



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

August 12, 2015

Brian Moore
509 Biltmore Avenue
Asheville, NC 28801

Exempt from Review – Replacement Equipment

Record #: 1662
Facility Name: Mission Hospital
FID #: 943349
Business Name: Mission Hospital, Inc.
Business #: 1208
Project Description: Replace existing CT scanner
County: Buncombe

Dear Mr. Moore:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your correspondence of April 29, 2015; July 30, 2015; and August 10, 2015, the above referenced proposal is exempt from certificate of need review in accordance with G.S 131E-184(a)(7). Therefore, you may proceed to acquire, without a certificate of need, the Optima CT660 CT Scanner. This determination is based on your representations that the unit will be removed from North Carolina and will not be used again in the State without first obtaining a certificate of need.

Moreover, you need to contact the Agency's Construction and Acute and Home Care Licensure and Certification Sections to determine if they have any requirements for development of the proposed project.

It should be noted that the 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 office and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Julie Halatek
Julie Halatek
Project Analyst

Martha J. Frisone
Martha J. Frisone,
Assistant Chief, Certificate of Need

cc: Construction Section, DHSR
Acute and Home Care Licensure and Certification Section, DHSR
Assistant Chief, Healthcare Planning

Healthcare Planning and Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-715-4413

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



Halatek, Julie F

From: Halatek, Julie F
Sent: Monday, August 10, 2015 8:37 AM
To: 'Karen Roby'
Cc: Brian Moore, Ex Dir Public Policy & Reg Rel
Subject: RE: Checking in re: requests for exemption to replace CT/MRI

Thanks Karen! I'll take a look and if I need anything else I'll let you know!

Julie Halatek
N.C. Department of Health and Human Services
Project Analyst, Healthcare Planning and Certificate of Need Section - Division of Health Service Regulation
809 Ruggles Drive
Raleigh, NC 27603
(Office) 919.855.3873

julie.halatek@dhhs.nc.gov
www.ncdhhs.gov/dhsr

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From: Karen Roby [mailto:Karen.Roby3@msj.org]
Sent: Monday, August 10, 2015 8:35 AM
To: Halatek, Julie F <julie.halatek@dhhs.nc.gov>
Cc: Brian Moore, Ex Dir Public Policy & Reg Rel <Brian.Moore@msj.org>
Subject: RE: Checking in re: requests for exemption to replace CT/MRI

Okay Julie I think I have it now! ☺ The letters match the project capital costs form which match the vendor quotes you already have. I apologize for the confusion and delays.

Thank you, Karen

From: Halatek, Julie F [mailto:julie.halatek@dhhs.nc.gov]
Sent: Monday, August 03, 2015 10:13 AM
To: Karen Roby
Cc: Brian Moore, Ex Dir Public Policy & Reg Rel
Subject: RE: Checking in re: requests for exemption to replace CT/MRI

Karen,

In reviewing the documentation for the MRI, there is a small discrepancy between the letter and the numbers – and it may be a standard part of the cost estimate, but I need the letter to match the estimate or vice versa.

In the revised letter, it states that the cost of the MRI is \$999,999, which is also what is quoted in the estimate. However, on the cost estimate, the listed cost for fixed equipment is \$1,007,999. Additionally, when totaling up the other costs, they amount to \$952,001, and the letter says \$960,001. I know full well that the discrepancy is due to the \$8,000 being included in the cost of the fixed equipment versus the other costs. However, the letter

and the cost estimate don't match. Can you either revise the cost estimate to break out the price of the MRI and then whatever the additional \$8,000 is for, or alternatively, draft a new letter with the figures on the cost estimate (and include a brief statement as to why the price quote says \$999,999 but y'all are saying it's \$1,007,999 on the cost estimate). Also, if you send a letter again, please date it for when you send it (the revised version is still dated April 7).

Additionally, regarding the CT scanner, the letter states the cost is \$457,872, but the price quote says \$456,872. Can you please confirm this is a typo, and therefore the price should be \$456,872, and the total cost estimate should be \$699,000? If it is a typo, please just reply to this email and state that it is a typo – that's all I'll need. If that is not a typo, can you please explain the difference?

Please let me know if you have any questions. Thanks!

Julie Halatek
N.C. Department of Health and Human Services
Project Analyst, Healthcare Planning and Certificate of Need Section - Division of Health Service Regulation
809 Ruggles Drive
Raleigh, NC 27603
(Office) 919.855.3873

julie.halatek@dhhs.nc.gov
www.ncdhhs.gov/dhsr

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From: Karen Roby [<mailto:Karen.Roby3@msj.org>]
Sent: Thursday, July 30, 2015 12:12 PM
To: Halatek, Julie F <julie.halatek@dhhs.nc.gov>
Cc: Brian Moore, Ex Dir Public Policy & Reg Rel <Brian.Moore@msj.org>
Subject: RE: Checking in re: requests for exemption to replace CT/MRI

Julie,

I apologize for the delayed response. I received the letters a couple of days after I sent an email response to you and incorrectly assumed you had everything you needed.

Attached is the Vendor quote for the CT.

I have also attached a revised letter with the costs of the equipment matching the vendor quote. I came up with the original figures by trying to determine what should be included with the equipment and what shouldn't from the attached cost report. The Project Manager has highlighted, in the same cost report, what he included in the projected capital cost report for equipment expenses.

Please let me know if you have more questions,

Again I apologize for the delay and thank you for your patience,

Karen Roby

Rec'd via
email 8/10/15
JFH

March 26, 2015

Martha Frisone, Assistant Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
NC Department of Health and Human Services
2704 Mail Service Center
Raleigh, North Carolina 27699-2704

Re: Mission Hospital, Inc., Facility ID No. B-8605-10
Exemption Notice for Replacement CT Scanner

Dear Martha:

I am writing on behalf of Mission Hospital, Inc. ("Mission") to give notice that it plans to replace an existing Philips CT scanner with comparable new equipment pursuant to N.C. Gen. Stat. § 131E-184.

The existing Philips CT scanner is Brilliance CT scanner, and it was installed on Mission's St. Joseph campus in 2010. Copies of information from the manufacturer regarding its capabilities, the purchase order, and the title are no longer available. The equipment has been in continuous use with the exception of temporary periods due to maintenance and hospital construction.

Attached as Exhibit A is a quote from GE regarding the replacement equipment's capabilities and price. The replacement CT scanner has the same technology as the existing equipment with the technological improvements. The replacement will be used for the same diagnostic and treatment purposes as the existing equipment, and it will not be used to provide a new health service. Attached as Exhibit B is a chart comparing the existing CT scanner with the replacement CT scanner.

As shown on the quote, the purchase price of the CT scanner is \$456,872. The cost of upfitting the space and installing and making operational the CT scanner is \$242,128 as shown on the certified cost estimate attached as Exhibit C. The total cost for the acquisition and installation of the replacement CT scanner will be \$700,000 which is less than \$2 million.

GE Healthcare will be responsible for removal and disposal of the existing CT scanner. Attached as Exhibit D is a letter confirming that GE Healthcare will remove the existing CT scanner from Mission and not place it in use in North Carolina without prior notice and approval.

Martha Frisone, Assistant Chief
Healthcare Planning and Certificate of Need Section
March 27, 2015
Page 2

Based on the information in this letter and the attached documentation, we look forward to receiving your letter confirming that Mission's replacement of an existing CT scanner with a new CT scanner is exempt from certificate of need review pursuant to N.C. Gen. Stat. § 131E-184. If you have any other questions or need additional information, please do not hesitate to call.

Sincerely,

Brian Moore, Director, Executive Director Public Policy

Recd via email
8/10/15 JFH

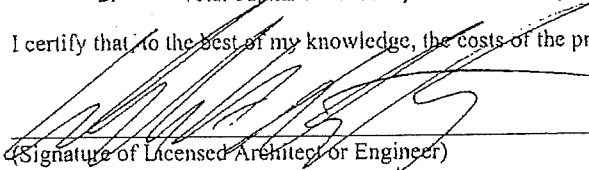
PROJECTED CAPITAL COST

Project Name: New CT Scanner – Memorial campus

Proponent: _____

A. Site Costs			
(1)	Full purchase price of land	\$ _____	
	Acres _____ Price per Acre	\$ _____	
(2)	Closing costs	\$ _____	
(3)	Site inspection and Survey	\$ _____	
(4)	Legal fees and subsoil investigation.	\$ _____	
(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	\$ _____	
	Other (Specify)	\$ _____	
	Sub-Total Site Preparation Costs	\$ _____	
(6)	Other (Specify)	\$ _____	
(7)	Sub-Total Site Costs		\$0
B. Construction Contract			
(8)	Cost of Materials		
	General Requirements	\$ _____	
	Concrete/Masonry	\$ _____	
	Doors & Windows/Finishes	\$ _____	
	Thermal & Moisture Protection	\$ _____	
	Equipment/Specialty Items	\$ _____	
	Mechanical/Electrical	\$ _____	
	Other (Specify)	\$ _____	
	Sub-Total Cost of Materials	\$ 92,400	
(9)	Cost of Labor	\$ 61,600	
(10)	Other (Specify) Drawing reprod./Proj. mgt.	\$ 6,000	
(11)	Sub-Total Construction Contract		\$ 160,000
C. Miscellaneous Project Costs			
(12)	Building Purchase	\$ _____	
(13)	Fixed Equipment Purchase/Lease	\$ 456,872	
(14)	Movable Equipment Purchase/Lease	\$ _____	
(15)	Furniture	\$ _____	
(16)	Landscaping	\$ _____	
(17)	Consultant Fees		
	Architect and Engineering Fees	\$ 18,000	
	Legal Fees	\$ _____	
	Market Analysis	\$ _____	
	Other (Specify) Inspections/ Equip. plan./Est. Schedule/ Test&Balance	\$ 2,500	
	Sub-Total Consultant Fees	\$ 20,500	
(18)	Financing Costs (e.g. Bond, Loan, etc.)	\$ _____	
(19)	Interest During Construction	\$ _____	
(20)	Other (Specify) Record drawings/ Commission/Contingency/Permit & Inspect. fees	\$ 62,628	
(21)	Sub-Total Miscellaneous		\$ 540,000
D.	Total Capital Cost of Project		\$ 700,000

I certify that, to the best of my knowledge, the costs of the proposed project named above are complete and correct.

 _____ Date Certified: 8/7/15
 (Signature of Licensed Architect or Engineer)

I assure that, to the best of my knowledge, the above costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

_____ Date Signed: _____
 (Proponent - Signature of Officer) (Title of Officer)

Project Name: MC - New CT Scanner

Date: 02/24/15

Estimator: N. Chitour

CON
category

A	Site		
	1 land purchase		
	2 closing costs	0	
	3 site insp/survey	0	
	4 legal/subsoil	0	
	5 site prep		
	6 other		
	7 subtotal site		0
B	Construction Contract		
	8 constr cost mat'ls	92,400	
	9 constr cost labor	61,600	
	10 other	6,000	
	11 subtotal constr		160,000
C	Misc Project Costs		
	12 bldg purchase		
	13 fixed equip	456,872	
	14 moveable equip	0	
	15 furniture	0	
	16 landscaping		
	17.1 A/E consultant fees	18,000	
	17.2 legal fees	0	
	17.3 market analysis		
	17.4 other	2,500	
	Subtotal consultant		20,500
	18 finance costs		
	19 interest	0	
	20 other, contingency	62,628	
	21 subtotal misc		540,000
D	total project cost		700,000



**PURCHASE ORDER NUMBER
100019461-0-1**

Our P.O. number, our part number, item nbr, and quantity must appear on all invoices, bills of lading, packing lists, containers, and correspondence relating to this purchase order.

Ship Via:
FOB:
Freight Terms: fob hospital

Payment Terms: net 30, no discount
Due Days: 30

Date: 02/11/2015

Billing Address: 400 Ridgefield Court
Asheville NC 28806

*Rec'd via email
7/30/15 JFH*

Vendor: 2208-A011
GE MEDICAL SYSTEMS
PO BOX 96483
CHICAGO IL 60693-6483

Ship To: Mission Hospital, Inc
400 Ridgefield Court
Asheville NC 28806

Acct Num:
Phone: Fax:

Contact: Rick Kilby fax: 828 257-7121
Phone: 828 257-7130

LINE	QTY	UOM	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
Deliver by February 20, 2015 unless specified by line Purchase Order Currency: US Dollars Invoice by mail Process Level: MSJ PROJECT#02452-0037-02001 PROJECT MANAGER - NAGUIB CHITOUR FOR RADIOLOGY CAT SCAN QUOTE# PR9-C38689 REV.# 6					
1	1.0000	EA	OPTIMA CT660 64 SL SYSTEM W/ASIR Deliver To: RADIOLOGY CAT SCAN Requesting Location: 02452 1.0000 EA Req Comp: 0300 No charge item	0.0000	0.00
2	1.0000	EA	80% DELIVERY TO BE INVOICED Deliver To: RADIOLOGY CAT SCAN Requesting Location: 02452 1.0000 EA Req Comp: 0300	365,497.6000	365,497.60
3	1.0000	EA	20% INSTALLATION TO BE INVOICED Deliver To: RADIOLOGY CAT SCAN Requesting Location: 02452 1.0000 EA Req Comp: 0300	91,374.4000	91,374.40
Order Total:					\$456,872.00

Total Amount: **\$456,872.00**

Refer to Mission Hospital Inc Terms and conditions

Authorized Buyer:

Rick Kilby
Authorized Signature

**MISSION HOSPITAL
TERMS AND CONDITIONS**

2 of 2

1. All electrical equipment must be approved by an accredited agency approved by NCBCC to Label electrical and mechanical equipment. (Article 4 of Chapter 66 of North Carolina General Statutes)
2. Packing Slip must accompany shipment.
3. Packing Slip for drop-ship orders should indicate the original vendor.
4. Two copies each of the User's Manual, Service Manual, Schematics & Parts List and any associated passwords or dongles required to access the service software must be supplied with all equipment purchases.
5. Pricing and quantity stated on the purchase order cannot be changed unless it is approved by the Purchasing Department prior to shipment.
6. Transportation charges, when applicable, must be prepaid and shown separately on the invoice.
7. No substitutions are permitted without prior approval from Purchasing.
8. This contract will be controlled and governed by the law of the State of North Carolina.
9. If this product comes under the US Department of Labor Occupational Safety and Health Administration law 29CFR1010.1200, you must provide a materials safety data sheet.
10. All furniture, furnishings and draperies will comply with the Life Safety Code 101, 2000 edition.
11. Bill to: Mission Hospital
400 Ridgefield Court, Suite 101B
Asheville, NC 28806
12. Acceptable workmen's compensation, automobile, general liability and property insurance shall be maintained prior to any work occurring on Mission Hospital's property. An insurance certificate shall be provided to the Mission Hospital contact for the specific work with Mission Hospital named as the additional insured and the specific work to be performed described on the certificate.
13. All work on Mission Hospital's property shall comply with the latest edition, at the time of the work, Of the Mission Hospital's Construction Safety Policy.
14. Mission Hospital's patient confidentiality statement is accepted by supplier upon acceptance of this purchase order.
15. The work is to be performed in accordance with the terms and conditions as set forth by the Master Independent Contractor Agreement with the vendor indicated.



GE Healthcare

Date: 01-30-2015
Quote #: PR9-C38689
Version #: 6

Mission Hospitals Inc
509 Biltmore Ave
Asheville NC 28801-4601

Attn: Kathy Jones
509 Biltmore Ave Asheville
NC 28801-4601

Customer Number :
Quotation Expiration Date: 02-28-2015

This Agreement (as defined below) is by and between the Customer and the GE Healthcare business ("GE Healthcare"), each as identified herein. "Agreement" is defined as this Quotation and the terms and conditions set forth in either (i) the Governing Agreement identified below or (ii) if no Governing Agreement is identified, the following documents:

- 1) This Quotation that identifies the Product offerings purchased or licensed by Customer;
- 2) The following documents, as applicable, if attached to this Quotation: (i) GE Healthcare Warranty/Lease; (ii) GE Healthcare Additional Terms and Conditions; (iii) GE Healthcare Product Terms and Conditions; and (iv) GE Healthcare General Terms and Conditions.

In the event of conflict among the foregoing items, the order of precedence is as listed above.

This Quotation is subject to withdrawal by GE Healthcare at any time before acceptance. Customer accepts by signing and returning this Quotation or by otherwise providing evidence of acceptance satisfactory to GE Healthcare. Upon acceptance, this Quotation and the related terms and conditions listed above (or the Governing Agreement, if any) shall constitute the complete and final agreement of the parties relating to the Products identified in this Quotation.

No agreement or understanding, oral or written, in any way purporting to modify this Agreement, whether contained in Customer's purchase order or shipping release forms, or elsewhere, shall be binding unless hereafter agreed to in writing by authorized representatives of both parties.

By signing below, each party certifies that it has not made any handwritten modifications.

Governing Agreement:	None
Terms of Delivery:	FOB Destination
Billing Terms:	80% delivery / 20% installation
Payment Terms:	Due ON Receipt - 30 Days
Total Quote Net Selling Price:	\$456,872.00

INDICATE FORM OF PAYMENT:

If "GE HFS Loan" or "GE HFS Lease" is NOT selected at the time of signature, then you may NOT elect to seek financing with GE Healthcare Financial Services (GE HFS) to fund this arrangement after shipment.

- Cash/Third Party Loan
- GE HFS Lease
- GE HFS Loan
- Third Party Lease (please identify financing company) _____

By signing below, each party certifies that it has not made any handwritten modifications. Manual changes or mark-ups on this Agreement (except signatures in the signature blocks and an indication in the form of payment section below) will be void.

Each party has caused this agreement to be executed by its duly authorized representative as of the date set forth below.

CUSTOMER
Carol Sue Hart 2-5-15
 Authorized Customer Signature Date
Carol Sue Hart
 Print Name Print Title
 100019461-0-1
 Purchase Order Number (if applicable)

GE HEALTHCARE
 Mark Henry 01-30-2015
 Signature Date
 Product Sales Specialist
 Email: Mark.Henry@med.ge.com
 Phone: +1 828 322 1331
 Fax: 888-453-3941



GE Healthcare

Date: 01-30-2015
Quote #: PR9-C38689
Version #: 6

Total Quote Selling Price	\$456,872.00
Trade-In and Other Credits	\$0.00
Total Quote Net Selling Price	\$456,872.00

To Accept this Quotation

Please sign and return this Quotation together with your Purchase Order To:
Mark Henry
Mobile: +1 828 322 1331
Email: Mark.Henry@med.ge.com
Fax: 888-453-3941

Payment Instructions

Please Remit Payment for invoices associated with this quotation to:
GE Healthcare
P.O. Box 96483
Chicago, IL 60693

To Accept This Quotation

- Please sign the quote and any included attachments (where requested).
- If requested, please indicate, your form of payment.
- If you include the purchase order, please make sure it references the following information
 - The correct Quote number and version number above
 - The correct Remit To information as indicated in "Payment Instructions" above
 - The correct SHIP TO site name and address
 - The correct BILL TO site name and address
 - The correct Total Quote Net Selling Price as indicated above



GE Healthcare

Date: 01-30-2015
Quote #: PR9-C38689
Version #: 6

Item No.	Qty	Catalog No.	Description	Ext Sell Price
	1		Optima - CT660 Systems	
1	1	S766OCR	Optima CT660 64 sl system with ASiR	\$404,700.00

The Optima CT660 is GE's latest generation intelligent CT system. It is a scalable 64 slice platform including advanced innovations from our Discovery Series (TM). This means that Optima CT660 is capable of addressing your advanced clinical needs. Optima CT660 with Xtream gantry display is ready to help you deliver personalized care for your demanding patient schedule and quickly manage your unscheduled ED exams. With the Optima CT660 you get fast, high-quality acquisition at optimized dose for patients young and old, large and small, across a wide spectrum of procedures: angiography, brain, chest, abdomen, orthopedic, and more.

Key Features:

- Exclusive V-Res (TM) Detector technology providing 20mm of 0.625mm or 40mm of 1.25mm acquisitions
- Volara* XT Digital DAS (Data Acquisition System): The Volara* XT digital DAS for faster sampling and improved image performance and reduced artifacts
- Fast coverage speed of 110mm/sec
- Full 360 degree rotation in 0.4, 0.5, 0.6, 0.7, 0.8, 0.9, 1.0 and 2.0 (axial) seconds, ensuring short breath holds, comfortable exams and flexibility to customize protocols for unique patient needs with minimal coverage impact
- Routine thin slice scanning, as thin as 0.625mm or 1.25mm optimizing the use of thinner images for sagittal, coronal, oblique, and volume image presentation and review
- The overlapped reconstruction feature enables 192 slices reconstruction in helical acquisitions and 64 slices per rotation in axial mode delivering improved Z-axis visualization performance relative to non-overlapped reconstruction
- Highly efficient compact geometry design delivering optimum performance of the x-ray tube and generator
- Image decomposition to:
 - Retrospective thin images from data sets where thicker images were initially reconstructed
 - Facilitates more detailed image analysis
 - Improves 3D and reformat visualization



GE Healthcare

Date: 01-30-2015
Quote #: PR9-C38689
Version #: 6

Item No.	Qty	Catalog No.	Description	Ext Sell Price
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- ASiR reconstruction technology may enable reduction in pixel noise standard deviation (a measurement of image noise). The ASiR reconstruction algorithm may allow for reduced mA in the acquisition of images, thereby reducing the dose required (**).
- A reconstruction technology that may enable improvement in low contrast detectability(**)

(**) In clinical practice, the use of ASiR may reduce CT patient dose depending on the clinical task, patient size, anatomical location and clinical practice. A consultation with a radiologist and physicist should be made to determine the appropriate dose to obtain diagnostic image quality for the particular clinical task.

Fast, User-Friendly Simultaneous Workflow:

- Advanced Workflow Platform, the next evolution of GE's workflow platform built to help you maximize productivity.
 - Delivers up to 16 images per second (ips) reconstruction
 - Image Check delivers up to 55 images per second (ips) reconstruction (340x340 matrix)
 - Up to 10 fps network transfer rates
 - Direct Multiplanar Reformats (DMPR) that enables the move from 2D review to prospective 3D review of sagittal, coronal and oblique planes automatically
 - Data Export and Interchange that allow you to easily share images with referring physicians and patients
- One Stop ED mode: Optima CT660's exclusive 12" Xstream touch display on the gantry enables unique one stop ED scanning to streamlined ED exam workflow allowing patient selection, protocol selection and confirming exam parameters directly at the gantry, without having to leave the patients side.
- Includes reference protocols and the ability to customize your own for a total of 6,840 programmable protocols
- SmartPrep with Dynamic Transition allows low dose intermittent monitoring of intravenous contrast enhancement in a user-selected section of anatomy. With Dynamic Transition when the prescribed contrast enhancement is reached the system will automatically transition from the



GE Healthcare

Date: 01-30-2015
Quote #: PR9-C38689
Version #: 6

Item No.	Qty	Catalog No.	Description	Ext Sell Price
			<p>monitoring phase to the scan phase</p> <ul style="list-style-type: none">• 10 Prospective Multiple Reconstructions: Up to 10 reconstructions can be pre-programmed as part of the scan protocol prior to acquisition. The operator can select different start/end location, slice thickness, interval, interval reconstruction algorithms and display fields of view for each reconstruction. Assisting to prospectively prescribing the image reconstructions needed, even for complex trauma exams and freeing the user up to focus on the patient• Remote tilt from the operator console to increase exam speed• Built-in breathing lights with a countdown timer, so the patient does not have to guess how much longer to hold their breath• New built-in 12-inch touch screen gantry display allows technologists to deliver personalized care by displaying the patient's name on it. When not scanning, the video of relaxing scenes or cartoons may have a calming effect on children or patients of all ages• By using the One Step patient positioning on built-in 12-inch touch screen gantry display the bed provides automatic positioning according to the type of exam, reducing manual positioning and streamlining workflow• In room start button mounted on gantry with countdown display, facilitates single technologist operation and improved departmental productivity• GE software allows you to automate or build every task into the protocols to increase throughput• Has up to 250,000 uncompressed 512 x 2 image files storage capacity, and 3,520 scan rotations, or up to 1,500 scan data files, or up to 300 exams <p>Dose Management Leadership:</p> <ul style="list-style-type: none">• OptiDose management features: new bowtie filters optimized for adult and pediatric body exams, full 3D dose modulation, color coding for kids, tracking collimator hardware and software for x-ray beam tracking to name a few of GE's dose optimization features, all based on the ALARA principle• Dynamic Z-axis tracking provides automatic and continuous correction of the x-ray beam shape to block unused x-ray at	



GE Healthcare

Date: 01-30-2015
Quote #: PR9-C38689
Version #: 6

Item No.	Qty	Catalog No.	Description	Ext Sell Price
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the beginning and end of a helical scan to reduce unnecessary patient radiation

- 3D Dose modulation - Before the scan, clinicians must select the desired Noise Index as well as the minimum and maximum mA setting. The system automatically accounts for the changing dimensions of the patient's anatomy enabling patient to patient reproducibility in this aspect of image quality and real-time x-y-z during each scan
- Tracking collimator hardware and software for x-ray beam tracking to minimize patient dose
- Filtration of the x-ray beam is optimized independently for body and head applications
- DLP (dose length product), and dose efficiency display during scan prescription provides the patient's dose information to the operator
- Dose Reporting provides access to the CTDivol and DLP with the patient record prior and post exam. DICOM Structured Dose Report is also supported.
- Dose Check provides the user with tools to help them manage CT dose in clinical practice and is based on the standard XR-25-2010 published by The Association of Electrical and Medical Imaging Equipment Manufacturers (NEMA). Dose Check provides the following:
 - Checking against a Notification Value if the estimated dose for the scan is above your site established value
 - Checking against an Alert Value where the user needs specific authority to continue the scan at the current estimated dose without changing the scan parameters if the estimated dose exceeds the alert value
 - The ability to define Alert Values for Adult and Pediatric with age threshold
 - Audit logging and review capabilities
 - Protocol Change Control capabilities

The Advanced Reconstruction breaks through existing limits on speed, image quality and flexibility to provide an optimized volumetric workflow solution from acquisition to final report and has the capability to deliver up to 16 full fidelity images per second (fps) reconstruction and 10 fps network transfer rates.



GE Healthcare

Date: 01-30-2015
Quote #: PR9-C38689
Version #: 6

Item No.	Qty	Catalog No.	Description	Ext Sell Price
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Clinical Benefits:

- CTA runoffs
- Thin slices fast; routine use of thin slices
- Organ coverage in arterial phase
- Long helical scans
- Multi-phase organ studies
- Improved multi-planar reformats with isotropic microvoxel imaging
- Fast scanning with outstanding image performance and GE's proprietary cross beam and hyperplane helical reconstruction algorithms
- System designed for optimization of z-axis resolution and dose with 0.625mm slice thickness

System Components:

Gantry:

- Advanced slip ring design continuously rotates the generator, Performix 40 X-ray tube, detector and Volara XT digital data acquisition system around the patient.
 - Aperture: 70 cm
 - Maximum SFOV: 50 cm
 - Rotational Speeds: 360 degrees in 0.4, 0.5, 0.6, 0.7, 0.8, 0.9, 1.0 and 2.0 (axial) seconds
 - Tilt: +/- 30 degrees, speed 1 degree/sec
 - Remote tilt from operator's console
 - Integrated breathing lights and countdown timer
 - Integrated 12-inch touch screen on gantry with workflow features
 - Integrated start scan button with countdown timer to indicate when x-ray will turn on
- Visual readout is easy to read from the table side or from the operator console. Gantry tilt controls are located on the side of the gantry.

Laser Alignment Lights:

- Defined internal and external scan planes to +/- 1mm accuracy



GE Healthcare

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- Operate over full range of gantry tilt
- Coronal light remains perpendicular to axial light as gantry tilts

Table:

- Cantilever design for easy access
- Vertical range: 43.0 cm to 99.1 cm
- Vertical scannable range: 79.1 cm to 99.1
- Horizontal range: 1,745 mm (VT1700 Table), or 2,045 mm (VT 2000 Table)
- Horizontal speed: up to 137.5 mm/sec
- Table load capacity: 227 kg (500 lb) +/- 0.25mm positional accuracy

X-ray Tube: Performix 40 metal-ceramic tube unit

- Performix 40 tube with 6.3 MHU of storage and capable of 72kW operation provides increased helical performance with greater patient throughput
- Wide range of technique (10 mA to 560 mA, in 5 mA increments) gives technologist and physician flexibility to tailor protocols to specific patient needs, while optimizing patient dose, and providing the power needed to perform a broad spectrum of examinations.
- Maximum anode heat storage capacity: 6.3 MHU
- Dual Focal Spots:
 - Small Focal Spot: 0.9 x 0.7 IEC60336:2005
 - Large Focal Spot: 1.2 x 1.1 IEC60336:2005
- Maximum power: 72 kW
- Beam collimated to 56 degree fan angle

High Voltage Generator: High Frequency

on-board generator allows for continuous operation during scan.

- 72 kW Output Power
- kV: 80, 100, 120, 140 kV
- mA: 10 to 560 mA, 5 mA increments

Maximum mA for Each kV Selection (large focal spot):

- 400mA @ 80kV



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- 480mA @ 100kV
- 560mA @ 120kV
- 515mA @ 140kV

V-Res Detector: The V-Res detector was designed for high performance imaging. V-Res detector benefits are:

- Solid 40mm coverage per rotation
- GE's exclusive patented detector material

Volara XT Digital DAS (Data Acquisition System): The Volara XT digital DAS dramatically reduces electrical noise for improved imaging performance.

- 2,460Hz maximum sample rate
- Effective analog to digital conversion

Optima CT660 Operator Console:

- 1,792GB of total system storage
- Up to 250,000 512 x 2 images and 3,520 scan rotations or up to 1,500 scan data files, or up to 300 exams
- 4.7 GB DVD-R/CD-R for DICOM interchange (not recommended as a long term archive)

Image Networking: Exams can be selected and moved between the Optima CT660 CT System and any imaging system supporting DICOM protocol for network send, receive and pull/inquiry.

- Standard Auto-configuring Ethernet
- Direct Network Connection
- Supports 1GB or 1000/100/10 BaseT

DICOM Conformance Standards

- DICOM Storage Service Class
- Service Class User (SCU) for image send
- Service Class Provider (SCP) for image receive
- DICOM Query/Retrieve Service Class
- DICOM Storage Commitment Class Push
- DICOM Modality Worklist (incl. Performed Procedure Step) (through ConnectPro option)
- DICOM Print



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The Optima CT660 workflow platform is designed to deliver high performance in each of these tasks:

- SmartTools Simplifies Scan Setup and Includes All Reconstructions, Filming, Archiving, Transferring Prospectively
- Workflow platform built on the LINUX operating system delivers up to 16 fps reconstruction and the fast network transfer rates of up to 10 fps
- Data Export and Interchange allow you to easily share images with referring physicians and patients
- Direct MPR that enables the move from 2D review to 3D image review of axial, sagittal, coronal and oblique planes automatically
- Exam Split delivers the capability to split a series of patient images into separate groups for networking
- Exam Rx desktop environment provides the clinical tools desired for fast, efficient control of patient studies. Exam Rx tools include patient scheduling and data entry, exam protocol selection, protocol viewing and editing, scan data acquisition, image display and routine analysis, AutoTransfer, AutoStore, and AutoFilm
- ImageWorks is a desktop environment designed to take advantage of the Optima CT660 CT System advanced computer systems. Standard features include archive, network and manual film control, as well as some advanced image processing such as Direct multi-planar reformatting (DMPR), multi-projection volume rendering (MPVR) and display. The ImageWorks desktop also provides a gateway for DICOM 3.0 image transactions, either through a local area network, or via DICOM-formatted media
- Volume Viewer includes Volume Analysis, Volume Rendering and Navigator software. This combination allows the user to render volumetric data in three dimensions for use in analysis of patient condition, i.e. CT Angiography (CTA), gives more information on the spatial relationships of structures than standard 3D, allows the translucent visualization of structures for improved problem solving, can perform "virtual endoscopies" of air and contrast filled structures. Enables 3D reformats in any plane, ALL on the Xstream ready console.

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Scan Modes: The Optima CT660 system can perform virtually any clinical application due to its wide variety of scan modes. Helical scan mode offers continuous 360 degree scanning with table incrementation and no interscan delay. Axial scan mode allows for up to 64 contiguous axial slices acquired simultaneously with each 360 degree rotation.

- Helical scanning pitches: 0.516:1, 0.984:1, 1.375:1
- Retrospective reconstruction image thicknesses: 64 x 0.625

Scan Enhancements:

- Anatomical programmer: a ten region anatomical selector allows quick and easy access to user programmable protocols and a separate selector for adult and pediatric exams with greater than 6,840 protocol storage available
- Protocols include preset scan time, kV, mA, scan mode, image thickness and spacing, table speed, scan FOV, display FOV and center, recon algorithm, and special image acquisition and processing options like DMPPR
- Any scan parameters may be edited for each scan or all scans - either before or during an exam. The number of scans may also be easily changed
- AutoScan: Automates longitudinal table movement and start of each scan
- Auto-Voice: 3 preset (9 languages) and 17 user defined messages automatically deliver patient breathing instructions, especially useful for multiple helical scanning
- Trauma Patient: Allows patient scans and image display/analysis without entering patient data before scanning
- Reconstruction Algorithms: Soft Tissue, Standard, Detail, Chest, Bone, Bone Plus, Lung, and Edge

Warranty: The published Company warranty in effect on the date of shipment shall apply. The Company reserves the right to make changes. All specifications are subject to change. Regulatory compliance: This product is designed to comply with applicable standards under the radiation control for Health and Safety Act of 1968.

Laser alignment devices contained within this product are



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			appropriately labeled according to the requirements of the Center for Devices and Radiological Health. Siting Considerations: See the Pre-Installation manual for details of the siting requirements for the Optima CT660. This product is a CE-compliant device that satisfies IEC60601-1:1998 and applicable collateral and particular standards, including regulations regarding Electro-Magnetic Compatibility (EMC) and Electro-Magnetic Interference (EMI), pursuant to IEC-60601-1-2:2004. This product complies with NEMA Standard 29-2013.	
2	1	B7590EN	English Keyboard Kit English Keyboard Kit	Incl.
3	1	B7660MR	STD CABLE COLLECTOR STD CABLE COLLECTOR	Incl.
4	1	B7877TC	VT2000 Table The CT system 2000 table enables volume scanning. Key features of the VT 2000 table include: 500 lb weight capacity, 2000 mm scannable range, 175 mm/sec travel time, real-time position control to support advanced application such as SnapShot Pulse, VolumeShuttle, and Volume Helical Shuttle.	\$3,800.00
5	1	B75002CD	CT Operator Console Desk The Freedom workspace is an ergonomic working environment specifically designed for use with the GE Healthcare imaging systems. The sleek table design enables the efficient use of space while enhancing clinical workflow and technologist comfort. The Freedom workspace provides a minimalist footprint to improve patient visibility and giving the user easier access to patients in the imaging suite. It offers sit/stand and horizontal/vertical monitor flexibility. It can also help reduce noise and heat with remote location options of the console. The non-adjustable Freedom workspace version is 1300mm long x 895mm wide x 850mm height and weighs 55.8kg.	\$380.00
6	1	B7877ZM	SmartView Fluoro with Monitor	\$34,200.00

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SmartView(TM) Fluoro Package Includes In-Room Monitor and Boom
SmartView Enables an Imaging Mode for Performing Biopsies and Other Interventional Procedures. An In-room Monitor, Hand Held Controller, X-ray Exposure Foot Pedal and Cradle Handle Provide In-room Control for Image Acquisition and Image Review. The Hand Held Controller Provides the Operator with Controls to Prepare the Scanner for Imaging, to Turn Alignment Lights On and Off, to Move the Cradle, Review Images and Adjust the Window Width and Level; and the Foot Switch Provides In-room Control of X-ray On.

Image Display presents single or multi real time image display, a Free Viewport and timers for the remaining and accumulated exposure time and estimate of dose. The Display Control Panel Provides Roam, Zoom, Magnify, Measurement, Annotation, Grid, Image Orientation, and Save Screen Image Review Capabilities. Data Acquisition Includes a 4,8 or 16 row Data Acquisition Mode Using 4x0.625mm, 8x0.625 mm 16x0.625mm Detector Configurations and a 3i (8 FPS) or 1i (12 FPS) Reconstruction Mode to Create 1.5 (3i only), 2.5, 5 and 10mm (1i only) thick 340 Matrix Images. All Scan Fields of View and Reconstruction Algorithms are Available with 0.4, 0.5, 0.8s and 1.0s Gantry Rotation Speed. Tilted acquisition capability

Customers upgrading LightSpeed VCT systems require a GOC6 or higher console platform.

7	1	B75202FJ	In-Room Monitor Cable In Room Monitor Cable for RIO console	Incl.
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8	1	E8016AN	CT Table Slicker with Cushion - 2000 Systems (2-pc Set) Slicker - CT HD750 and VCT w/GT 2000 Table (2 Piece Set)	\$352.00
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FEATURES/BENEFITS

- Two-piece, sealed slicker cushion set has comfort pads enclosed inside the slicker cover and extender cover
- Durable, clear PVC plastic cover facilitates faster, more thorough cleanup of blood and fluids
- Increase system uptime by protecting table from spills and particulate contaminants
- Thermo-sealed seams and flaps prevent contaminate buildup



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Item No.	Qty	Catalog No.	Description	Ext Sell Price
			in hard to clean areas	
			COMPATIBILITY	
			<ul style="list-style-type: none"> VCT with GT 2000 Table, CT HD750 	
9	1	E8016BA	<p>CT Footswitch Slicker - 2000 & 1700 Systems</p> <p>Footswitch Slicker for CT HD750 and VCT Systems</p> <p>The footswitch slicker for CT VCT 2000 and 1700 systems is made of durable, clear PVC plastic that protects the footswitch and facilitates faster, more thorough cleanup of contamination caused by blood and other body fluids. Cover is held securely in place with Velcro...H</p>	\$40.00
10	1	W0100CT	<p>6 Day CT TiP Onsite System Training</p> <p>6 Day CT TiP Onsite System Training</p> <p>CT Onsite Training for a new CT system</p> <ul style="list-style-type: none"> One 4 day onsite visit to coincide with system start-up. One 2 day onsite follow-up visit 6-8 weeks post system start up. <p>During the first visit, the applications specialist will work with the medical and technical staff on system operation and patient procedures. The training produces the best results when a dedicated core group of 2-4 CT technologists complete the session with a modified patient schedule. It is suggested that key physicians are available to participate in the protocol implementation and image quality review sessions. By the end of this visit, the core group should be able to perform the routine patient procedures.</p> <p>The 2 day revisit is suggested after the staff has run the system for 6-8 weeks, however this is flexible based on the site needs. The training will focus on the intermediate and advanced functions of the system or special needs of the customer. The training produces the best results when the same dedicated core group of 2-4 CT technologists from the initial visit complete the session with a modified patient schedule.</p> <p>This training program must be scheduled and completed within 12 months after the date of product delivery.</p>	\$10,400.00



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Item No.	Qty	Catalog No.	Description	Ext Sell Price
	1		NonProducts	
11	1		rigging/dollies to remove Philips CT	\$3,000.00

Quote Summary:

Total Extended Selling Price:	\$456,872.00
Deinstallation and removal of Philips CT	\$0.00
Total Quote Net Selling Price	\$456,872.00

(Quoted prices do not reflect state and local taxes if applicable. Total Net Selling Price includes Trade In allowance, if applicable.)

From: Halatek, Julie F [julie.halatek@dhhs.nc.gov]
Sent: Monday, July 27, 2015 2:48 PM
To: Brian Moore, Ex Dir Public Policy & Reg Rel
Subject: Checking in re: requests for exemption to replace CT/MRI

Brian,

I just wanted to check in with you about two exemption requests you sent back in April. They were dated April 7, but we received them on April 29. On June 2, I sent out two letters – one each for the CT scanner and the MRI – requesting additional information. I haven't heard anything back from you or anyone else at Mission about these requests, so I wanted to reach out and make sure you had received the letters I sent. If you are still working on the request, that's absolutely fine – but I wanted to make sure you had gotten the letters since it's been almost two months. Please let me know – thanks!

Julie Halatek
N.C. Department of Health and Human Services
Project Analyst, Healthcare Planning and Certificate of Need Section - Division of Health Service Regulation
809 Ruggles Drive
Raleigh, NC 27603
(Office) 919.855.3873
julie.halatek@dhhs.nc.gov
www.ncdhhs.gov/dhsr

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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

June 2, 2015

Brian Moore
509 Biltmore Avenue
Asheville, NC 28801

Request for Information – Exempt from Review

Facility: Mission Hospital
Project Description: Replace existing CT scanner
County: Buncombe
FID #: 943349

Dear Mr. Moore:

The Healthcare and Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your request for a determination as to whether the above mentioned project is exempt from certificate of need review.

In order for the Agency to make such a determination, please submit copies of product descriptions and price quotes from vendors for the cost of the replacement CT scanner.

Your prompt response will assist the Agency in making a timely review of your request. If you have any questions regarding this matter, please feel free to contact this office.

Sincerely,

A handwritten signature in cursive script that reads "Julie Halatek".

Julie Halatek
Project Analyst, Certificate of Need



Healthcare Planning and Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-715-4413

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



April 6, 2015

Received by
the CON Section
APR 17 2015



Martha Frisone, Assistant Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
NC Department of Health and Human Services
2704 Mail Service Center
Raleigh, North Carolina 27699-2704

Re: Mission Hospital, Inc., Facility ID No. B-8605-10
Exemption Notice for Replacement CT Scanner

Dear Martha:

I am writing on behalf of Mission Hospital, Inc. ("Mission") to give notice that it plans to replace an existing Philips CT scanner with comparable new equipment pursuant to N.C. Gen. Stat. § 131E-184.

The existing Philips CT scanner is a Brilliance CT scanner, and it was installed on Mission's St. Joseph campus in 2004. Copies of information from the manufacturer regarding its capabilities, the purchase order, and the title are no longer available. The equipment has been in continuous use since 2004 with the exception of temporary periods due to maintenance and hospital construction.

Attached as Exhibit A is a quote from GE regarding the replacement equipment's capabilities and price. The replacement CT scanner has the same technology as the existing equipment with the technological improvements. The replacement will be used for the same diagnostic and treatment purposes as the existing equipment, and it will not be used to provide a new health service. Attached as Exhibit B is a chart comparing the existing CT scanner with the replacement CT scanner.

As shown on the quote, the purchase price of the CT scanner is \$457,872. The cost of upfitting the space and installing and making operational the CT scanner is \$242,128 as shown on the certified cost estimate attached as Exhibit C. The total cost for the acquisition and installation of the replacement CT scanner will be \$700,000 which is less than \$2 million.

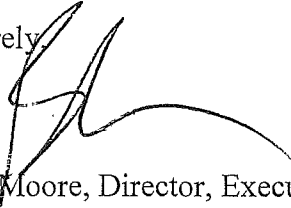
Mission has arranged with GE Healthcare Renewal Resources to remove and dispose of the existing CT scanner.

Based on the information in this letter and the attached documentation, we look forward to receiving your letter confirming that Mission's replacement of an existing CT scanner with a new CT scanner is exempt from certificate of need review pursuant to N.C. Gen. Stat. § 131E-

Martha Frisone, Assistant Chief
Healthcare Planning and Certificate of Need Section
March 27, 2015
Page 2

184. If you have any other questions or need additional information, please do not hesitate to call.

Sincerely,

A handwritten signature in black ink, appearing to be 'Brian Moore', written over the word 'Sincerely,'.

Brian Moore, Director, Executive Director Public Policy

EQUIPMENT COMPARISON

	EXISTING EQUIPMENT	REPLACEMENT EQUIPMENT
Type of Equipment (List Each Component)	CT Scanner	CT Scanner
Manufacturer of Equipment	Philips	GE
Tesla Rating for MRIs	N/A	N/A
Model Number	455011001161	S7660CR
Serial Number	2576	N/A
Provider's Method of Identifying Equipment	Mfg. Serial Number	Mfg. Serial Number
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	March, 2004	N/A
Does Provider Hold Title to Equipment or Have a Capital Lease?	Owned	Owned
Specify if Equipment Was/Is New or Used When Acquired	Used	New
Total Capital Cost of Project (Including Construction, etc.) <Use Attached Form>	N/A	\$700,000
Total Cost of Equipment	N/A	\$457,872
Fair Market Value of Equipment	N/A	\$457,872
Net Purchase Price of Equipment	N/A	\$457,872
Locations Where Operated	Mission Hospital 509 Biltmore Ave Asheville, NC 28801	Mission Hospital 509 Biltmore Ave Asheville, NC 28801
Number Days In Use/To be Used in N.C. Per Year	365	365
Percent of Change in Patient Charges (by Procedure)	N/A	0
Percent of Change in Per Procedure Operating Expenses (by Procedure)	N/A	0
Type of Procedures Currently Performed on Existing Equipment	CT Procedures	N/A
Type of Procedures New Equipment is Capable of Performing	N/A	CT Procedures

PROJECTED CAPITAL COST

Project Name: **New CT Scanner – Memorial campus**

Proponent: _____

A. Site Costs			
(1)	Full purchase price of land		\$ _____
	Acres _____ Price per Acre	\$ _____	
(2)	Closing costs		\$ _____
(3)	Site Inspection and Survey		\$ _____
(4)	Legal fees and subsoil investigation.		\$ _____
(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	\$ _____	
	Other (Specify)	\$ _____	
	Sub-Total Site Preparation Costs		\$ _____
(6)	Other (Specify)		\$ _____
(7)	Sub-Total Site Costs		\$0
B. Construction Contract			
(8)	Cost of Materials		
	General Requirements	\$ _____	
	Concrete/Masonry	\$ _____	
	Doors & Windows/Finishes	\$ _____	
	Thermal & Moisture Protection	\$ _____	
	Equipment/Specialty Items	\$ _____	
	Mechanical/Electrical	\$ _____	
	Other (Specify)	\$ _____	
	Sub-Total Cost of Materials		\$ 92,400
(9)	Cost of Labor		\$ 61,600
(10)	Other (Specify) Drawing reprod./Proj. mgt.		\$ 6,000
(11)	Sub-Total Construction Contract		\$ 160,000
C. Miscellaneous Project Costs			
(12)	Building Purchase		\$ _____
(13)	Fixed Equipment Purchase/Lease		\$ 457,872
(14)	Movable Equipment Purchase/Lease		\$ _____
(15)	Furniture		\$ _____
(16)	Landscaping		\$ _____
(17)	Consultant Fees		
	Architect and Engineering Fees	\$ 18,000	
	Legal Fees	\$ _____	
	Market Analysis	\$ _____	
	Other (Specify) Inspections/ Equip. plan./Est. Schedule/ Test&Balance	\$ 2,500	
	Sub-Total Consultant Fees		\$ 20,500
(18)	Financing Costs (e.g. Bond, Loan, etc.)		\$ _____
(19)	Interest During Construction		\$ _____
(20)	Other (Specify) Record drawings/ Commission/Contingency/Permit & Inspect. fees		\$ 61,628
(21)	Sub-Total Miscellaneous		\$ 540,000
D.	Total Capital Cost of Project		\$ 700,000

I certify that, to the best of my knowledge, the costs of the proposed project named above are complete and correct.



 (Signature of Licensed Architect or Engineer)

Date Certified: 3/19/15

I assure that, to the best of my knowledge, the above costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

 (Proponent - Signature of Officer) (Title of Officer) Date Signed: _____

Project Name: MC - New CT Scanner

Date: 02/24/15

Estimator: N. Chitour

CON
category

A	Site		
	1 land purchase		
	2 closing costs	0	
	3 site insp/survey	0	
	4 legal/subsoil	0	
	5 site prep		
	6 other		
	7 subtotal site		0
B	Construction Contract		
	8 constr cost mat'ls	92,400	
	9 constr cost labor	61,600	
	10 other	6,000	
	11 subtotal constr		160,000
C	Misc Project Costs		
	12 bldg purchase		
	13 fixed equip	457,872	
	14 moveable equip	0	
	15 furniture	0	
	16 landscaping		
	17.1 A/E consultant fees	18,000	
	17.2 legal fees	0	
	17.3 market analysis		
	17.4 other	2,500	
	Subtotal consultant		20,500
	18 finance costs		
	19 interest	0	
	20 other, contingency	61,628	
	21 subtotal misc		540,000
D	total project cost		700,000