



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

Pat McCrory
Governor

Richard O. Brajer
Secretary DHHS

Mark Payne, Director
Health Service Regulation

December 22, 2016

David French
P.O. Box 2154
Reidsville, NC 27323

Exempt from Review – Replacement Equipment

Record #: 2128
Business Name: Alliance Imaging, Inc.
Business #: 60
Project Description: Temporarily replace existing mobile PET/CT scanner with sequential mobile PET/CT scanners
Counties: Mecklenburg, Cleveland, Henderson, Surry, Rowan, Rutherford, Watauga, Jackson, Stanly, Burke, Caldwell, Davidson, and Randolph

Dear Mr. French:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of December 22, 2016, 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 utilize, without a certificate of need, two sequential temporary mobile PET/CT scanners. This determination is based on your representations that the existing unit, mobile PET/CT scanner 45, serial number 1M9A6A8276H022244, will be repaired and the first temporary mobile PET/CT scanner will be removed from North Carolina and will not be used again in the State without first obtaining a certificate of need once it is replaced by the second temporary mobile PET/CT scanner and the terms of an agreement with Novant/Medquest have ended. Further, the second temporary mobile PET/CT scanner will resume operations at VA hospitals in North Carolina once the existing mobile PET/CT scanner is repaired and operational, and will not be used at other sites in the State without first obtaining a certificate of need.

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,

Gloria C. Hale
Project Analyst

Martha J. Frisone
Assistant Chief, Certificate of Need

cc: Paige Bennett, Assistant Chief, Healthcare Planning, DHSR



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

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ALLIANCE HEALTHCARE SERVICES

December 22, 2016

Martha Frisone
Assistant Chief
Health Planning and Certificate of Need Section
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Alliance Imaging Inc. - Written Notice for Exemption from CON Review for **Emergency Temporary Replacement PET/ CT Equipment for the Mobile PET/ CT 45 Scanner**

Dear Ms. Frisone:

I am writing on behalf of my client Alliance Imaging Inc. regarding the urgent need to temporarily replace the mobile PET/ CT scanner that is utilized in North Carolina

In 2003, Alliance Imaging Inc. obtained approval for project application # H-6650-02 to implement a mobile PET scanner to serve sites in North Carolina. In 2006, Alliance obtained an equipment replacement exemption to replace the PET scanner equipment with a PET/CT scanner. The unit that is currently in use is PET/ CT 45 Serial Number 1M9A6A8276H022244. This unit has not been operational for two days and the date of completion for repairs is uncertain at this time.

Please accept this notice of exemption to temporarily replace the above unit with a leased Siemens Unit PE R 8727 (Serial Number 44956) for Monday through Wednesday (12/26/2016 to 12/28/2016). When this unit is not needed to serve as a temporary replacement for PET/CT 45 it will be only used to serve, on a short term basis, CON-approved host sites that are authorized by an agreement between Alliance and Novant / Medquest related to CON # G-11051-15. Once the term of this agreement has ended the Siemens Unit PE R 8727 will be removed from North Carolina.

After these dates next week, the replacement unit that is proposed is PET/ CT unit 110, serial number 1M9A6A82X5W022233. This unit is owned by Alliance Imaging and is utilized to serve VA hospitals in North Carolina that are not subject to Certificate of Need regulation. When this unit is no longer needed to serve as a temporary replacement for PET/CT 44 it will be only used to serve the VA hospitals.

At this time, Alliance does not have information on when the repair or permanent replacement of the PET/CT 45 will occur. It is conceivable that the leased Siemens Unit PE R 8727 (Serial Number 44956) and the PET/ CT unit 110 could be used as the temporary replacement for PET CT 45 for additional days but these units will not be in use simultaneously to serve the Alliance host sites.

This letter provides justification and written notice regarding the replacement equipment in accordance with NCGS 131 E-184. Alliance Imaging Inc. also provides documentation that the replacement equipment conforms to the Certificate of Need laws and Administrative rules:

G.S. 131E-176 (22a) Replacement equipment definition
G.S. 131E-184 (a) (7) Exemptions from review to provide replacement equipment
10A NCAC 14C.0303 Replacement Equipment Administrative Rules

Overview

The existing PET/CT scanner requires temporary replacement for several reasons:

- 1) The existing PET/ CT 45 requires immediate repairs and the completion date for these repairs is not known at this time.
- 2) Service to the existing host sites will be disrupted if a temporary replacement mobile PET/ CT unit cannot be provided.
- 3) Patient diagnosis and treatment at the host sites will be seriously disrupted without access to PET/ CT.
- 4) Alliance does not have available capacity on other PET/ CT units in North Carolina to provide coverage for the unit that needs to be repaired.

Alliance Imaging recognizes the need to provide high quality, cost effective, and reliable mobile PET/ CT scanner service.

Compliance Documentation

Compliance with G.S. 131E-176 (22a) Replacement Equipment Definition is demonstrated in Attachment 1 which shows that the temporary replacement scanner has an actual cost of less than \$2,000,000.

No additional shipping or installation costs are expected. The fair market value for the PET/ CT scanner will be the same as the purchase price of the equipment as reflected in the attached quotes.

The replacement PET/ CT equipment will be used for the same diagnostic purposes as the existing equipment.

In addition, Alliance Imaging is providing prior written notice to the Department in accordance with G.S. 131E-184 (a) (7) Exemption from Review to provide replacement equipment.

Applicability and Conformance with Administrative Rule 10A NCAC 14C.0303 Replacement Equipment

Alliance Imaging Inc. plans to use an existing mobile PET/ CT as a temporary replacement. No equipment will be purchased. The temporary replacement equipment conforms to the rules as follows:

10A NCAC 14C.0303 Replacement Equipment

(a) The purpose of this Rule is to define the terms used in the definition of "replacement equipment" set forth in G.S. 131E-176(22a).

Alliance Imaging Inc. has reviewed this rule definition.

(b) "Activities essential to acquiring and making operational the replacement equipment" means those activities which are indispensable and requisite, absent which the replacement equipment could not be acquired or made operational.

Alliance Imaging Inc. has reviewed this rule definition.

(c) "Comparable medical equipment" means equipment which is functionally similar and which is used for the same diagnostic or treatment purposes.

Alliance Imaging Inc. has reviewed this rule definition.

(d) *Replacement equipment is comparable to the equipment being replaced if:*

- (1) *it has the same technology as the equipment currently in use, although it may possess expanded capabilities due to technological improvements; and*

The replacement PET/ CT scanners are comparable to the equipment being replaced because the temporary replacement equipment will also obtain PET/ CT images and data. The proposed replacement mobile PET/ CT scanner is used to acquire the same type of PET/ CT images and data.

- (2) *it is functionally similar and is used for the same diagnostic or treatment purposes as the equipment in use and is not used to provide a new health service; and*

Alliance Imaging Inc. certifies that the replacement mobile PET/ CT equipment will be used for the same diagnostic purposes as the existing unit.

- (3) *The acquisition of the equipment does 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.*

The host sites will utilize the temporary replacement PET/ CT scanner and shall be notified by Alliance Imaging that no increases in costs or patient charges will result from the temporary replacement.

(e) *Replacement equipment is not comparable to the equipment being replaced if:*

- (1) *the replacement equipment is new or reconditioned, the existing equipment was purchased second hand and the replacement equipment is purchased less than three years after the acquisition of the existing equipment.*

Not applicable. The replacement equipment is functionally similar to the existing equipment and will be used for the same diagnostic procedures as the existing equipment. The existing equipment will be brought back into service once it can be repaired and the temporary replacement unit will be removed from use by CON-regulated facilities in North Carolina.

- (2) *The replacement equipment is new, the existing equipment was reconditioned when purchased, and the replacement equipment is purchased less than three years after the acquisition of the existing equipment; or*

Not applicable. See the explanation above.

- (3) *The replacement equipment is capable of performing procedures that could result in the provision of a new health service or type of procedure that has not been provided with the existing equipment; or*

Not applicable. The replacement equipment is functionally similar to the existing equipment and will be used for the same diagnostic procedures as the existing equipment. The existing equipment will be brought back into service once it can be repaired and the temporary replacement unit will be removed from use by CON-regulated facilities in North Carolina.

- (4) *The replacement equipment is purchased and the existing equipment is leased, unless the lease is a capital lease;*

Not applicable. This notice involves a temporary replacement. The existing equipment will be brought back into service once it can be repaired and the temporary replacement units will be removed from use by CON-regulated facilities in North Carolina.

(5) The replacement equipment is a dedicated PET scanner and the existing equipment is:

(A) a gamma camera with coincidence capability; or

(B) nuclear medicine equipment that was designed, built, modified to detect only the single photon emitted from nuclear events other than positron annihilation.

Not applicable. The existing equipment is not a gamma camera or nuclear medicine equipment.

The short term temporary use of replacement PET/CT unit PE R 8727 to serve the Alliance CON approved host sites will be discontinued when the PET/CT 110 is available.

The temporary use of replacement PET/ CT unit 110 to serve Alliance CON approved host sites in North Carolina will be discontinued when the repair of PET CT 45 has been completed and returned to service or its permanent replacement has been authorized.

Thank you for your review and consideration of this information. Please call me at the office at 336 349-6250 or 336 432-8308 (cell phone) if you have any questions.

Sincerely,



David French
Consultant to Alliance Imaging Inc.
P.O. Box 2154
Reidsville, NC 27323
djfrench45@gmail.com

Cc: Rodney Skelding
Manager of Operations
Alliance Healthcare Services
Phone: 336 580-9061

Andre' D. Kellogg, Sr., MPA
Director of Operations
Alliance Healthcare Services
Phone: 404-317-7800

EQUIPMENT COMPARISON

	EXISTING EQUIPMENT (To be temporarily removed from NC for repairs.)	SHORT TERM TEMPORARY REPLACEMENT EQUIPMENT (for specified dates)	TEMPORARY REPLACEMENT EQUIPMENT
Type of Equipment (List Each Component)	PET CT		PET CT
Manufacturer of Equipment	Siemens		Siemens
Tesla Rating for MRIs	NA		NA
Model Number	Siemens Biograph	Siemens Biograph 6	Siemens Biograph 6
Serial Number	1M9A6A8256H0222243		
Provider's Method of Identifying Equipment	PET CT 45	PE R 8727	PET CT 110
Specify if Mobile or Fixed	Mobile	Mobile	Mobile
Mobile Trailer Serial Number/VIN #		44956	1M9A6A82X5W022233
Mobile Tractor Serial Number/VIN #	NA - No changes	NA - No changes	NA - No changes
Date of Acquisition of Each Component	2006		
Does Provider Hold Title to Equipment or Have a Capital Lease?	Holds Title	Short term lease	Holds Title
Specify if Equipment Was/Is New or Used When Acquired	New when acquired	Short term lease	New when acquired
Total Capital Cost of Project (no construction involved)	NA	Short term lease	Existing equipment
Total Cost of Equipment	NA	Short term lease	Already owned purchased on 2008
Fair Market Value of Equipment	NA	NA	
Net Purchase Price of Equipment	NA	NA	same
Locations Where Operated	See attached 2016 PET CT 45 inventory form	Same sites as 2016 PET CT 45	Same sites as 2016 PET CT 45
Number Days In Use/To be Used in N.C. Per Year	365	Specified days for temporary replacement	Specified days for temporary replacement
Percent of Change in Patient Charges (by Procedure)	NA	No increase will result	No increase will result
Percent of Change in Per Procedure Operating Expenses (by Procedure)	NA	No increase will result	No increase will result
Type of Procedures Currently Performed on Existing Equipment	PET CT Procedures	PET CT Procedures	PET CT Procedures
Type of Procedures New Equipment is Capable of Performing	NA	PET CT procedures	PET CT procedures



Registration and Inventory of Medical Equipment
Mobile Positron Emission Tomography Scanners
January 2016 PET CT 45

Instructions

This is the legally required "Registration and Inventory of Medical Equipment" (G.S. 131E-177) for mobile positron emission tomography scanners. Please complete all sections of this form and return to Healthcare Planning by **Friday, January 29, 2016**.

1. Complete and sign the form
2. Return the form by one of two methods:
 - a. Email a scanned copy to DHSR.SMFP.Registration-Inventory@dhhs.nc.gov
 - b. Mail the form to Kelli Fisk, Healthcare Planning, 2704 Mail Service Center, Raleigh, NC 27699-2704.

If you have questions, call Kelli Fisk in Healthcare Planning at (919) 855-3865 or email DHSR.SMFP.Registration-Inventory@dhhs.nc.gov.

Section 1: Contact Information

1. Full legal name of corporation, partnership, individual, or other legal entity that acquired the equipment by purchase, donation, lease, transfer, or comparable arrangement:

Alliance Healthcare Services
(Legal Name)

2. Address of the corporation, partnership, individual, or other legal entity that acquired the equipment:

100 Bayview Circle, Suite 400
(Street and Number)

Newport Beach CA 92660
(City) (State) (Zip)

(800) 544-321
(Phone Number)

3. Chief Executive Officer or approved designee who is certifying the information in this registration form:

Rodney Skelding
(Name)

Manager Operations
(Title)

1233 Front Street Suite A Raleigh, NC 27612
(Street and Number) (City) (State) (Zip)

336 580-9061
(Phone Number)

rskelding@allianceradiology-us.com
(Email)

4. Information Compiled or Prepared by: **David French**
(Name)

(336) 349-6250
(Phone Number)

djfrench45@gmail.com
(Email)



Section 2: Equipment and Procedures Information

Time Period for Report: 10/01/2014 – 9/30/2015 Other time period: _____

(Please make additional copies of pages of this form as needed.)

Mobile Scanner Information (one scanner per page)		
Manufacturer	Siemens	
Model Number	PET/CT	
Serial or I.D. Number	1M9A6A8276H022244 PET CT Unit 45	
Date of purchase	2006 (Replacement Exemption Obtained)	
Purchase price	\$1,902,817	
Certificate of Need Project ID	F-6650-02	
Certificate Holder, as listed on Certificate of Need	Alliance HealthCare	
	Service Site Number <u>1</u>	Service Site Number <u>2</u>
Service Site Information: Please include all of the information requested for each location.	Presbyterian Hospital Matthews 1500 Matthews Township Parkway Matthews, NC 28105 Mecklenburg	Cleveland Regional Medical Cent 201 East Grover St Shelby, NC 28150 Cleveland
<u>Procedures* – Inpatient</u>	Inpatient 2	Inpatient 22
<u>Procedures* – Outpatient</u>	Outpatient 118	Outpatient 665
Total # of procedures* for report period	<u>Total 120</u>	<u>Total 687</u>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	120 hrs 10/01/2014 – 9/30/2015	687 hrs 10/01/2014 – 9/30/2015
Total number of hours in operation by site for report period.	120 hrs	687 hrs

* PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. PET **procedure** means a single discrete study of one patient involving one or more PET scans.

Name of entity that acquired the equipment (from page 1) Alliance Imaging



Section 2: Equipment and Procedures Information

Time Period for Report: 10/01/2012 – 9/30/2013 Other time period: _____

(Please make additional copies of pages of this form as needed.)

Mobile Scanner Information (one scanner per page)		
Manufacturer	Siemens	
Model Number	PET/CT	
Serial or I.D. Number	1M9A6A8276H022244 PET CT Unit 45	
Date of purchase	2006 (Replacement Exemption Obtained)	
Purchase price	\$1,902,817	
Certificate of Need Project ID	F-6605-02	
Certificate Holder, as listed on Certificate of Need	Alliance HealthCare	
	Service Site Number <u>3</u>	Service Site Number <u>4</u>
Service Site Information: Please include all of the information requested for each location.	The Presbyterian Hospital 10030 Gilead Road Huntersville, NC 28078 Mecklenburg	Lake Norman Medical Center 171 Fairview Road Mooresville, NC 28117 Mecklenburg
<u>Procedures* – Inpatient</u>	Inpatient 6	Inpatient 1
<u>Procedures* – Outpatient</u>	Outpatient 225	Outpatient 185
Total # of procedures* for report period	<u>Total 231</u>	<u>Total 186</u>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	231 hrs 10/01/2014 – 9/30/2015	186 hrs 10/01/2014 – 9/30/2015
Total number of hours in operation by site for report period.	231 hrs	186 hrs

* PET scan means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. PET procedure means a single discrete study of one patient involving one or more PET scans.

Name of entity that acquired the equipment (from page 1) Alliance Imaging



Section 2: Equipment and Procedures Information

Time Period for Report: 10/01/2012 – 9/30/2013 Other time period: _____

(Please make additional copies of pages of this form as needed.)

Mobile Scanner Information (one scanner per page)		
Manufacturer	Siemens	
Model Number	PET/CT	
Serial or I.D. Number	1M9A6A8276H022244 PET CT Unit 45	
Date of purchase	2006 (Replacement Exemption Obtained)	
Purchase price	\$1,902,817	
Certificate of Need Project ID	F-6605-02	
Certificate Holder, as listed on Certificate of Need	Alliance HealthCare	
	Service Site Number <u>5</u>	Service Site Number <u>6</u>
Service Site Information: Please include all of the information requested for each location.	Margaret R. Pardee Memorial Hosp 800 North Justice St Hendersonville, NC 28791 Henderson	Northern Hosp of Surry County 830 Rockford Street Mount Airy, NC 27030 Surry
<u>Procedures* – Inpatient</u>	Inpatient 0	Inpatient 0
<u>Procedures* – Outpatient</u>	Outpatient 171	Outpatient 116
Total # of procedures* for report period	<u>Total 171</u>	<u>Total 116</u>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	171 hrs 10/01/2014 – 9/30/2015	116 hrs 10/01/2014 – 9/30/2015
Total number of hours in operation by site for report period.	171 hrs	116 hrs

* PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. PET **procedure** means a single discrete study of one patient involving one or more PET scans.

Name of entity that acquired the equipment (from page 1) Alliance Imaging



Section 2: Equipment and Procedures Information

Time Period for Report: 10/01/2012 – 9/30/2013 Other time period: _____

(Please make additional copies of pages of this form as needed.)

Mobile Scanner Information (one scanner per page)		
Manufacturer	Siemens	
Model Number	PET/CT	
Serial or I.D. Number	1M9A6A8276H022244 PET CT Unit 45	
Date of purchase	2006 (Replacement Exemption Obtained)	
Purchase price	\$1,902,817	
Certificate of Need Project ID	F-6605-02	
Certificate Holder, as listed on Certificate of Need	Alliance HealthCare	
	Service Site Number <u>7</u>	Service Site Number <u>8</u>
Service Site Information: Please include all of the information requested for each location.	Park Ridge Hospital 100 Hospital Drive Fletcher, NC 28732 Henderson	Rowan Regional Medical Center 514 Corporate Circle Salisbury, NC 28147 Rowan
<u>Procedures* – Inpatient</u>	Inpatient 0	Inpatient 1
<u>Procedures* – Outpatient</u>	Outpatient 123	Outpatient 232
Total # of procedures* for report period	<u>Total 123</u>	<u>Total 233</u>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	123 hrs 10/01/2014– 9/30/2015	233 hrs 10/01/2014 – 9/30/2015
Total number of hours in operation by site for report period.	123 hrs	233 hrs

* PET scan means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. PET procedure means a single discrete study of one patient involving one or more PET scans.

Name of entity that acquired the equipment (from page 1) Alliance Imaging



Section 2: Equipment and Procedures Information

Time Period for Report: 10/01/2012 – 9/30/2013 Other time period: _____

(Please make additional copies of pages of this form as needed.)

Mobile Scanner Information (one scanner per page)		
Manufacturer	Siemens	
Model Number	PET/CT	
Serial or I.D. Number	1M9A6A8276H022244 PET CT Unit 45	
Date of purchase	2006 (Replacement Exemption Obtained)	
Purchase price	\$1,902,817	
Certificate of Need Project ID	F-6605-02	
Certificate Holder, as listed on Certificate of Need	Alliance HealthCare	
	Service Site Number <u>9</u>	Service Site Number <u>10</u>
Service Site Information: Please include all of the information requested for each location.	Rutherford Hosp., Inc. 288 South Ridgcrest Ave. Rutherfordton, NC 28193 Rutherford	Watauga Medical Center 336 Deerfield Road Boone, NC 28607 Watauga
<u>Procedures* – Inpatient</u>	Inpatient 1	Inpatient 0
<u>Procedures* – Outpatient</u>	Outpatient 132	Outpatient 105
Total # of procedures* for report period	<u>Total 133</u>	<u>Total 105</u>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	133 hrs 10/01/2014 – 9/30/2015	105 hrs 10/01/2014 – 9/30/2015
Total number of hours in operation by site for report period.	133 hrs	105 hrs

* PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. PET **procedure** means a single discrete study of one patient involving one or more PET scans.

Name of entity that acquired the equipment (from page 1) Alliance Imaging



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Time Period for Report: 10/01/2012 – 9/30/2013 Other time period: _____

(Please make additional copies of pages of this form as needed.)

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Model Number	PET/CT	
Serial or I.D. Number	1M9A6A8276H022244 PET CT Unit 45	
Date of purchase	2006 (Replacement Exemption Obtained)	
Purchase price	\$1,902,817	
Certificate of Need Project ID	F-6605-02	
Certificate Holder, as listed on Certificate of Need	Alliance HealthCare	
	Service Site Number <u>11</u>	Service Site Number <u>12</u>
Service Site Information: Please include all of the information requested for each location.	WestCare Health System 68 Hospital Drive Sylva, NC 28779 Jackson	Stanly Regional Medical Center 301 Yadkin Street Albemarle, NC 28001 Stanly
<u>Procedures* – Inpatient</u>	Inpatient 0	Inpatient 0
<u>Procedures* – Outpatient</u>	Outpatient 308	Outpatient 231
Total # of procedures* for report period	<u>Total 308</u>	<u>Total 231</u>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	308 hrs 10/01/2014 – 9/30/2015	231 hrs 10/01/2014 – 9/30/2015
Total number of hours in operation by site for report period.	308 hrs	231 hrs

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Name of entity that acquired the equipment (from page 1) Alliance Imaging



Section 2: Equipment and Procedures Information

Time Period for Report: 10/01/2012 – 9/30/2013 Other time period: _____

(Please make additional copies of pages of this form as needed.)

Mobile Scanner Information (one scanner per page)		
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Model Number	PET/CT	
Serial or I.D. Number	1M9A6A8276H022244 PET CT Unit 45	
Date of purchase	2006 (Replacement Exemption Obtained)	
Purchase price	\$1,902,817	
Certificate of Need Project ID	F-6605-02	
Certificate Holder, as listed on Certificate of Need	Alliance HealthCare	
	<u>Service Site Number 13</u>	<u>Service Site Number 14</u>
Service Site Information: Please include all of the information requested for each location.	Blue Ridge-Grace Hospital 2201 S. Sterling Street Morganton, NC 28655 Burke	Blue Ridge-Valdese Hospital 720 Malcolm Blvd Rutherford College, NC 28671 Burke
<u>Procedures* – Inpatient</u>	Inpatient 0	Inpatient 0
<u>Procedures* – Outpatient</u>	Outpatient 112	Outpatient 128
Total # of procedures* for report period	<u>Total 112</u>	<u>Total 128</u>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	112 hrs 10/01/2014 – 9/30/2015	128 hrs 10/01/2014 – 9/30/2015
Total number of hours in operation by site for report period.	112 hrs	128 hrs

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Name of entity that acquired the equipment (from page 1) Alliance Imaging



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Mobile Scanner Information (one scanner per page)		
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Serial or I.D. Number	1M9A6A8276H022244 PET CT Unit 45	
Date of purchase	2006 (Replacement Exemption Obtained)	
Purchase price	\$1,902,817	
Certificate of Need Project ID	F-6605-02	
Certificate Holder, as listed on Certificate of Need	Alliance HealthCare	
	Service Site Number <u>15</u>	Service Site Number <u>16</u>
Service Site Information: Please include all of the information requested for each location.	Caldwell Memorial Hospital 321 Mulberry Street, SW Lenoir, NC 28645 Caldwell	Community General Health Partner 207 Old Lexington Rd Thomasville, NC 27360 Davidson
<u>Procedures* – Inpatient</u>	Inpatient 0	Inpatient 0
<u>Procedures* – Outpatient</u>	Outpatient 68	Outpatient 68
Total # of procedures* for report period	<u>Total 68</u>	<u>Total 68</u>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	68 hrs 10/01/2014 – 9/30/2015	68 hrs 10/01/2014 – 9/30/2015
Total number of hours in operation by site for report period.	68 hrs	68 hrs

* PET scan means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. PET procedure means a single discrete study of one patient involving one or more PET scans.

Name of entity that acquired the equipment (from page 1) Alliance Imaging



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Date of purchase	2006 (Replacement Exemption Obtained)	
Purchase price	\$1,902,817	
Certificate of Need Project ID	F-6605-02	
Certificate Holder, as listed on Certificate of Need	Alliance HealthCare	
	Service Site Number <u>17</u>	Service Site Number <u> </u>
Service Site Information: Please include all of the information requested for each location.	Randolph Hospital 364 White Oak Street Asheboro, NC 27203 Randolph	
<u>Procedures* – Inpatient</u> <u>Procedures* – Outpatient</u> Total # of procedures* for report period	Inpatient 1 Outpatient 177 <u>Total 178</u>	
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	178 hrs 10/01/2014 – 9/30/2015	
Total number of hours in operation by site for report period.	178 hrs	

* PET scan means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. PET procedure means a single discrete study of one patient involving one or more PET scans.

Name of entity that acquired the equipment (from page 1) Alliance Imaging



Section 3: Patient Origin Data by Service Site

Please provide the county of residence for each patient who received PET scanner services during the time period of this report. Provide patient origin data separately for each service site. Make additional copies of this page as needed. The total number of patients receiving services should be the same as the total number of procedures reported on page 2 of this form.

Service Site Name: No patient origin data is collected by Alliance

County in which service was provided: Not applicable

Patient County	Number of Patients	Patient County	Number of Patients	Patient County	Number of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other (specify)	
35. Franklin		71. Pender			
36. Gaston		72. Perquimans		Total Number of Patients	3,198

Name of entity that acquired the equipment (from page 1) Alliance Imaging



Section 4: Certification and Signature

The undersigned Chief Executive Officer or approved designee certifies the accuracy of the information contained on all pages of this form.

A handwritten signature in cursive script, appearing to read 'Rodney B. Skelding', written over a horizontal line.

Signature

Print Name

Rodney Skelding

Date signed

January 22, 2016

Please complete all sections of this form and return to the Medical Facilities Planning Branch by **Friday, January 29, 2016**.

1. Complete and sign the form
2. Return the form by one of two methods:
 - a. Email a scanned copy to DHHS.SMFP.Registration-Inventory@dhhs.nc.gov
 - b. Mail the form to Kelli Fisk in Healthcare Planning, 2704 Mail Service Center, Raleigh, NC 27699-2704.

If you have questions, call Kelli Fisk in Healthcare Planning at (919) 855-3865 or email DHHS.SMFP.Registration-Inventory@dhhs.nc.gov.

Name of entity that acquired the equipment (from page 1) Alliance Imaging