

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

November 25, 2014

Lisa Griffin 2085 Frontis Plaza Drive Winston-Salem, NC 27103

No Review

Facility or Business: Novant Health Thomasville Medical Center

Project Description: A

Acquire CT scanner

County:

Davidson

FID #:

923112

Dear Ms. Griffin:

The Certificate of Need Section (CON Section) received your letter of November 12, 2014 regarding the above referenced proposal. Based on the CON law in effect on the date of this response to your request, the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that if the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

Moreover, you need to contact the Construction Section of the Division of Health Service Regulation to determine if they have any requirements for development of the proposed project.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Certificate of Need Section. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.



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Lisa Griffin November 25, 2014 Page 2

Please contact the CON Section if you have any questions. Also, in all future correspondence you should reference the Facility I.D. # (FID) if the facility is licensed.

Sincerely,

Kim Randolph, Project Analyst

Martha J. Frisone, Interim Chief

Certificate of Need Section

cc: Medical Facilities Planning Branch, DHSR

Construction Section, DHSR



November 12, 2014

Ms. Kimberly Randolph, Project Analyst
North Carolina Division of Health Service Regulation
Certificate of Need (CON) Section
809 Ruggles Drive
Raleigh, North Carolina 27603

Re: Relocation and Replacment Equipment Exemption Request; CT Scanner at Novant Health Winston Salem Healthcare (WSHC; Forsyth County) to be Relocated to Novant Health Thomasville Medical Center (TMC; Davidson County)

Dear Ms. Randolph:

This letter outlines Novant Health's project to relocate an existing 40-slice CT scanner from Winston Salem Healthcare (WSHC), a Novant Health entity, to replace an existing 4-slice CT Scanner at Novant Health Thomasville Medical Center (TMC). The existing, outdated CT scanner at TMC will be taken out of service and de-installed by International Medical Services located in Fort Mill, South Carolina (See Attachment F).

The total project costs related to the relocation of the WSHC CT Scanner to replace the TMC CT Scanner is \$694,721. Included in these project costs is the de-installation, removal, transportation and re-installation of the 40-slice scanner by Siemens (see Attachment D). Also included as Movable Equipment related to relocation of the 40-slice CT from WSHC are fluoroscopy component upgrades, including an injector stand. The quotes for these items are included in Attachment E. These upgrades are necessary to bring the 40-slice CT, which was used exclusively in an outpatient clinic setting, to the current standard of care for CT Imaging in an acute care hospital setting at TMC.

The project cost does not include: sales, property or excise taxes since TMC is a non-profit, tax-exempt organization and is not subject to these taxes. Since this is a relocation of an existing CT scanner to replace an outdated CT Scanner, the only training necessary is related to the fluoroscopy upgrades. This expense is included in the total project costs and is indicated on Attachment E. The existing equipment at TMC to be removed by International Medical Equipment & Services (see Attachment F) and will then be removed from the state by the vendor who is located in Fort Mill, South Carolina.

Both the existing TMC CT and the relocated WSHC CT are comparable medical equipment as explained on the following page. This project should be approved by the Agency as exempt pursuant to N.C.G.S. Section 131E-184(a)(7).

This exempt project will replace a functionally similar equipment item and will not increase the inventory of approved CT scanners in Davidson County. As a result there will be one less CT Scanner in Forsyth County. The relocated CT scanner is consistent with the replacement equipment definition at 10 NCAC 03R.0214(d) which states that the

Ms. Kimberly Randolph November 12, 2014 Relocation & Replacement Equipment Request – NHTMC CT Scanner Page 2

replacement equipment is comparable to the equipment being replaced if it has the same technology as the equipment currently in use, although it may possess expanded capabilities due to technological improvements. As previously noted, the relocated CT Scanner will be upgraded for fluoroscopy which is the standard of care and equipment for CT Scanners to be used in an acute care hospital setting at TMC.

Pursuant to 10A NCAC 14C.0303 the proposed CT scanner constitutes replacement equipment because:

- 1. It is comparable to the equipment currently in use. It has the same technology as the equipment currently in use, although it does possess expanded capabilities (fluoroscopy component upgrades to the 40-slice CT Scanner) due to the technological improvements.
- 2. It is functionally similar and is used for the same diagnostic or treatment purposes as the equipment currently in use and is not used to provide a new health service.
- 3. The acquisition of the new equipment will not result in more than a 10% increase in patient charges or per procedure operating expenses within the first twelve months after the replacement equipment is acquired.
- 4. The existing equipment was not purchased second-hand nor was the existing equipment leased.
- 5. The replacement equipment is not capable of performing procedures that will result in the provision of a new health service or type of procedure that has not been provided with the existing equipment.

Attached for your convenience please find:

- 1) Project/capital cost schedule which identifies the components of the project costs (Attachment A);
- 2) the NC CON equipment comparison form summarizing essential information about the proposed equipment relocation & replacement (Attachment B);
- 3) a certified estimate of related construction costs from an independent licensed North Carolina architect (Attachment C);
- .4) a vendor quote related to the de-installation of the WSHC 40-Slice CT Scanner (Attachment D):
- 5) vendor quotes related to upgrades to the 4-Slice CT Scanner (Attachment E) and,
- 6) vendor quote related to the de-installation & disposal of the 4-Slice CT Scanner (Attachment F).

TMC's acquisition of the relocated CT scanner does not require a certificate of need because none of the definitions of "new institutional health service" set forth in N.C.GS Section 131E-176(16) is implicated. As discussed above, the total cost for the project is \$694,721. This is well below the \$2 million dollar statutory exemption threshold for

Ms. Kimberly Randolph November 12, 2014 Relocation & Replacement Equipment Request – NHTMC CT Scanner Page 3

replacement equipment. This includes the cost of the equipment, as well as studies, surveys, designs, plans, working drawings, specifications, construction installation and other activities essential to making the equipment operational (such as staff training).

In conclusion, based on the information described above, please confirm that Novant Health's relocation of its CT Scanner from WSHC to replace the CT Scanner at TMC does not constitute a "new institutional health service" and does fit within the replacement equipment exemption definition. Therefore, the project is not subject to certificate of need review.

Please let us know as soon as possible if you need additional information to assist in your consideration of this request. Thank you for your prompt consideration of this request.

Sincerely,

Lisa Griffin

Manager, Certificate of Need Financial Planning and Analysis

Novant Health, Inc.

Enclosures

cc: Barbara Freedy, Director, CON, Novant Health

Laura MacFadden, Vice President, Design & Construction, Novant Health

File: NHTMC Relo&REER Cover Letter 11114.doc

Attachment A

PROPOSED CAPITAL COSTS

Project Name:

Relocate WSHC 40-Slice CT to NHTMC

12-Nov-14

Proponent:

Novant Health Thomasville Medical Center

| A. | Site C | <u>osts</u> | | | | |
|----|--------------|--|------------|--|------------------|------------|
| | (1) | Full purchase price of land Acres Price per Acre | | | \$ N/A \$ N/A | |
| | (2) | Closing Costs | | | \$ N/A | |
| | (2) | Site Inspection and Survey | | | \$ N/A | |
| | (3) | | | | \$ N/A | |
| | (4) | Legal fees and subsoil investigation | ¢. | | Ψ | - |
| | (5) | Site Preparation Costs | \$ | | | |
| | | Soil Borings | \$ | | | |
| | | Clearing Earthwork | \$ | | | |
| | | Fine Grade For Slab | \$ | | | |
| | | Roads Paving | \$ | | | |
| | | Concrete Sidewalks | \$ | | | |
| | | Water and Sewer | \$ | | | |
| | | Footing Excavation | \$ | | | |
| | | Footing Backfill | \$ | | | |
| | | Termite Treatment | \$ | | | |
| | | Sub-Total Site Preparation Costs | | | \$ <u>N/A</u> | |
| | (6) | Other (specify) | | | \$ N/A | <u>+</u> |
| | (7) | Sub-Total Site Costs | | | \$ 0.00 | <u>)</u> |
| В. | Const | ruction Contract | | | | REF. |
| | (8) | Cost of Materials | | | \$ 198,732.00 | D ATTACH C |
| | (9) | Cost of Labor | | | \$ 132,489.00 | |
| | (10) | Other: De-install & Relo Siemens 40-S | lice CT | | \$ 47,530.50 | |
| | (11) | Sub-Total Construction Contract | | | \$ 378,751.50 | 2000 |
| | , . | | | | , | |
| C. | <u>Misce</u> | Ilaneous Project Costs | | | | |
| | (12) | Building Purchase | | on order | \$N// | |
| | (13) | Fixed Equipment Purchase/Lease (Fux | ocomp w | Jugues) | | o Amount E |
| - | | Other: FMV of 40-Slice CT being reloca | ated | | \$ 140,765.00 | 2 ATTACH B |
| | | FMV of Old 4-Slice per Internation | | 1 | \$ 12,500.00 | OMINON F. |
| | (14) | Movable Equipment Purchase/Lease (Inject | tor Stand) | | \$ 1,700.0 | O Altach & |
| | (15) | Furniture | | | \$ N/A | 4 |
| | (16) | Landscaping | | | \$ N/A | 4 |
| | (17) | Consult Fees | | | | |
| | | Architect and Engineering Fees | \$ | 38,500.00 | Arch Letter | MINCH C |
| | | Legal Fees | \$ | N/A | | • |
| | | DHSR review fee | \$ | 0.00 | | |
| | • | Other (Med gas testing, Special Inspections, etc.) | \$ | 0.00 | | |
| | | Sub-Total Consultant Fees | | ************************************** | \$ 38,500.0 | 0 |
| | (18) | Financing Costs (e.g. Bond Loan, etc) | | | \$ N// | Ā |
| | (19) | Interest During Construction | | | \$ N/A | |
| | (20) | Other: | | | | |
| | (2.0) | IT | \$ | 0.00 | | |
| | | Contingency | \$ | 60,132.43 | | |
| | | Sub-Total Other | Ψ. | | \$ 60,132.4 | 3 |
| | (21) | Sub-Total Miscellaneous | | | \$ 315,969.4 | |
| | | Total Capital Cost of Project (Sum A | -C ahove) | | \$ 694,720.9 | |
| | (22) | Total outlier cost of Froject (outli / | - Junovej | | Ψ υυν, εκυιυ | ~[|

Attachment B

| Thomasville Medical Center – CT Scanner/Radiology Department | EXISTING EQUIPMENT | REPLACEMENT EQUIPMENT |
|---|------------------------------------|------------------------------------|
| | (4-slice @ TMC) | (40-slice relo fr WSHC to TMC) |
| Type of Equipment (List Each Component) | CT Scanner (4 slice) | CT Scanner (40 slice) |
| Manufacturer of Equipment | Siemens | Siemens |
| Tesla Rating for MRIs | n/a | n/a |
| Model Number | Somatom Volume Zoom | Sensation 40 |
| Serial Number | 1949 | 3722 |
| Provider's Method of Identifying Equipment (TMC uses an internal numbering system to identify equipment.) | Internal Asset Numbering System | Internal Asset Numbering System |
| Specify if Mobile or Fixed | Fixed | Fixed |
| Mobile Trailer Serial Number/VIN # | n/a | n/a |
| Mobile Tractor Serial Number/VIN # | n/a | n/a |
| Date of Acquisition of Each Component | 2/15/2002 | 2006 Original Purchase |
| Does Provider Hold Title to Equipment or Have a Capital Lease? | Title | Title |
| Specify if Equipment Was/Is New or Used When Acquired | New | New |
| Total Capital Cost of Project (Including Construction, etc.) <use attached="" form=""></use> | \$983,029 | 694,721 |
| Total Cost of Equipment | \$983,029 (Orig) | \$989,184 (Orig) |
| Fair Market Value of Equipment | \$12,500 | \$140,765 |
| Net Purchase Price of Equipment | \$12,500 | \$140,765 |
| Locations Where Operated | Radiology Dept. | Radiology Dept. |
| Number Days In Use/To be Used in N.C. Per Year | 365 | 365 |
| Percent of Change in Patient Charges (by Procedure) | None | None |
| Percent of Change in Per Procedure Operating Expenses (by Procedure) | None | None |
| Type of Procedures Currently Performed on Existing Equipment | CT Imaging | |
| Type of Procedures New Equipment is Capable of Performing | | CT Imaging |

Attachment C



October 27, 2014

Mr. Jeff Bailey
Construction Project Manager
Novant Health, Inc.
Construction & Facility Services
3600 Country Club Road, Suite 102
Winston-Salem, North Carolina 27104

Re:

Novant Health, Inc.

Thomasville Medical Center

CT Equipment Replacement (relocate from WSHC)

Thomasville, North Carolina

Dear Jeff:

We have prepared our estimate for the Thomasville Medical Center CT Equipment Replacement (relocate from WSHC). We estimate the construction labor cost will be \$198,732.00 and the construction material cost will be \$132,489.00. Therefore we estimate the total construction cost to be \$331,221.00.

The architectural and engineering design fees are \$34,000.00 and project reimbursable expenses are \$4,500. Therefore, the total estimated construction cost including architectural and engineering fees and reimbursable expenses is \$369,721.00.

If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Nelson C. Soggs, AIA, LÉED® AP, Associate

Senior Project Manager

KSQ/Peterson

NCS/jtj

6605-00

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7981 - 79

Attachment D

October 31, 2014

Ms. Roonie Saxon Sr. Director Radiology Acute Care Imaging GWSM 3333 Silas Creek Parkway Winston-Salem, NC 27103

Dear Ms. Saxon

This letter is in response to your request for a price guarantee in reference to the relocation and re-installation of the Siemens Somatom Sensation 40 CT system, FL# 400-185471. This work was quoted at \$47,530.50 on binding quote 1-9QUJI9, dated July 25, 2014. Although the quote indicates pricing is valid for 30 days, Siemens can extend this price through March 19, 2015. Please attach this letter to the quote for your records. The same will be done at Siemens.

Thank you for selecting Siemens as your equipment and service provider and thank you for the opportunity to relocate this system.

Sincerely,

Steve Tole

Regional Service Manager Siemens Medical Solutions

St S. Th

336,210,6036 mobile

SIEMENS

District/Sales Office Siemens Medical Solutions USA, inc. 4800 North Point Parkway, Suite 300 Alpharetta, GA 30022

Attn: Steve Tole

Phone: 336-210-6036 cell Email: steve.tole@slemens.com Proposal # 1-9QUJI9
Inquiries regarding this proposal
should refer to proposal number,
Indicate services purchased, and be
directed to the District/Sales Office.

Customer NOVANT HEALTH INC 3333 SILAS CREEK PKWY WINSTON-SALEM, NC 27103 Functional Location: 400-185471

Siemens Medical Solutions USA, Inc. is pleased to submit the following two-page quotation for the products and services described herein at the stated prices and terms, subject to Customer's acceptance of the terms and conditions on all pages hereof.

| Item | Qty | Catalog No. | Description of Products and/or Services | Price |
|------|--|-------------|---|-----------------------|
| I | 1 | n/a | De-Install, remove, relocate, and re-Install the following equipment: Slemens Somatom Sensation 46 FL# 400-185471 — HO-MICL | \$47,530.50 |
| | Activities and a second a second and a second a second and a second and a second and a second and a second an | | Includes the de-installation, removal, Iransport, and re-installation of the CT Equipment from its current location in facility at 250 Charlois Bivd, Winston Salom NC to Thomasville Medical Center, Thomasville, NC. | |
| | | | includes the materials and parts necessary to install the equipment in the new location, as well as set-up and calibration of the equipment as required. Includes state-required electrical leakage testing. | |
| | | | Includes transport only of associated chiller from current location and placement at destination. Customer is responsible to disconnect/de-install, provide access to, and make chiller ready for transport. Customer is responsible for chiller mechanical installation including plumbing, electrical connection, and start-up of chiller at the destination. | |
| | | | Includes transport only of injector hardware. Customer is responsible for installation, start-up, and calibration of injector at destination. | |
| | | | If this quotalibn does not include room renovallens of restorations! environmental, electrical or other utility plans, requirements or modifications; of structural modifications. | |
| | | | Original interconnecting cable and high tension cable will be used for the re- installation to the extent possible. Should additional cables be required, Siemens will supply the cables at the customer's expense. | |
| | | | Power supplied to the new room, as well as all site preparations, is the responsibility of the Customer and should comply with supplied site specification drawings. | Total: \$47,530.50 |
| | 1 | i i | l 🕶 | 1 |

F.O.B.: US Shipping Point Only. Freight charges and taxes, if any, are payable upon receipt of invoice.

Torms of payment: Net 30 days from invoice date. Past due payment is subject to 1.5 % interest charge per month.

| Slemens Medical Solutions USA, Inc. | Customer's Acceptance |
|--|-----------------------|
| By (Signaturo) | By(Signature) |
| Vanvixa Inihalasy, ISS Service Manager VANULY (L. MTHALLER L. Salo) Support Name aut-11116 | Name and Title |

Greatod: 7/26/2014 4:34:39 PM

L088-3 CX RC-US (INVCP) Equipment Relocation

Page 1 of 3

| | | | | Acceptan | ce Date: | | |
|----------------------------|--|---|--|----------|----------|-----|--|
| This proposal is valid for | or 30 days. Agreeme | nt bacomes effe | ctive upon Custor | | | | |
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SIEMENS

Siemens Medical Solutions USA, Inc. 51 Valley Stream Parkway, Malvern, PA 19355

SIEMENS REPRESENTATIVE Jacob Kruger - (828) 332-2551

PRELIMINARY PROPOSAL

FINANCING: The equipment listed above may be financed through Siemens. Ask us about our full range of financial products that can be tailored to meet your business and cash flow requirements. For further information, please contact your local Sales Representative.

Siemens Healthcare is pleased to submit this Preliminary Pricing Proposal. A Preliminary Pricing Proposal is provided for planning purposes only; it is not contractually binding. To receive a contractually binding proposal for the Products listed above, inclusive of Terms, Conditions, and Warranty coverage, please contact your Siemens Healthcare Sales Representative.

Siemens Healthcare

Jacob Kruger (828) 332-2551 jacob.kruger@siemens.com

Attachment E

SIEMENS

Siemens Medical Solutions USA, Inc. 51 Valley Stream Parkway, Malvern, PA 19355

SIEMENS REPRESENTATIVE Jacob Kruger - (828) 332-2551

PRELIMINARY PROPOSAL

Customer Number: 0000005455

THOMASVILLE MEDICAL CENTER 207 OLD LEXINGTON ROAD THOMASVILLE, NC 27360 Fluoro upgrades

Date: 11/3/2014

The following quote configuration is only valid for Siemens' system with functional location #400-185471.

Valid only with a PET purchase.

Quote Nr:

1-8FD40E Rev. 0

SOMATOM Sensation 64,40,Open eco - Upgrades and Options for Installed Base

All items listed below are included for this system: (See Detailed Technical Specifications at end of Proposal.)

| Qty | Part No. | Item Description |
|-----|------------------------------|---|
| 1 | 14407508 | RS Advanced Intervention incCAREVision Advanced Intervention is the biopsy mode combined with CARE Vision designed for a fast and intuitive workflow for all fluoroscopic interventional procedures. |
| 1 | 14405926 | RS Table-side Control #S The "Table-side control" option supports CT interventions and CT fluoroscopy (CARE Vision CT) and allows the user to control the CT system directly from the examination room. |
| 1 | 14429899 | RS 2nd add. 19" Flat Screen Monitor |
| : | | Additional high-resolution color flat screen monitor for parallel image viewing, e.g. in the examination room or the physician's office. The option includes a second high resolution, flicker-free, 19-inch (48 cm) color flat panel display, video transmitter, video receiver with power supply and power cable. |
| 1 | 14429895 | RS Connection 36 m |
| | OT 51/50 A.S. | Set of 36-meter-long fiber-optic cables for connection of an additional monitor. |
| 1 | CT_BUDG_AD DL_RIG CT_CCTABCN | Budgetary Add'I/Out of Scope Rigging \$3,000 |
| 1 | OTL_INS | CardiacCTA Boot Camp, Physician, No T&L |
| | ٠. | This one-and-a-half-(1.5) day physician led workshop provides radiologists and cardiologists hands on opportunity to interpret 50 cardiac case studies which are necessary to maintain cardiac competency. Training includes hands-on supervised work on Siemens syngo via Thin Client (r) workstations led by physician experts in the field of cardiovascular CT. Tuition is for one physician attendee. Travel and lodging not included. This educational offering must be completed by the later of (12) months from purchase or install end date. If training is not completed within the applicable time period, Siemens obligation to provide the training will expire without refund. |
| 1 | CT_ADD_32_I NS | Additional onsite training 32 hours |
| 1 | 110 | Up to (32) hours of on-site clinical education training, scheduled consecutively (Monday - Friday) during standard business hours for a maximum of (4) imaging professionals. Training will cover agenda items on the ASRT approved checklist. Uptime Clinical Education phone support is provided during the warranty period for specified posted hours. This educational offering must be completed (12) months from date of purchase order. If training is |

not completed within the applicable time period, Siemens obligation to provide the training will expire without refund.

SIEMENS

Siemens Medical Solutions USA, Inc. 51 Valley Stream Parkway, Malvern, PA 19355

SIEMENS REPRESENTATIVE Jacob Kruger - (828) 332-2551

PRELIMINARY PROPOSAL

Qty Part No.

Item Description

14429915

RS Monitor Cart for CARE Vision

Mobile equipment cart for the accommodation and safe installation of one monitor in the examination room.

System Total:

\$62,372

Bayer HealthCare



Currency: USD

Quotation

Quote To: WINSTON SALEM HEALTHCARE IMAGING 250 Charlois Blvd WINSTON SALEM NC 27103-1508 USA

Bayer HealthCare LLC

Quotation number: 0020012221 Customer number: 0000091913 Date: 10/31/2014

Page:

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Valid from: 10/31/2014 to 12/30/2014

Attn: Louis Frye

704-985-2325 / Irfrye@novanthealth.org

We deliver according to the following terms and conditions:

Terms of payment: Terms of delivery: 30 d. w/o discount of inv. net

Carriage paidFOB DESTINATION

| ltem | Part No | Qty | Unit Price Ud | pM Amount |
|---------------------------|-----------|----------------------|---------------|--------------|
| 1 | 60782251 | 1 PCE | 1,700.00 1 F | PCE 1,700.00 |
| | Net value | D HEIGHT, SHORT, ASM | 1,700.00 | 1,700.00 |
| BPP/SEESENOOSOUN-OHNTHION | | | Sub Tota | al 1,700.00 |
| | | | Total | (1,700.00 |

When applicable, State and Local taxes will be calculated on the order. If you are exempt from taxes, contact customer support at 1(800)633-7231

If pricing and terms of this order are based upon your current Group Purchasing Organization (GPO) affiliation, any change to your current affiliation may require a new quote or updated terms and pricing.

THANK YOU FOR YOUR ORDER

Attachment F

International Medical Equipment & Service, Inc. 8190 Regent Parkway
Fort Mill, SC 29715 USA
Ph. 704-739-3597 | Fax 704-259-4008
Info@IMESimaging.com | www.IMESimaging.com



March 19, 2014 REVISED 10/7/14

Michael Bargesser Radiology Service Manager Novant Health CEMP 1578 Roger Dale Carter Drive Kannapolis, NC 28081

Michael:

We are pleased to make the following offer, subject to full inspection:

Offer to Purchase

Equipment: Amount Offered:

Siemens Somatom Volume Zoom CT Scanner:

\$12,500

- * Dura 532 5.3 MHU tube replaced 12/30/13
- * System installed 2002
- * Total Current Events, rotations, scan seconds, and/or mAs on Gantry: 1,35957(million) scan secs
- * Total Current Slices, rotations, scan seconds, and/or mAs on X-ray Tube: 11715
- * One console
- * SW revision level: VA47C

Terms:

- Offer must be accepted within 30 days
- System removal must be within 90 days

Payment Terms:

- Full payment due prior to removal
- Seller to provide clear evidence of title to the equipment

We look forward to working with you. Please let us know if you have questions or comments.

Regards,

Trey McIntyre Page 1 of 2 International Medical Equipment & Service, Inc. 8190 Regent Parkway Fort Mill, SC 29715 USA Ph. 704-739-3597 | Fax 704-259-4008 Info@IMESimaging.com | www.IMESimaging.com



Purchase Agreement Acceptance

This agreement dated October 7, 2014 by International Medical Equipment & Service (IMES) and Novant Health CEMP is to provide the equipment and services described in the Equipment section of this agreement.

Purchaser agrees to the following terms and conditions: Purchase agreement is subject to a satisfactory system inspection. IMES has the right to cancel agreement if the system is not up to OEM specifications. IMES will be responsible for removal and normal de-installation cost. IMES is not responsible for construction costs to grant clear access to system. For MRI systems only, IMES requires helium levels to be greater than 85% at the time of system removal.

Seller agrees to the following terms and conditions of purchase: to provide system maintenance records, system OEM manuals and software. Seller will provide clear evidence of title purchase; system title to be transferred once payment is received in full. Seller agrees to comply with HIPPA regulations and remove all patient data before system removal.

This offer is valid for thirty days and becomes null and void if not accepted by that date.

By signing this agreement, Seller and Purchaser both agree to terms and conditions referred to herein.

| For and on b | ehalf of International Medical | For and on behalf of Novant Health CEMP Signed | | |
|--------------|--------------------------------|--|--|--|
| Signed | | | | |
| Name | Trey McIntyre | Name | | |
| Title | President | Title | | |

Please return signed documents to Patti Hinson
Phone 704.739.3597, Ext. 4004
Fax 704.259.4008
Email phinson@IMESimaging.com

International Medical Equipment & Service, Inc. 8190 Regent Parkway
Fort Mill, SC 29715 USA
Ph. 704-739-3597 | Fax 704-259-4008
info@IMESimaging.com | www.IMESimaging.com



November 5, 2014

Michael Bargesser Radiology Service Manager Novant Health CEMP 1578 Roger Dale Carter Drive Kannapolis, NC 28081

Re: Siemens Somatom Volume Zoom CT Scanner

Michael:

This letter is to confirm that IMES will use the above-referenced system for parts only.

Please let us know if you need further information.

Best regards,

Trey McIntyre President