



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

July 18, 2014

David J. French  
PO Box 2154  
Reidsville, NC 27323

**Exempt from Review – Temporary Replacement Equipment**

Facility: Alliance Imaging, Inc.  
Project Description: Temporarily replace a mobile PET/CT scanner while it is being repaired  
County: HSAs I, II, & III  
FID #: 020756

Dear Mr. French:

In response to your letter of June 23, 2014, the above referenced proposal is exempt from certificate of need review in accordance with N.C.G.S 131E-184(a)(7). Therefore, you may proceed to utilize, without a certificate of need, the Siemens Biograph PET/CT 56, serial number 1S9FS482161182979, as a temporary replacement for the existing Siemens Biograph PET/CT 45, serial number 1M9A6A8276H022244, during its repair. Once the Siemens Biograph PET/CT 45 is repaired, the Siemens Biograph PET/CT 56 temporary replacement 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.

Moreover, you need to contact the Radiation Protection Section to determine if they have any requirements for development of the proposed project.

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,

Julie Halatek  
Project Analyst

Martha J. Frisone, Interim Chief  
Certificate of Need Section

cc: Medical Facilities Planning Branch, DHSR  
Radiation Protection Section, DHSR



**Certificate of Need Section**

[www.ncdhhs.gov](http://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

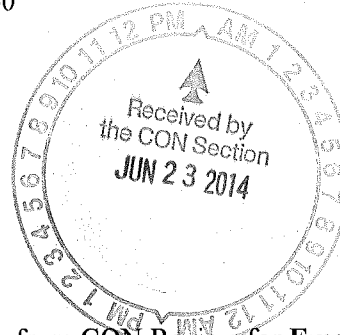
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David J. French  
Strategic Healthcare Consultants  
PO Box 2154  
Reidsville, NC 27323  
336 349-6250

June 23, 2014

Ms. Martha Frisone  
Interim Chief, 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 Western Mobile PET/CT 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 western North Carolina, including Health Service Areas I, II and III.

In 2002, Alliance Imaging Inc. obtained approval for project application # F-6605-02 to implement a mobile PET scanner to serve Health Service Areas I, II and III. In 2006, Alliance obtained an equipment replacement exemption to replace the PET scanner equipment with a PET/CT. The unit that is currently in use is PET/ CT 45 Serial Number 1M9A6A8276H022244. This unit needs to be removed from service because of the urgent need to complete repairs.

Please accept this notice of exemption to temporarily replace the above unit with PET/ CT unit 56, Siemens Biograph 6 Trailer VIN # 1S9FS482161182979, scanner serial #1399. This unit is owned by Alliance Imaging and is readily available to serve as the temporary replacement for the western PET CT scanner.

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 repairs to the PET CT will take approximately 3 weeks to complete.
- 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 because the 2014 MRI inventory form for PET/ CT 45 Serial Number 1M9A6A8276H022244 (that was submitted prior to January 28, 2014) documents that the PET/ CT 45 equipment is currently in use. Furthermore the temporary replacement scanner is already owned by Alliance and no additional capital cost is required. The fair market value for the temporary replacement PET/ CT is less than \$2,000,000. 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. PET/ CT 45 Serial Number 1M9A6A8276H022244 is currently in use to serve mobile host sites throughout western North Carolina.

*(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 scanner is 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 that will utilize the temporary replacement PET/ CT scanner shall be notified by Alliance Imaging that no increases in costs or patient charges will result from the temporary replacement. The host sites are listed in the attached 2014 Equipment Inventory Form.

(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. This notice involves a temporary replacement. The existing equipment will be brought back into service and the temporary replacement unit will be removed from 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 and the temporary replacement unit will be removed from North Carolina.

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

Not applicable. The existing equipment is not leased.

(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.

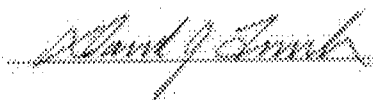
**EQUIPMENT COMPARISON**

	EXISTING EQUIPMENT (To be temporarily removed from NC for repairs.)	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
Serial Number	1M9A6A8276H022244	1S9FS482161182979 Scanner serial # 1399
Provider's Method of Identifying Equipment Specify if Mobile or Fixed	PET CT 45 Mobile	PET CT 56 Mobile
Mobile Trailer Serial Number/VIN #	NA - No changes	NA - No changes
Mobile Tractor Serial Number/VIN #	2006	2006
Date of Acquisition of Each Component	Holds Title	Holds Title
Does Provider Hold Title to Equipment or Have a Capital Lease?	New when acquired	New when acquired
Specify if Equipment Was/Is New or Used When Acquired	NA	Existing equipment
Total Capital Cost of Project (no construction involved)	NA	Purchased in 2006 at a cost of
Total Cost of Equipment	NA	\$2.1 million (Current FMV at
Fair Market Value of Equipment	NA	\$500,000)
Net Purchase Price of Equipment	NA	same
Locations Where Operated	See attached list	Same sites as PET CT 45 list
Number Days In Use/To be Used in N.C. Per Year	365	Specified days for temporary replacement
Percent of Change in Patient Charges (by Procedure)	NA	No increase will result
Percent of Change in Per Procedure Operating Expenses (by Procedure)	NA	No increase will result
Type of Procedures Currently Performed on Existing Equipment	PET CT Procedures	PET CT Procedures
Type of Procedures New Equipment is Capable of Performing	NA	PET CT procedures

The temporary replacement PET/ CT unit 56 will be removed from North Carolina when the repairs to the PET CT 45 have been completed and returned to service.

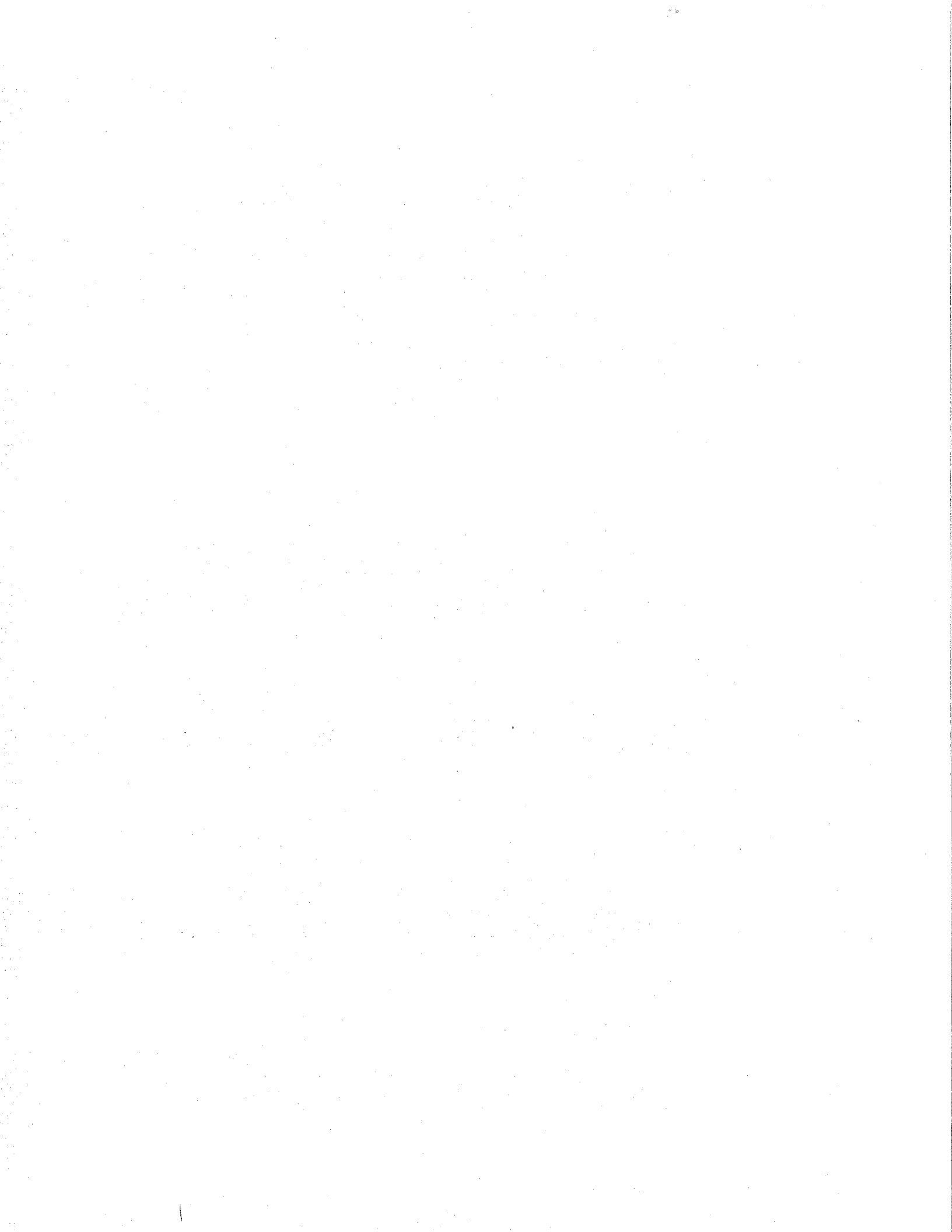
Thank you for your review and consideration of this information. Please call me at 336 349-6250 or 336 432-8308 (cell phone) if you have any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "David French", is written over a horizontal dotted line.

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

CC: Freda Crawford  
Manager of Operations  
Alliance Imaging  
fcrawford@allianceimaging.com  
336 207 5613





**Registration and Inventory of Medical Equipment**  
**Mobile Positron Emission Tomography Scanners**  
January 2013

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**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 the Medical Facilities Planning Branch by **Friday, January 25, 2013**.

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](mailto:DHSR.SMFP.Registration-Inventory@dhhs.nc.gov)
  - b. Mail the form to Kelli Fisk, Medical Facilities Planning Branch, 2714 Mail Service Center, Raleigh, NC 27699-2714.

If you have questions, call Kelli Fisk in the Medical Facilities Planning Branch at (919) 855-3865 or email [DHSR.SMFP.Registration-Inventory@dhhs.nc.gov](mailto: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) 544-3215**  
(Phone Number)

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

**Freda Crawford**  
(Name)

**Manager Operations**  
(Title)

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

**336 207 5613**  
(Phone Number)

**fcrawford@allianceimaging.com**  
(Email)

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

**(336) 349-6250**  
(Phone Number)

**djfrench45@bellsouth.net**  
(Email)





**Section 2: Equipment and Procedures Information**

Time Period for Report:  10/01/2011 – 9/30/2012     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>1</u>	Service Site Number <u>2</u>
Service Site Information: Please include <b>all</b> 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>	<u>1</u>	<u>14</u>
<u>Procedures* – Outpatient</u>	<u>103</u>	<u>457</u>
Total # of procedures* for report period	<u>104</u>	<u>471</u>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	104 hrs  10/01/2011 – 9/30/2012	471 hr  10/01/2011 – 9/30/2012
Total number of hours in operation by site for report period.	104 hrs	471 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 Healthcare Services



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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>3</u>	Service Site Number <u>4</u>
Service Site Information: Please include <b>all</b> of the information requested for each location.	The Presbyterian Hospital 10030 Gillead Road Huntersville, NC 28078  Mecklenburg	Lake Norman Medical Center 171 Fairview Road Mooresville, NC 28117  Mecklenburg
<u>Procedures* – Inpatient</u>	<u>2</u>	<u>2</u>
<u>Procedures* – Outpatient</u>	<u>206</u>	<u>188</u>
Total # of procedures* for report period	<u>208</u>	<u>190</u>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	208 hrs 10/01/2011 – 9/30/2012	190 hrs 10/01/2011 – 9/30/2012
Total number of hours in operation by site for report period.	208 hrs	190 hrs

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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>5</u>	Service Site Number <u>6</u>
Service Site Information: Please include <b>all</b> 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>	<u>0</u>	<u>0</u>
<u>Procedures* – Outpatient</u>	<u>167</u>	<u>105</u>
Total # of procedures* for report period	<u>167</u>	<u>105</u>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	167 hrs  10/01/2011 – 9/30/2012	105 hrs  10/01/2011 – 9/30/2012
Total number of hours in operation by site for report period.	167 hrs	105 hrs

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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 <b>all</b> 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>	<u>0</u>	<u>0</u>
<u>Procedures* – Outpatient</u>	<u>151</u>	<u>264</u>
Total # of procedures* for report period	<u>151</u>	<u>264</u>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	151 hrs 10/01/2011 – 9/30/2012	264 hrs 10/01/2011 – 9/30/2012
Total number of hours in operation by site for report period.	151 hrs	264 hrs

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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>9</u>	Service Site Number <u>10</u>
Service Site Information: Please include <b>all</b> of the information requested for each location.	Rutherford Hosp., Inc. 288 South Ridgecrest Ave. Rutherfordton, NC 28193  Rutherford	Watauga Medical Center 336 Deerfield Road Boone, NC 28607  Watauga
<u>Procedures* – Inpatient</u>	<u>0</u>	<u>0</u>
<u>Procedures* – Outpatient</u>	<u>127</u>	<u>106</u>
Total # of procedures* for report period	<u>127</u>	<u>106</u>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	127 hrs  10/01/2011 – 9/30/2012	106 hrs  10/01/2011 – 9/30/2012
Total number of hours in operation by site for report period.	127 hrs	106 hrs

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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 <b>all</b> 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>	<u>0</u>	<u>0</u>
<u>Procedures* – Outpatient</u>	<u>61</u>	<u>115</u>
Total # of procedures* for report period	<u>61</u>	<u>115</u>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	61 hrs 10/01/2011 – 9/30/2012	115 hrs 10/01/2011 – 9/30/2012
Total number of hours in operation by site for report period.	61 hrs	115 hrs

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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	
	<u>Service Site Number <b>13</b></u>	<u>Service Site Number <b>14</b></u>
Service Site Information: Please include <b>all</b> 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>	<u>0</u>	<u>0</u>
<u>Procedures* – Outpatient</u>	<u>94</u>	<u>104</u>
Total # of procedures* for report period	<u>94</u>	<u>104</u>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	94 hrs  10/01/2011 – 9/30/2012	104 hrs  10/01/2011 – 9/30/2012
Total number of hours in operation by site for report period.	94 hrs	104 hrs

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



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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 <b>all</b> 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>	<u>1</u>	<u>8</u>
<u>Procedures* – Outpatient</u>	<u>123</u>	<u>78</u>
Total # of procedures* for report period	<u>124</u>	<u>86</u>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	124 hrs  10/01/2011 – 9/30/2012	86 hrs  10/01/2011 – 9/30/2012
Total number of hours in operation by site for report period.	124 hrs	86 hrs

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Model Number	PET/CT	
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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>18</u>
Service Site Information: Please include <b>all</b> of the information requested for each location.	Randolph Hospital 364 White Oak Street Asheboro, NC 27203  Randolph	Cone Health 2630 Willard Dairy Rd. High Point, NC 27265  Guilford
<u>Procedures* – Inpatient</u>	<u>1</u>	<u>0</u>
<u>Procedures* – Outpatient</u>	<u>106</u>	<u>11</u>
Total # of procedures* for report period	<u>107</u>	<u>11</u>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	107 hrs  10/01/2011 – 9/30/2012	11 hrs  10/01/2011 – 9/30/2012
Total number of hours in operation by site for report period.	107 hrs	11 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 Healthcare Services



**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		<b>Total Number of Patients</b>	<b>2595</b>

Name of entity that acquired the equipment (from page 1) **Alliance Healthcare Services**



**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.

Signature *Freda J Crawford*

Print Name **Freda Crawford**

Date signed **January 2, 2013**

Please complete all sections of this form and return to the Medical Facilities Planning Branch by **Friday, January 25, 2013**.

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](mailto:DHSR.SMFP.Registration-Inventory@dhhs.nc.gov)
  - b. Mail the form to Kelli Fisk in the Medical Facilities Planning Branch, 2714 Mail Service Center, Raleigh, NC 27699-2714.

If you have questions, call Kelli Fisk in the Medical Facilities Planning Branch at (919) 855-3865 or email [DHSR.SMFP.Registration-Inventory@dhhs.nc.gov](mailto:DHSR.SMFP.Registration-Inventory@dhhs.nc.gov).