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

Pat McCrory  
Governor

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

Drexdal Pratt  
Division Director

March 14, 2013

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

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

Dear Mr. Timmons:

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

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

Sincerely,

[Signature]  
Tanya S. Rupp  
Project Analyst

[Signature]  
Craig R. Smith, Chief  
Certificate of Need Section

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

Certificate of Need Section  
www.ncdhhs.gov  
Telephone 919-855-3873 • Fax 919-733-8139  
Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603  
Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704  
An Equal Opportunity/ Affirmative Action Employer
December 27, 2012

Hand Delivered

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

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

Dear Mr. Smith:

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

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

Pursuant to N.C. Gen. Stat. § 131E-184(a)(8), the acquisition of an existing health service facility is exempt from certificate of need review, upon prior written notice to the North Carolina Department of Health and Human Services. SRMC will not develop or establish any new health service facility, nor will it offer, develop or establish any new
institutional health service that is not exempt under N.C. Gen. Stat. § 131E-184(a)(8) in connection with this transaction. Based on these facts, SRMC's acquisition of the Facility is exempt from certificate of need review upon the CON Section's receipt of this notice.

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

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

Very truly yours,

Sean A. Timmons

Enclosure
October 10, 2003

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

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

Dear Ms. Thomas:

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

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

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

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

Sincerely,

Andrea C. Phillips, Project Analyst

cc: Medical Facilities Planning Section, DFS

Lee B. Hoffman, Chief
Certificate of Need Section

Location: 701 Barbour Drive • Dorothea Dix Hospital Campus • Raleigh, N.C. 27603
An Equal Opportunity / Affirmative Action Employer
October 2, 2003

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

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

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</tr>
</thead>
<tbody>
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Sincerely,

Andrea C. Phillips, Project Analyst

Lee B. Hoffman, Chief
Certificate of Need Section

cc: Medical Facilities Planning Section, DFS
October 2, 2003

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

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Sincerely,

[Signature]
Andrea C. Phillips, Project Analyst

[Signature]
Lee B. Hoffman, Chief
Certificate of Need Section

cc: Medical Facilities Planning Section, DFS
April 30, 2003

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

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

Dear Ms. Hoffman:

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

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

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

¹ As you know, a diagnostic center is defined in N.C. Gen. Stat. § 131E-176(7a) to include a freestanding facility such as a radiology center in which the total cost of all the medical diagnostic equipment utilized by the facility, which costs ten thousand dollars ($10,000) or more, exceeds five hundred thousand dollars ($500,000). The capital expenditure for the equipment is deemed to be the fair market value of the equipment or its cost, whichever is greater.
Lee B. Hoffman, Chief  
April 30, 2003  
Page Two

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

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

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

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

Based on the above, LRA was functioning as a diagnostic center prior to March 1993 in that it was utilizing $482,470 of GE medical diagnostic equipment plus another $71,662 of Philips medical diagnostic equipment, a total in excess of $500,000. The information included with this letter verifies each item of equipment by number and includes the cost/FMV information for each piece of equipment. We trust that, on this basis, the Certificate of Need Section will provide a letter confirming for LRA that it is a “grandfathered” diagnostic center in Lumberton, North Carolina.

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

Very truly yours,

Joy H. Thomas

Enclosures

2 In fact, LRA had additional medical diagnostic equipment in use in 1993. Information on this equipment has not been included in that the GE and Philips equipment alone exceed $500,000.
April 24, 2003

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

Dear Mr. Godwin:

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

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

Best Regards,

Mark Ramigie  
Account Manager-Sales
Exhibit A

Lumberton Radiological Associates, P.A.

Description of Medical Diagnostic Equipment in Use @ LRA in March 1, 1993

<table>
<thead>
<tr>
<th>Description</th>
<th>Install Date</th>
<th>Model #</th>
<th>Serial #</th>
<th>Cost/VMV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiographic &amp; Fluoroscopic w/ Tomo</td>
<td>Dec-81</td>
<td>DXD 625</td>
<td>44095W68</td>
<td>$125,000</td>
</tr>
<tr>
<td>Radiographic &amp; Fluoroscopic w/ Tomo</td>
<td>Dec-83</td>
<td>DXS 650</td>
<td>883072</td>
<td>$148,000</td>
</tr>
<tr>
<td>Radiographic w/ Tomo</td>
<td>Dec-87</td>
<td>MVP - Micro</td>
<td>1179</td>
<td>$91,470</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>Jan-91</td>
<td>SPA 400</td>
<td>09811</td>
<td>$95,000</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>Nov-85</td>
<td>DRF 400R</td>
<td>10275</td>
<td>$33,000</td>
</tr>
</tbody>
</table>

**TOTAL** $482,470
**GENERAL ELECTRIC COMPANY**  |  **MEDICAL SYSTEMS GROUP**  |  **RO. BOX 414, MILWAUKEE, WISCONSIN 53201**

**QUOTATION**

Lumberton Radiology  
209 West 27th Street  
Lumberton, NC  28358

**DATE:** December 17, 1987

---

<table>
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<tr>
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<tbody>
<tr>
<td>1</td>
<td>633249A</td>
<td>MVP Micro Radiographic Generator</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>A8105D</td>
<td>Super Acceleration Motor Controller II</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>A006604C</td>
<td>Automatic Exposure Control Module</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>833318C</td>
<td>RTI Table with Integrated Tube Stand, Tomographic System for RTI Table, Super Speed Rucky and Tray, 12:1 ratio, 103-line Rucky Grid, Sentry Automatic Collimator, Rucky Ion Chamber Detector</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>D1152D</td>
<td>NX75-02A (High Speed) 0.6-1.5,15 degree x-ray tube</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>G6040A</td>
<td>Left handed vertical Rucky Stand</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>C166654C</td>
<td>50 ft. K-V Cables</td>
<td></td>
</tr>
</tbody>
</table>

**Radiographic Room accessories as detailed in prior quote**

**Total**  
$81,470.40

---

**TERMS OF DELIVERY:**

**WARRANTY (copy attached):**

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

**CONTRACT PRICE PROTECTION:** Month subject to increase by ... % per month after such time, and to renegotiation after a period of...

---

**Credit Approval By:**  
**Data of Approval:**

---

**Signatures:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Printed in USA**
CUSTOMER: LUMBERTON RADIOLOGY
ADDRESS: 209 WEST 27TH ST.
CITY, STATE: LUMBERTON, N.C. 28352

CUSTOMER REFERENCE NO.
GE REFERENCE NO. 530777286
EQUIPMENT: AUT. RAD.

EQUIPMENT ACCEPTANCE CERTIFICATE

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

FOR GENERAL ELECTRIC:
Signed: [Signature]
Service Representative
Date: 8/18/88

FOR CUSTOMER:
Signed: [Signature]
Radiologist Assistant
Title: 8/18/88
Date: 9/2/88
Philips Medical Systems

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

PROPOSAL FOR: PHILIPS MAMMOGRAPHIC SYSTEM

PRESENTED TO: LUMBERTON RADIOLOGY ASSOC
      ATTN: MIKE NEWTON - ADMIN.
      WEST 27TH STREET
      LUMBERTON, NC 28358

DATE OF QUOTATION: JUNE 03, 1991

QUOTATION NO: 0580346970B

DELIVERY TERMS: F.O.B. POINT OF SHIPMENT, FREIGHT PREPAID AND ABSORBED

WARRANTY TERMS: 6 MONTHS STANDARD

PAYMENT TERMS: 10% DOWN PAYMENT WITH ORDER, 70% ON DELIVERY OF MAJOR EQUIPMENT AND 20% UPON COMPLETION OF INSTALLATION OR AVAILABILITY FOR FIRST USE, WHICHEVER OCCURS FIRST

PURCHASER'S REQUESTED SHIPPING DATE: JULY 01, 1991

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

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

ADDITIONAL TERMS APPEAR ON THE REVERSE SIDE OF THIS DOCUMENT.

PRESENTED BY:
T. MCDONNELL
REGION MANAGER

V. SCOTT JOHNSON
ACCOUNT MANAGER

CAROLINA REGION
805 PRESSLEY RD, SUITE 101
CHARLOTTE, NC 28217
704-527-9420

ANY RIGGING COSTS ARE THE RESPONSIBILITY OF THE PURCHASER.
<table>
<thead>
<tr>
<th>ITEM</th>
<th>QTY</th>
<th>CATALOG NUMBER</th>
<th>DESCRIPTION</th>
<th>PRICE</th>
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</thead>
<tbody>
<tr>
<td>001</td>
<td>001</td>
<td>FSRSS30D</td>
<td>SPECIAL PROMOTION - MAMMO DIAGNOST UC WITH 18 X 24cm AND 24 X 30cm ACCESSORIES System comprises: MAMMO DIAGNOST UC WITH ROM 20 X-RAY TUBE Universal mammography system with programmed or free selection exposure technique for magnified mammograms, grid or contact mammograms with high sensitive film-screen combination and xerography Features: -40E cabinet containing the X-ray converter generator and carrying the U-shaped radiographic arc. -Ergonomic handgrip control for break release of horizontal, vertical, telescopic, and rotational movements of the arc. Tilting movement is mechanically locked. -Motorized and manual compression can be applied by using several types of compression plates -Object-film table, at the S.I.D. 60cm, contains adjustable improved ionization chamber; prepared for use with different types of cassette holders -Object table for magnification technique -Dedicated converter X-ray generator, exposure voltage selectable from 22-49kV in steps of 1kV; mAs product selectable .for small focus 0.1 in 12 steps from 5 mAs up to 63 mAs .for small focus 0.15 in 14 steps from 5 mAs up to 100 mAs .for large focus in 20 steps from 5 mAs up to 400 mAs Selection for focal spots and two film sensitivities -Computerized automatic exposure control AMPLIMAT 26 for programmed exposure technique -RALIX tube assembly ROM 20/ROT 206, two focal spots selectable between 0.3 and 0.1 or 0.15. Equivalent anode power 3.0kW and 0.5 or 0.8kW. -Selection of molybdenum or aluminum</td>
<td></td>
</tr>
<tr>
<td>ITEM</td>
<td>QTY</td>
<td>CATALOG NUMBER</td>
<td>DESCRIPTION</td>
<td>PRICE</td>
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<tr>
<td>filter for ROTALIX tube assembly</td>
<td></td>
<td></td>
<td>Ligh-beam collimation device to illuminate the exposure field selected</td>
<td></td>
</tr>
<tr>
<td>-Set of accessories:</td>
<td></td>
<td></td>
<td>Transparent radiation shield</td>
<td></td>
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<tr>
<td>-Two compression plates, 18 x 24cm,</td>
<td></td>
<td></td>
<td>small/straight and medium/straight</td>
<td></td>
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<tr>
<td>-One cone for 60 cm S.I.D., 18 x 24cm</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-One compression plate for spot exposures</td>
<td></td>
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<tr>
<td>-One set of film marking plates, 18 x 24cm</td>
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<tr>
<td>-One set of film marking plates, 24 x 30cm</td>
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<tr>
<td>-18 x 24cm moving grid</td>
<td></td>
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<tr>
<td>-18 x 24cm cassette holder</td>
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<tr>
<td>-24 x 30cm moving grid kit</td>
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<tr>
<td>-Holder for accessories</td>
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</table>

**ACR ACCREDITATION AND QUALITY CONTROL KIT**

Includes:
- ACR accreditation phantom
- Hand-held, dual color sensitometer
- Deluxe hand-held "clamshell" densitometer
- Mammography screen-film contact tool
- Digital thermometer
- Four acrylic blocks - 10cm x 10cm x 2cm thick
- Carrying case

This proposal includes 2 days of on-site applications training. Further training is available at an additional charge.
### Options

Selection of any option(s) will increase the contract price by the amount shown in the price column.

<table>
<thead>
<tr>
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<th>Catalog Number</th>
<th>Description</th>
<th>Price</th>
</tr>
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</table>
| 001  | D5303Z1          | OPTI-LOCALIZER BIOPSY SYSTEM | Includes:  
-Large hole biopsy paddle  
-Biopsy cone with cross hairs  
Compatible with Mammo DIAGNOSTS U, UM, and UC | $1,128 |
| 002  | D5304C | THIN CASSETTE ADAPTER FOR AGFA-GEVAERT, DU PONT, KODAK, 3M, AND FUJI 18 x 24cm DAYLIGHT CASSETTES  
For use with magnification tower, cassette holder, and moving grid when incorporated on the Mammo DIAGNOSTS UC and UM. | $494 |
<p>| 003  | D5304D | 24 x 30cm ADAPTER SET FOR THIN CASSETTES | $480 |</p>
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<td>$64,000.00 Due</td>
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PURCHASER APPROVAL AS QUOTED

Rand All 6/4/91
**PURCHASE ORDER**

**No 10119**

**FROM**

LUMBERTON RADIOLOGICAL ASSOCIATES, P.A.
FRANK A. BEHNE, M.D.
CARL W. HOFFMANN, M.D.
ROYD W. BASHIRA, M.D.
P.O. BOX 1237
LUMBERTON, N.C. 28360

**TO**

Ph.ips

**DATE OF ORDER**

6-8-9

**WHEN TO SHIP**

**SHIP VIA**

**F.O.B. POINT**

**FOR OFFICE USE ONLY**

<table>
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<tr>
<th>QUANTITY</th>
<th>PLEASE ENTER OUR ORDER IN ACCORDANCE WITH PRICES, DELIVERY, AND SPECIFICATIONS</th>
<th>PRICE</th>
<th>DATE RECEIVED</th>
<th>QUANTITY RECEIVED</th>
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<td>Mammogram Diagnostic UC</td>
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<td>20% Upon Completion of installation</td>
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**APPROVED BY**

LUMBERTON RADIOLOGICAL ASSOCIATES, P.A.
1. EQUIPMENT LOCATION
   a. NAME OF HOSPITAL, DOCTOR OR OFFICE WHERE INSTALLED
      LUMBERTON RADILOGY ASSC
   b. STREET ADDRESS
      909 WEST 27TH ST
   c. CITY
      LUMBERTON
   d. ZIP CODE
      28359

2. ASSEMBLER INFORMATION
   a. COMPANY NAME
      PHILIPS MEDICAL SYSTEMS
   b. STREET ADDRESS
      805 PRESSLEY RD SUITE 101
   c. CITY
      CHARLOTTE
   d. ZIP CODE
      28217

3. GENERAL INFORMATION
   a. THIS REPORT IS FOR ASSEMBLY OF CERTIFIED COMPONENTS WHICH ARE
      (Check appropriate box(es))
         [ ] NEW ASSEMBLY - FULLY CERTIFIED SYSTEM
         [ ] REASSEMBLY - FULLY CERTIFIED SYSTEM
         [ ] REASSEMBLY - MIXED SYSTEM (both certified and uncertified components)
         [ ] REPLACEMENT COMPONENTS IN AN EXISTING SYSTEM
         [ ] AN ADDITION TO AN EXISTING SYSTEM
   b. INTENDED USE(S) (Check applicable box(es))
      [ ] PODIATRY
      [ ] CT HEAD SCANNER
      [ ] CT WHOLE BODY SCANNER
      [ ] RADIOLOGY THERAPY SIMULATION
      [ ] GENERAL PURPOSE RADIOGRAPHY
      [ ] UROGRAPHY
      [ ] THROMBOGRAPHY
      [ ] RADIOGRAPHY
      [ ] DENTAL RADIOGRAPHIC
      [ ] DENTAL-IMAGING
      [ ] DENTAL-CEPHALOMETRIC
      [ ] OTHER (specify in comments)
   c. THE X-RAY SYSTEM IS (Check one)
      [ ] STATIONARY
      [ ] MOBILE
   d. THE MASTER CONTROL IS IN ROOM
      [ ] HISTOGRAM ROOM
   e. DATE OF ASSEMBLY
      [ ] 11/01/91

4. COMPONENT INFORMATION (If additional space is needed for this section use another form, replacing the preprinted number with this Form Number and complete Items 4, 5, and 8 only)
   a. THE MASTER CONTROL IS
      [ ] NEW INSTALLATION
      [ ] EXISTING (Certified)
      [ ] EXISTING (Non-certified)
   b. MANUFACTURER NAME
      PHILIPS MEDICAL SYSTEMS
   c. CONTROL MANUFACTURER
      PHILIPS MEDICAL SYSTEMS
   d. CONTROL MANUFACTURER MODEL NUMBER
      9848 000
   e. ASSEMBLER MANUFACTURER MODEL NUMBER
      9612 0128 01221
   f. ASSEMBLER MANUFACTURER MODEL NUMBER
      9612 0128 01361
   g. ASSEMBLER MANUFACTURER MODEL NUMBER
      9612 0128 01421
   h. ASSEMBLER MANUFACTURER MODEL NUMBER
      9612 0128 01561
   i. ASSEMBLER MANUFACTURER MODEL NUMBER
      9612 0128 01611
   j. OTHER CERTIFIED COMPONENTS
      [ ] X-RAY CONTROL
      [ ] HIGH VOLTAGE GENERATOR
      [ ] VERTICAL CASSETTE HOLDER
      [ ] SPOT FOCUS ASSEMBLY
      [ ] DENTAL TUBE HEAD
      [ ] OTHER (specify)

5. ASSEMBLER CERTIFICATION
   a. MANUFACTURER NAME
      MARTIN USHINE
   b. DATED
      7-10-91
   c. SIGNATURE
      [ ]
April 10, 1992

Privileged and Confidential
Peer Review Information

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

Dear Dr. Berne:

SUBJECT: ACR Mammography Accreditation ID# 0269
Lumberton Radiological Associates

Unit 2: Philips, MammoDiagnost UC, 1991

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

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

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

Unit 2: Average glandular dose = 128 mRad

Average phantom image scores

fibers = 5.5
specks = 3.0
masses = 3.7

THE UNIT(S) ALSO MET THE CLINICAL IMAGE CRITERIA. However, the reviewers did have comments which might be helpful in further improving the quality of your services. These are enclosed on a comments summary sheet for the above captioned unit(s). During the review each category was scored for each film.
Freeman A. Berne, M.D.
Page 4
April 10, 1992

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

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

Sincerely yours,

[Signature]

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

Enclosures
TEST IMAGE DATA SHEET

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

1. For this mammographic unit, enter the number of the DOSIMETER used on the test image submitted to the ACR at the above address: F00940w4A

2. Manufacturer of the unit being evaluated: Philips
   Model name and number: Mammog Diagnost UC
   Year manufactured: 1991
   Location of unit (room and clinic or hospital name): office

3. Routine-screening technique for 4.5 cm breast (compressed thickness)
   Image receptor: xeroradiography ✓ film/screen

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

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

Grid Used: ✓ Yes ___ No If yes ✓ Moving ___ Fixed
Tube Target: ✓ molybdenum ___ tungsten
Exposure Control: ✓ Automatic (phototimed) ___ manual
Processor is dedicated: ✓ Yes ___ No
Processor type: Kodak ___ time used (seconds): 90 sec; temperature: 95°

4. Technique factors used for exposure of the phantom test image:
   kVp setting used: 68 mA setting used: 1/6 Filtration used: MO
   Exposure time used (seconds) 0.65 mAs setting used: 0.65 mAs
   Focal spot size used: 0.6 mm

5. Print name of individual completing this form, date, and telephone number (including area code):
   Name: M. M. S.
   Date: 02/16/91
   Phone: 919 738-8222

---

Do not write below: Office use only

<table>
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<th>Pass</th>
<th>Fail</th>
<th>Avg gland dose:</th>
<th>Exp</th>
<th>HVL:</th>
<th>TLD:</th>
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<td>Rev #2</td>
<td>Rev #3</td>
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<tr>
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<td>Fail</td>
<td>Masses</td>
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Icm Density: ___

Reviewer: ___

Comments attached?: ___

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