE INSTALLED <u>LUMBERTON RADIOLOGY ASSOC</u></p>		<p>a. COMPANY NAME <u>PHILIPS MEDICAL SYSTEMS</u></p>	
<p>b. STREET ADDRESS <u>709 WEST 27TH ST</u></p>		<p>b. STREET ADDRESS <u>805 PRESSLEY RD SUITE 101</u></p>	
<p>c. CITY <u>LUMBERTON</u></p>	<p>d. STATE <u>NC</u></p>	<p>c. CITY <u>CHARLOTTE</u></p>	<p>d. STATE <u>NC</u></p>
<p>e. ZIP CODE <u>28359</u></p>	<p>f. TELEPHONE NUMBER <u>919 738 8222</u></p>	<p>e. ZIP CODE <u>28217</u></p>	<p>f. TELEPHONE NUMBER <u>704 527 9420</u></p>

3. GENERAL INFORMATION

a. THIS REPORT IS FOR ASSEMBLY OF CERTIFIED COMPONENTS WHICH ARE (Check appropriate box(es))

<input checked="" type="checkbox"/> NEW ASSEMBLY - FULLY CERTIFIED SYSTEM	<input type="checkbox"/> REPLACEMENT COMPONENTS IN AN EXISTING SYSTEM
<input type="checkbox"/> REASSEMBLY - FULLY CERTIFIED SYSTEM	<input type="checkbox"/> AN ADDITION TO AN EXISTING SYSTEM
<input type="checkbox"/> REASSEMBLY - MIXED SYSTEM (Both certified and uncertified components)	

b. INTENDED USE(S) (Check Applicable box(es))

<input type="checkbox"/> GENERAL PURPOSE RADIOGRAPHY	<input type="checkbox"/> PODIATRY	<input type="checkbox"/> CT HEAD SCANNER	<input type="checkbox"/> DENTAL PANORAMIC
<input type="checkbox"/> GENERAL PURPOSE FLUOROSCOPY	<input type="checkbox"/> UROLOGY	<input type="checkbox"/> CT WHOLE BODY SCANNER	<input type="checkbox"/> RADIATION THERAPY SIMULATION
<input type="checkbox"/> TOMOGRAPHY (Other than CT)	<input checked="" type="checkbox"/> MAMMOGRAPHY	<input type="checkbox"/> HEAD - NECK (Medical)	<input type="checkbox"/> C-ARM FLUOROSCOPIC
<input type="checkbox"/> ANGIOGRAPHY	<input type="checkbox"/> CHEST	<input type="checkbox"/> DENTAL - INTRAORAL	<input type="checkbox"/> DIGITAL
	<input type="checkbox"/> CHIROPRACTIC	<input type="checkbox"/> DENTAL - CEPHALOMETRIC	<input type="checkbox"/> OTHER (Specify in comments)

c. THE X-RAY SYSTEM IS (Check one)

STATIONARY

MOBILE

d. THE MASTER CONTROL IS IN ROOM
MAMMOGRAPHY ROOM

e. DATE OF ASSEMBLY
7 10 91
(mo.) (day) (yr)

4. COMPONENT INFORMATION (If additional space is needed for this section use another form, replacing the preprinted number with this Form Number and complete Items 1, 4, and 5 only)

<p>a. THE MASTER CONTROL IS</p> <p><input checked="" type="checkbox"/> NEW INSTALLATION</p> <p><input type="checkbox"/> EXISTING (Certified)</p> <p><input type="checkbox"/> EXISTING (Non-certified)</p>	<p>b. CONTROL MANUFACTURER <u>PHILIPS MEDICAL SYSTEMS</u></p> <p>c. CONTROL MODEL NUMBER <u>9848 000</u></p>	<p>d. CONTROL SERIAL NUMBER <u>91, 6013</u></p> <p>e. SYSTEM MODEL NAME (CT Systems Only)</p>
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Complete the following information for the certified components listed below which you installed. For beam limiting devices, table, and CT gantries enter the manufacturer and Model number in the indicated spaces. For other certified components, enter in the appropriate blocks how many of each you installed in this system.

1. SELECTED COMPONENTS				9. OTHER CERTIFIED COMPONENTS <small>(Enter number of each installed in appropriate blocks)</small>	
BEAM LIMITING DEVICE	MANUFACTURER	MODEL NUMBER	DATE MANUFACTURED	<input checked="" type="checkbox"/> X-RAY CONTROL	<input type="checkbox"/> CRANIE
	PHILIPS MEDICAL	4512128 01221	2/91		<input type="checkbox"/> FILM CHANGER
TABLES	MANUFACTURER	MODEL NUMBER	DATE MANUFACTURED	<input type="checkbox"/> HIGH VOLTAGE GENERATOR	<input type="checkbox"/> IMAGE INTENSIFIER
	PHILIPS MEDICAL	4512128 01361	2/91	<input type="checkbox"/> VERTICAL CASSETTE HOLDER	<input type="checkbox"/> SPOT FIRM DEVICE
CT GANTRIES	MANUFACTURER	MODEL NUMBER	DATE MANUFACTURED	<input checked="" type="checkbox"/> TUBE HOUSING ASSEMBLY <small>(Medical)</small>	<input type="checkbox"/> OTHER (Specify)
	MANUFACTURER	MODEL NUMBER	DATE MANUFACTURED	<input type="checkbox"/> DENTAL TUBE HEAD	

5. ASSEMBLER CERTIFICATION

I affirm that all certified components assembled or installed by me for which this report is being made, were adjusted and tested by me according to the instructions provided by the manufacturer(s), were of the type required by the diagnostic x-ray performance standards (21 CFR Part 1020), were not modified to adversely affect performance, and were installed in accordance with provisions of 21 CFR Part 1020. I also affirm that all instruction manuals, and other information required by 21 CFR Part 1020 for this assembly have been furnished to the purchaser and within 15 days from the date of assembly, each copy of this report will be distributed as indicated at the bottom of each copy.

<p>a. PRINTED NAME <u>Norin White</u></p>	<p>b. SIGNATURE </p>	<p>c. DATE <u>7-10-91</u></p>
<p>d. COMMENTS</p>		



April 10, 1992

Privileged and Confidential
Peer Review Information

Freeman A. Berne, M.D.
Lumberton Radiological Associates
P.O. Drawer 1527
209 West 27th Street
Lumberton, NC 28359

Dear Dr. Berne:

SUBJECT: ACR Mammography Accreditation ID# 0269
Lumberton Radiological Associates

Unit 2: Philips, MammoDiagnost UC, 1991

The Committee on Mammography Accreditation is pleased to inform you that the above captioned mammographic unit(s) has/have been accredited by the American College of Radiology for a period of three years. Standardized scoring procedures were used in the review of the phantom images by three radiological physicists and of all mammograms by two radiologists. The clinical mammograms must be passed by both reviewers in order to receive accreditation.

The dose could be no more than 300 mRad per dosimeter for a 2 view per breast exam. Total average glandular dose per breast may not exceed 600 mRads. The phantom image must have an average score of 4.0 fibers, 3.0 speck groups, and 3.0 masses. THE UNIT(S) MET THE PHANTOM EVALUATION CRITERIA.

For each unit, the dose and phantom image information is as follows:

Unit 2: Average glandular dose = 128 mRad

Average phantom image scores

fibers = 5.5
specks = 3.0
masses = 3.7

THE UNIT(S) ALSO MET THE CLINICAL IMAGE CRITERIA. However, the reviewers did have comments which might be helpful in further improving the quality of your services. These are enclosed on a comments summary sheet for the above captioned unit(s). During the review each category was scored for each film.

A M E R I C A N C O L L E G E O F R A D I O L O G Y

1891 Preston White Drive, Reston, Virginia 22091 (703) 648-8900

Freeman A. Berne, M.D.

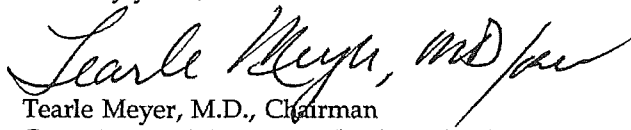
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It is expected that you will continue to maintain this level of quality in the mammography that you perform and the Committee may conduct random review of any accredited facility as a measure of such continuing quality. The Mammography Accreditation Committee sincerely hopes you will find the accreditation information helpful and that you will proudly display the enclosed certificate.

The North Carolina Division of the American Cancer Society will be notified of this accreditation.

Sincerely yours,



Tearle Meyer, M.D., Chairman
Committee on Mammography Accreditation

paw

Enclosures

DEC 16 1991



0269 Unit 2 T1 TEST IMAGE DATA SHEET
Model: Philips DiagUC 1991
TLD# F00 9616A Ctrl# C00 5389A

Facility: 0269
Mammographic Unit#: 2
Phantom Serial#: 101148

TEST IMAGE DATA SHEET

Please complete one copy of this data sheet for each mammographic unit being evaluated. All information requested on this data sheet must be accurately specified.

- For this mammographic unit, enter the number of the DOSIMETER used on the test image submitted to the ACR at the above address: F009616A
- Manufacturer of the unit being evaluated: Phillips
Model name and number: Mammo Diagnost UC
Year manufactured: Jan. 1991
Location of unit (room and clinic or hospital name): office
- Routine screening technique for 4.5 cm breast (compressed thickness)
Image receptor: _____ xeroradiography film/screen

Type of film (use code): 11 Type of screen (use code): 5

Types of film:

- 1= Agfa-Mamoray
- 2= Dupont LDS
- 3= Dupont LDT
- 4= Dupont Microv
- 5= Dupont MRF31
- 6= Dupont SR329
- 7= Fuji - MI
- 8= Kodak Min-R(OM)
- 9= Kodak Min RE
- 10= Kodak Min RH
- 11= Kodak Min RM
- 12= Kodak Min RT
- 13= Konica, CM
- 14= Other (Specify: _____)

Types of screen:

- 1= Dupont LD/2
- 2= Dupont Lo Dose
- 3= Kodak Min-R Fast(Double Sided Screen)
- 4= Kodak Min-R Medium(Single Sided Screen)
- 5= Kodak Min-R(Single Sided Screen)
- 6= Konica, Monarch
- 7= Other (Specify: _____)

Grid Used: Yes No If yes Moving Fixed

Tube Target: molybdenum tungsten

Exposure Control: Automatic (phototimed) manual

Processor is dedicated Yes No

Processor type: Kodak M6AN (Make & Model) time used (seconds): 90sec temperature: 95°

4. Technique factors used for exposure of the phantom test image:

kVp setting used: 25 mA setting used: N/A Filtration used: MO
m m .03

Exposure time used (seconds) N/A mAs setting used: 115 mas

Focal spot size used: 0.1mm

5. Print name of individual completing this form, date, and telephone number.(including area code):

Name: MA Newfar Date: 12/5/91 Phone: 919 7388222

Do not write below: Office use only

Pass	Fail	Avg gland dose:	Exp:	HVL:	TLD:
Pass	Fail	Fibers	Rev #1	Rev #2	Rev #3
Pass	Fail	(4.0)	_____	_____	_____
Pass	Fail	Specks	_____	_____	_____
Pass	Fail	Masses	_____	_____	_____
Reviewer	_____	_____	_____	_____	_____
Date	_____	_____	_____	_____	_____
Comments attached?	_____	_____	_____	_____	_____

ilm Density: _____