



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 6, 2015

John H., Gizdic
2131 South 17th Street
Wilmington, NC 28402

Exempt from Review – Replacement Equipment

Record #: 1676
Facility Name: New Hanover Regional Medical Center
FID #: 943372
Business Name: New Hanover Regional Medical Center
Business #: 1308
Project Description: Replace interventional radiology bi-plane machine
County: New Hanover

Dear Mr. Gizdic:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of June 26, 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, GEMS Innova 3131IQ interventional radiology bi-plane machine, to replace the existing Toshiba bi-plane interventional unit, Serial Number SPE7110. This determination is based on your representations that the existing 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 & Home Care Licensure and Certification Sections to determine if they have any requirements for development of the proposed project.



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

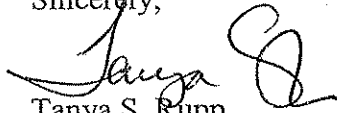
An Equal Opportunity/ Affirmative Action Employer




John Gizdic
August 6, 2015
Page 2

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,


Tanya S. Rupp
Project Analyst


Martha J. Frisone,
Assistant Chief, Certificate of Need

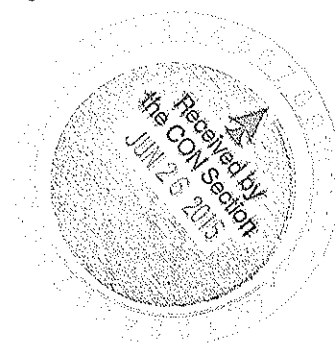
cc: Construction Section, DHSR
Assistant Chief, Healthcare Planning
Acute and Home Care Licensure and Certification Section, DHSR

June 16, 2015

Shelley Carraway, Chief
Certificate of Need Section
Division of Health Service Regulation
N.C. Dept. of Health & Human Services
2704 Mail Service Center
Raleigh, NC 27699-2704

NHRM id = 1676

Bus-1308



RE: Notice of Exempt Acquisition by New Hanover Regional Medical Center

Dear Ms. Carraway:

New Hanover Regional Medical Center (“NHRMC”), proposes to replace its interventional radiology bi-plane machine, and the purpose of this letter in connection with this transaction is to notify the Division of Health Service Regulation (the “Division”) of NHRMC’s plans for this replacement. Further, NHRMC is requesting confirmation from the Department that the transaction as described below does not constitute a new institutional health service subject to certificate of need (“CON”) review.

NHRMC is replacing this equipment due to end of life, end of service, limited parts availability, and excessive downtime. The manufacturer of this equipment, GE, was selected based upon compatibility with existing patient service, Neuro-interventional Radiologist acceptance, and in-house biomedical service access. A brochure on this technology is provided as Exhibit A for reference and additional detail.

Because the replacement equipment will cost more than \$750,000, acquisition of this equipment would constitute a new institutional health service under N.C.G.S. § 131E-176(14o). However, this acquisition is nevertheless exempt from CON review under N.C.G.S. § 131E-184(a)(7) because it is for “replacement equipment.”

“Replacement equipment” means equipment that costs less than two million dollars (\$2,000,000) and is purchased for the sole purpose of replacing comparable medical equipment currently in use which will be sold or otherwise disposed of when replaced.
N.C.G.S. § 131E-176(22a).

To qualify for this exemption, the replacement equipment must (1) cost less than \$2,000,000, (2) be “comparable” to the equipment it replaces, and (3) replace equipment that is then “sold or otherwise disposed of.” NHRMC’s proposed acquisition qualifies for this exemption, as discussed below.

As set forth in the equipment comparison form, quote, and purchase order (attached as Exhibit B), the cost and fair market value of the equipment for this replacement is \$1,042,534, inclusive of delivery and installation charges. Note there is no trade-in allowance due to the age of current equipment. Some minor construction and assessment is required for installation.

New Hanover Regional Medical Center
Bi-plane replacement
June 16, 2015
Page 2 of 2

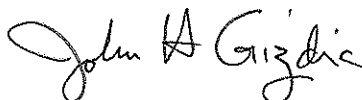
Accordingly, the total cost for this acquisition is \$1,377,282. The capital cost form for this acquisition is enclosed as Exhibit C.

Finally, the current bi-plane in use at NHRMC will be traded in and will be taken out of service upon arrival and installation of the replacement unit. See attached letter (Exhibit D) from GE indicating compliance with CON requirements for this trade-in unit.

For the reasons set forth above, NHRMC respectfully requests that the Agency confirm that this acquisition does not require CON review. If you need any further information on this matter, please let me know. I will look forward to hearing from you soon.

With best wishes, I am

Very truly yours,

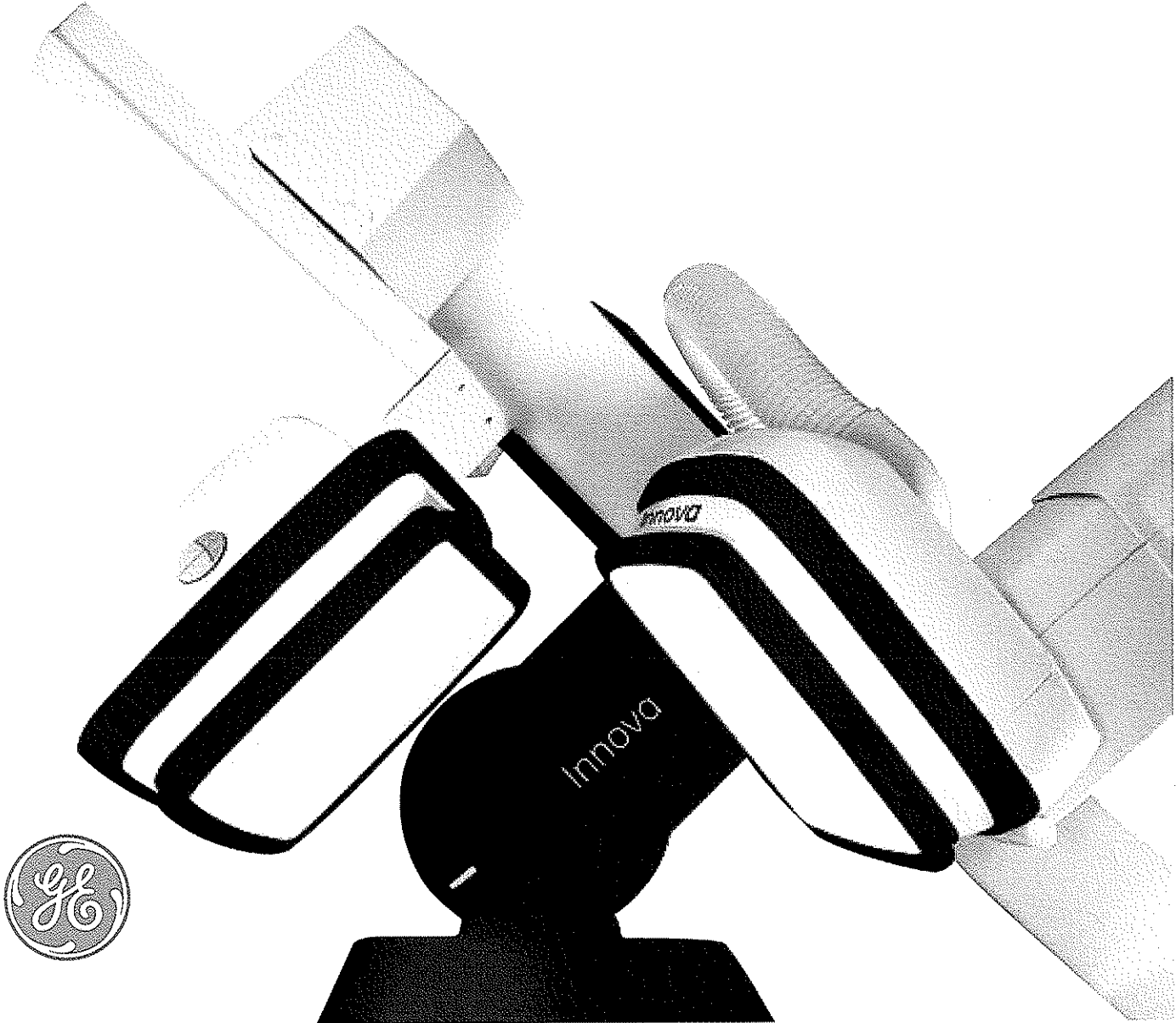
A handwritten signature in cursive script that reads "John H. Gizdic". The signature is written in black ink and is positioned above the printed name.

John H. Gizdic

JHG:kkh
Enclosures

Join the [R]evolution in Interventional Neuroradiology

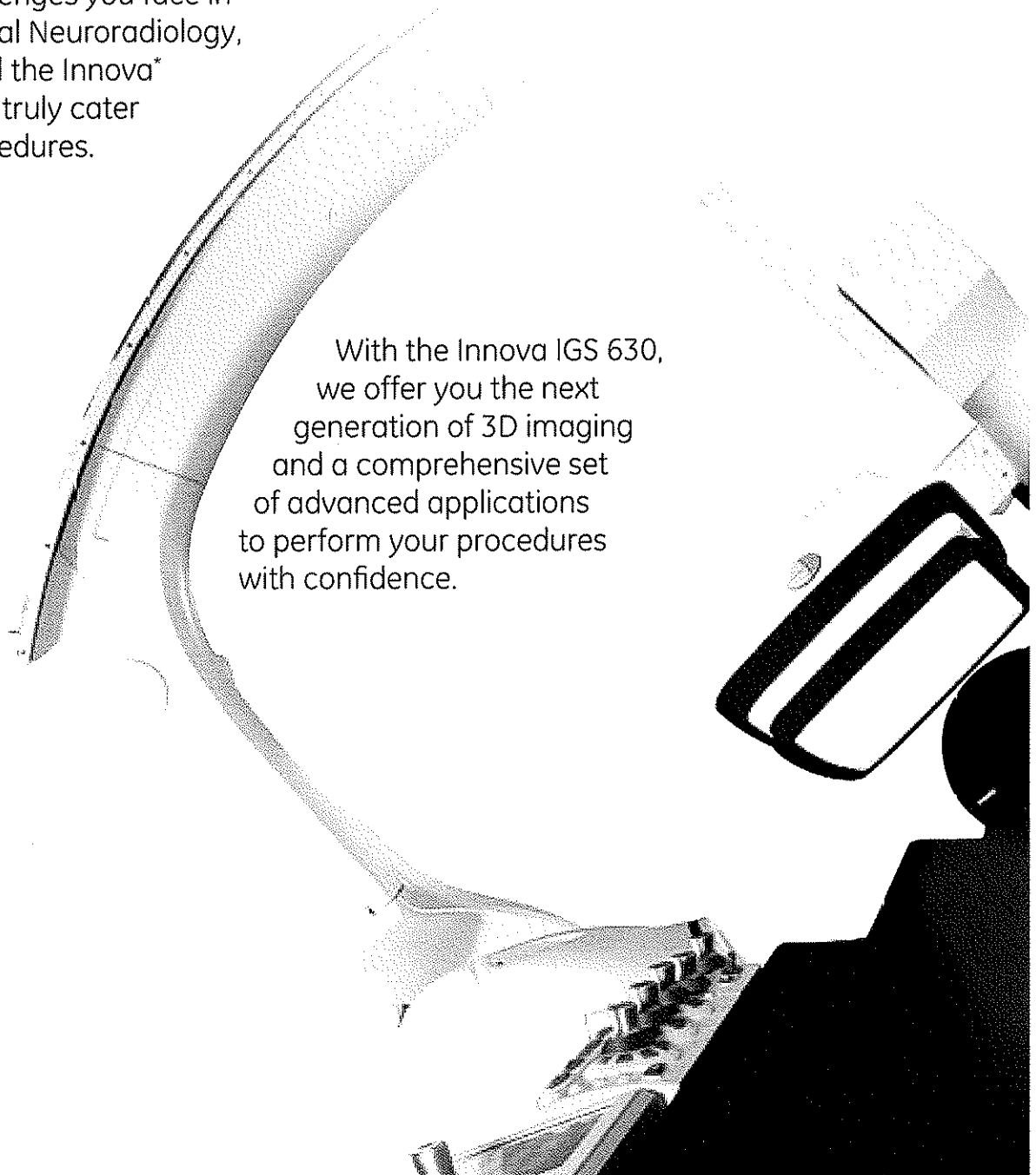
Innova IGS 630 with Innova CT HD



Meeting The Challenges of Interventional Neuroradiology

Because we understand the unique clinical challenges you face in Interventional Neuroradiology, we designed the Innova* IGS 630^{1,2} to truly cater to your procedures.

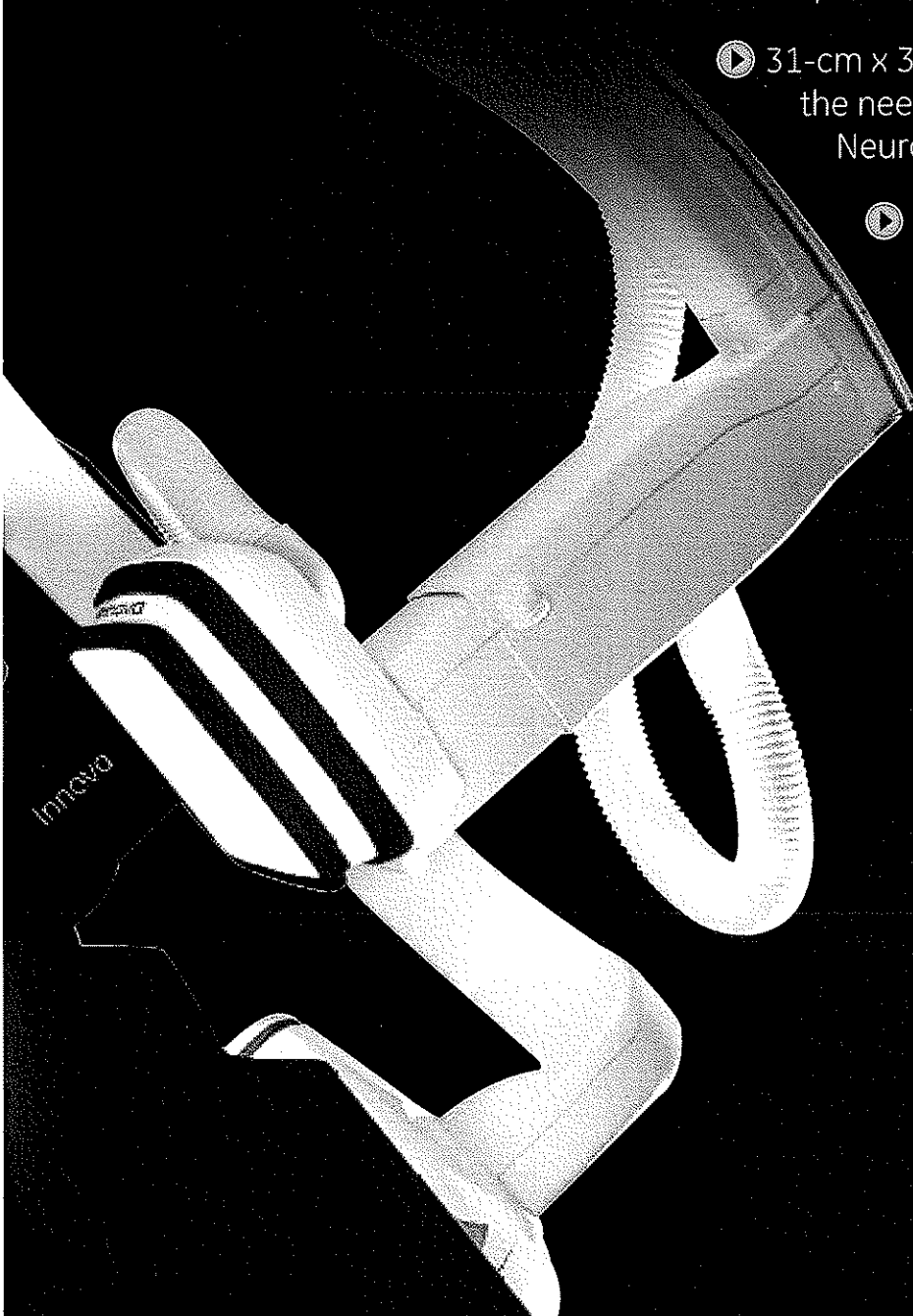
With the Innova IGS 630, we offer you the next generation of 3D imaging and a comprehensive set of advanced applications to perform your procedures with confidence.



Performance Imaging. At All Time.

The Innova IGS 630 leverages GE Healthcare's leadership in flat panel imaging:

- ▶ 31-cm x 31-cm detector that fits the needs of Interventional Neuroradiology imaging
- ▶ Excellent performance in low-dose fluoroscopy and record modes, with high Detective Quantum Efficiency (DQE)



Enhanced User Experience

Innova Central Touchscreen

Control At Your Fingertips

Select image acquisition parameters, manage 2D series and control advanced 3D applications with the intuitive touch screen.

Innova Smart Gantry

Easily Manage The Position

Position quickly and precisely the gantry and avoid patient panning using lateral C-Arm off-isocenter imaging.

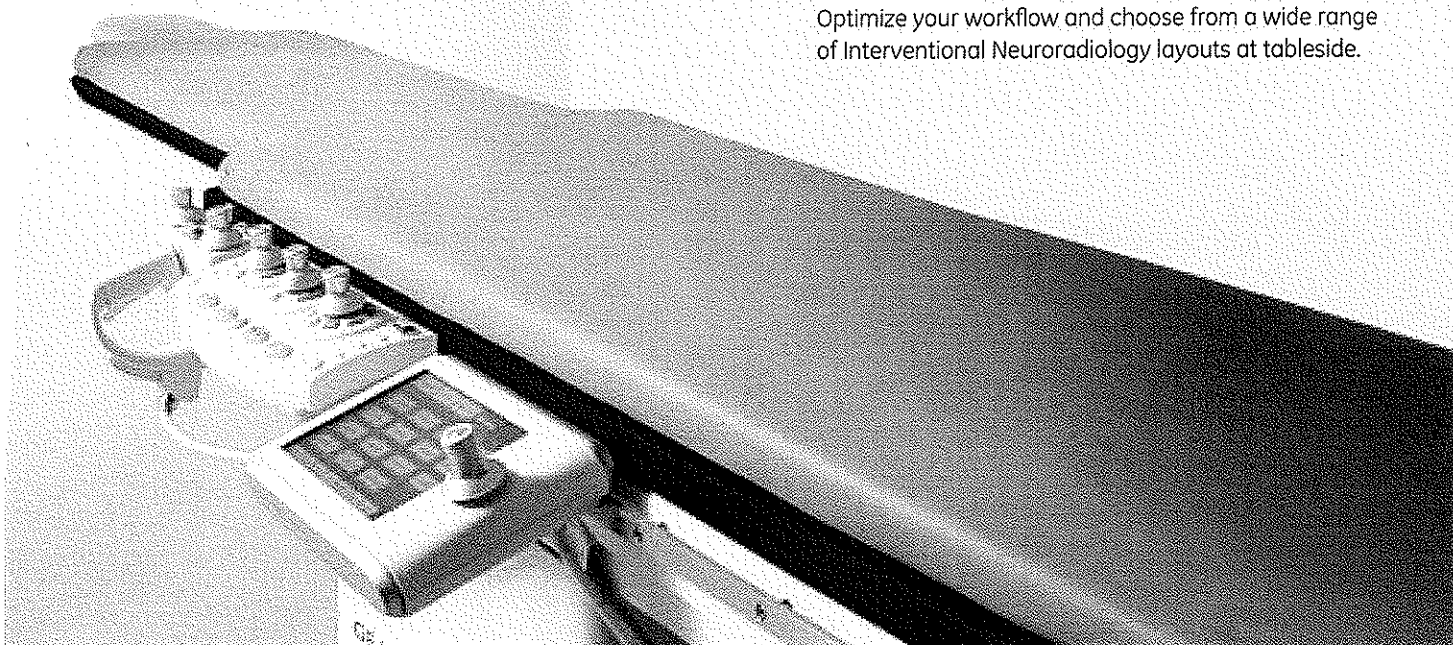
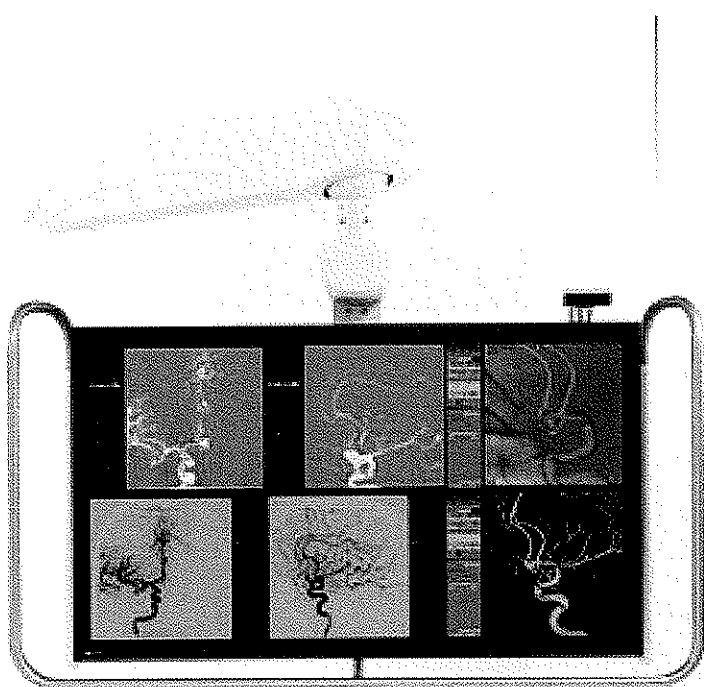
Control at tableside Innova, MR, CT and PET images with the In-Room 3D Mouse.

56" Large Display Monitor

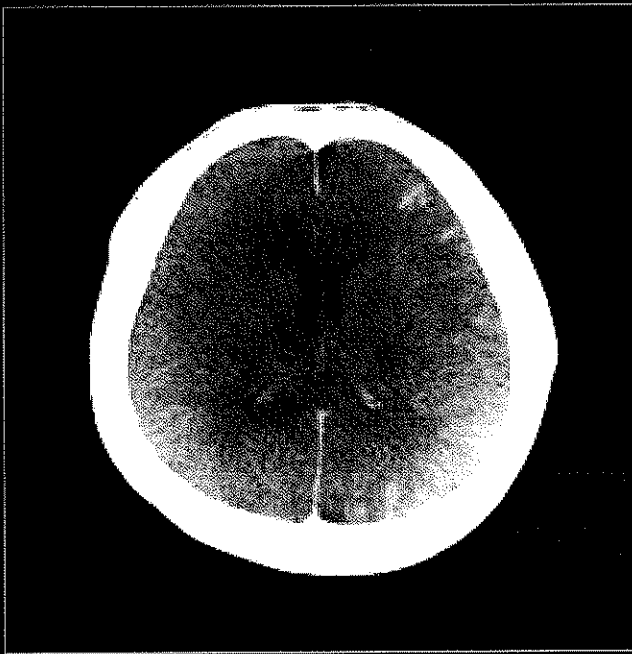
Powerful. Comfortable. Flexible.

See information how, where and when you want it.

Optimize your workflow and choose from a wide range of Interventional Neuroradiology layouts at tableside.



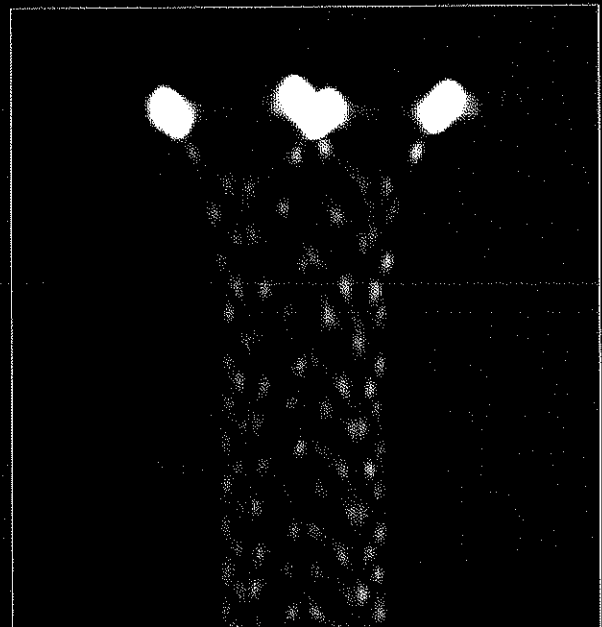
3D Imaging Next Generation



Innova CT HD

GE Healthcare pushes the frontiers of 3D imaging and offers with Innova CT HD the next generation of 3D technologies to meet the unique needs of Interventional Neuroradiology.

- ▶ Excellent image quality, reducing streak artifacts without increasing the dose
- ▶ Superb 3D images for soft tissue visualization
- ▶ Higher spatial resolution for better small device visualization



Plan, Guide and Assess with Confidence

Integrated Registration

Plan radiotherapy by fusing MR and Innova 3D images together



Innova Vision

Guide devices for aneurysm coiling with real time 3D roadmapping



Innova TrackVision

Plan trajectories and guide needle procedures in bones



AngioViz

Assess impact of AVM embolization on vascular flow



Excellence in Dose Management

DoseSense

The Right Image At The Right Dose

The IGS 630 features DoseSense, a comprehensive set of dose management tools that further extend dose efficiency**:

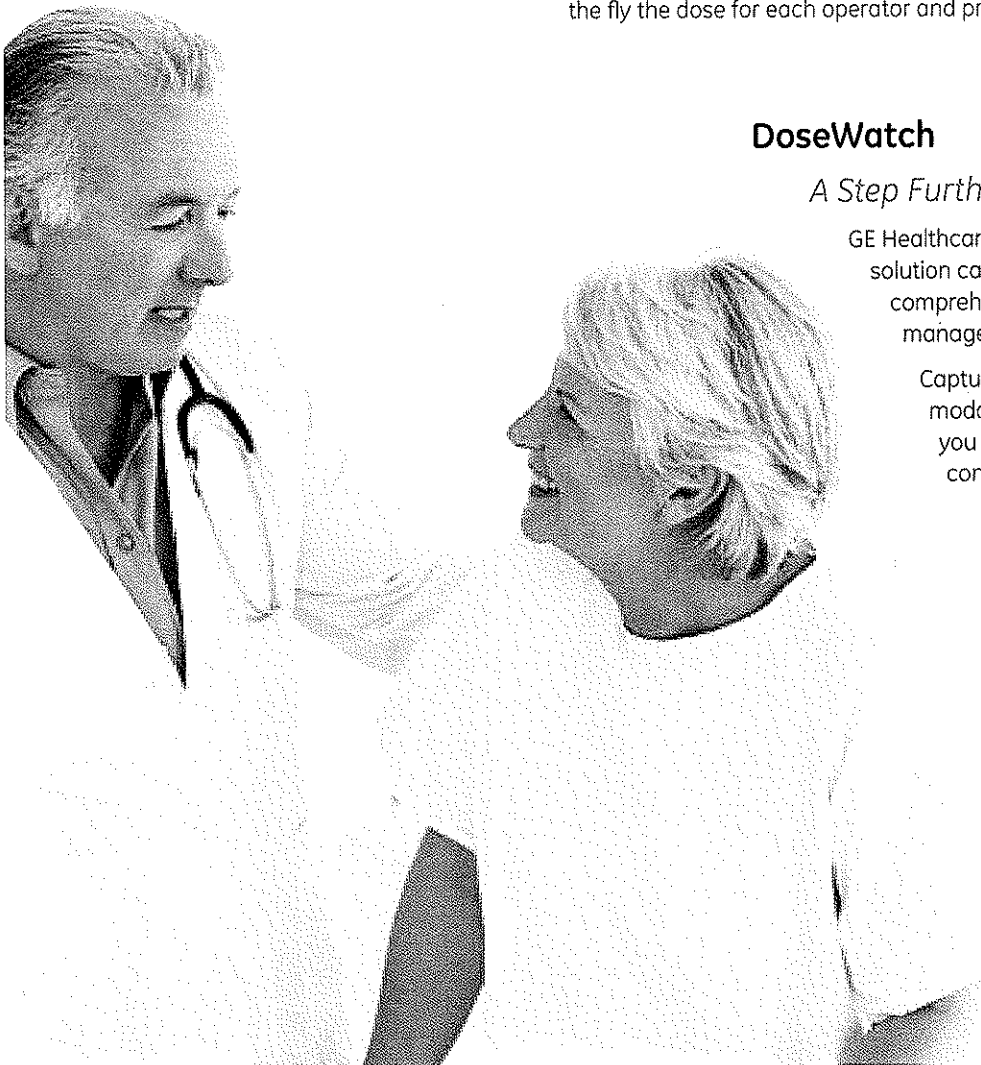
- ▶ Personalize and select your dose settings at tableside to achieve the IQ/Dose balance that fits your procedure needs
- ▶ Keep image quality and dose at optimum levels with GE Healthcare's exclusive AutoEX, adapting on the fly the dose for each operator and procedure

DoseWatch

A Step Further in Dose Management

GE Healthcare's DoseWatch dose management solution can be the cornerstone of a comprehensive, proactive radiation management program.

Capturing dose data from multiple imaging modalities systems***, DoseWatch gives you insightful, actionable information, with configurable alerts.



Data subject to change.
Marketing Communications GE Medical Systems
Société en Commandite Simple au capital de 64.475.055 Euros
RCS Versailles B 315 013 359
A General Electric company, doing business as GE Healthcare

* GE, GE Monogram and Innova are trademarks
of General Electric Company

** The dose efficiency may vary depending on the clinical task,
patient size, anatomical location and clinical practice.

*** Compatible with Dose SR and MPPS format files.

¹ Is not CE marked and cannot be placed on the EU market/put
into service until such a device gets its CE mark. Additionally
cannot be marketed (including advertising and promotions)
in Austria, Belgium, Czech Republic, Denmark, Luxembourg,
Portugal, Slovenia and Spain. Italy and Switzerland limit
Advertising and Promotion to Healthcare Professional.

² Cannot be marketed (including advertising and promotions)
in countries where market authorization is required and not
yet obtained. Refer to your sales representative.

France
Paris
Fax: +33 (0) 1 30 70 94 55

Japan
Tokyo
Fax: + 81-3-3223-8524

Singapore
Fax: +65 62917006

USA
Milwaukee
Fax: + 1-262-521-6123

Exhibit A

About GE Healthcare

GE Healthcare provides transformational medical technologies and services that are shaping a new age of patient care. Our broad expertise in medical imaging and information technologies, medical diagnostics, patient monitoring systems, drug discovery, biopharmaceutical manufacturing technologies, performance improvement and performance solutions services help our customers to deliver better care to more people around the world at a lower cost. In addition, we partner with healthcare leaders, striving to leverage the global policy change necessary to implement a successful shift to sustainable healthcare systems.

Our “healthymagination” vision for the future invites the world to join us on our journey as we continuously develop innovations focused on reducing costs, increasing access and improving quality around the world.

Headquartered in the United Kingdom, GE Healthcare is a unit of General Electric Company (NYSE: GE). Worldwide, GE Healthcare employees are committed to serving healthcare professionals and their patients in more than 100 countries. For more information about GE Healthcare, visit our website at www.gehealthcare.com.

GE Healthcare
Chalfont St.Giles,
Buckinghamshire,
UK



GE imagination at work

EQUIPMENT COMPARISON

	EXISTING EQUIPMENT	REPLACEMENT EQUIPMENT
Type of Equipment (List Each Component)	Bi-plane interventional unit	Bi-plane interventional unit
Manufacturer of Equipment	Toshiba	GEMS
Tesla Rating for MRIs	N/A	N/A
Model Number	AngioRex	Innova 313IIQ
Serial Number	SPE7110	
Provider's Method of Identifying Equipment	Asset Tag #17044	Asset Tag #
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	December 1997	September 2015
Does Provider Hold Title to Equipment or Have a Capital Lease?	Title	Title
Specify if Equipment Was/Is New or Used When Acquired	New	Refurbished
Total Capital Cost of Project (Including Construction, etc.) <Use Attached Form>	Unknown	\$334,748 (renovations)
Total Cost of Equipment	\$1,333,600	\$1,042,533.90
Fair Market Value of Equipment	\$0.00	\$1,042,533.90
Net Purchase Price of Equipment	\$1,333,600	\$1,042,533.90
Locations Where Operated	Radiology - 17th Street	Radiology - 17th Street
Number Days In Use/To be Used in N.C. Per Year	365	365
Percent of Change in Patient Charges (by Procedure)	Zero	Zero
Percent of Change in Per Procedure Operating Expenses (by Procedure)	Zero	Zero
Type of Procedures Currently Performed on Existing Equipment	Neuro-interventional, interventional vascular procedures, angiography	Neuro-interventional, interventional vascular procedures, angiography
Type of Procedures New Equipment is Capable of Performing	Same	Same

Exhibit B



GE Healthcare

Date: 12-12-2014
Quote #: PR9-C31584
Version #: 3

New Hanover Regional Medical Center
2131 S 17th St
Wilmington NC 28401-7407

Attn: David Bellegante
2131 S 17th St Wilmington
NC 28401-7407

Date: 12-12-2014

Quote Summary Heading

Qty	Description	Ext Sell Price
	IR & Neuro Lab - 3131	
1	SilverPreferred Innova 3131	\$898,533.90
	Biplane Upgrades	
1	Biplane Upgrades	\$135,000.00
	In Room Browser and Fluorostore	
1	IGS 530 Upgrades and Add-ons	\$9,000.00
	Quote Summary:	
	Total Quote Net Selling Price	\$1,042,533.90

Summary Note

Exhibit B



GE Healthcare

Date: 12-12-2014
Quote #: PR9-C31584
Version #: 3

New Hanover Regional Medical Center Attn: David Bellegante
2131 S 17th St 2131 S 17th St Wilmington
Wilmington NC 28401-7407 NC 28401-7407

Customer Number : 1-2316IC
Quotation Expiration Date: 12-28-2014

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(Lies); (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 for 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: MedAssets
Terms of Delivery: FOB Destination
Billing Terms: 80% on Delivery/ 20% on Acceptance or First Patient Use
Payment Terms: NET 30
Total Quote Net Selling Price: \$1,042,533.90

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 duty authorized representative as of the date set forth below.

CUSTOMER GE HEALTHCARE
Authorized Customer Signature Date Sarah Thomas 12-12-2014
Print Name Print Title Signature Date
Purchase Order Number (if applicable) Product Sales Specialist
Email: Sarah.Thomas@ge.com
Phone: +1 262 347 9347

Exhibit B



GE Healthcare

Date: 12-12-2014
Quote #: PR9-C31584
Version #: 3

Total Quote Selling Price	\$1,042,533.90
Trade-In and Other Credits	\$0.00

Total Quote Net Selling Price	\$1,042,533.90

To Accept this Quotation

Please sign and return this Quotation together with your Purchase Order To:

Sarah Thomas

Mobile: +1 262 347 9347

Email: Sarah.Thomas@ge.com

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

Exhibit B



GE Healthcare

Date: 12-12-2014
Quote #: PR9-C31584
Version #: 3

12-12-2014

GPO Agreement Reference Information

Customer: David Bellegante
Contract Number: EG 126,152, 170 MS02310, 03240,03242,03244,03245 03246,03248
Start Date:
End Date: 07/31/2019

Billing Terms: 80% on Delivery/ 20% on Acceptance or First Patient Use
Payment Terms: NET 30
Shipping Terms: FOB Destination

For a copy of the GPO contract or summary, please go to your GPO Membership login page connect.medassets.com. If a copy of the contract is not available on your membership page, please contact your GPO client manager.

Offer subject to the Terms and Conditions of the applicable Group Purchasing Agreements currently in effect between GE Healthcare and MedAssets include EG-159 BM05813 (Angio), EG-163 BM06933 (Card and Rad Ultrasound), EG-165 BM01689 (DR), EG-158 BM05813 (Card Cath Lab), and EG171 MS01102 (DCAR).



GE Healthcare

Date: 12-12-2014
Quote #: PR9-C31584
Version #: 3

Item No.	Qty	Catalog No.	Description	Ext Sell Price
	1		IR & Neuro Lab - 3131 SilverPreferred Innova 3131	
1	1	J1501GR	<p>PRE-OWNED INNOVA 3131IQ</p> <p>GE* Certified Pre-owned Innova Biplane 3131IQ Innova 3131IQ Vascular and Interventional The Innova 3131IQ is an angulating Biplane X-ray system designed for bi-directional x-ray imaging utilizing fluoroscopy, high rate cine, and optional DSA imaging. It provides a full range of clinical angulations and options including 3D imaging techniques for vascular and non-vascular diagnosis and intervention. Biplane Innova Positioner</p> <ul style="list-style-type: none"> • Patented 3-axis Isocentric Design <ul style="list-style-type: none"> - Unique Floor Mounted L-arm and Offset C-arm Frontal Positioner - Ceiling mounted lateral C-arm Innova Digital Flat Panel Biplane Image Chain • Dual 30 by 30 cm Digital Flat panels • 30 cm (12"), 20 cm (9"), 16 cm(7") and 12 cm (5") Fields of view • Biplane Innova 100 Kw Generator System • Dual 100 Kw X-ray generation systems • Automated dose and image quality control with AutoEx multiparameter technique optimization • Provides grid pulsed variable frame rate fluoroscopy: <ul style="list-style-type: none"> - Single plane mode - 7.5, 15, and 30 fps - Biplane mode - 7.5 and 15 fps • High Frame rate cine: <ul style="list-style-type: none"> - Single plane mode - 15 and 30 fps - Biplane mode - 15 fps • Optional DSA at .5 to 7.5 fps in single plane mode, .5 to 3.75 fps in biplane mode • Automatic pulse width optimizaton • Automatic Beam Filtration insertion • Automatic Dose reporting system • Biplane Performix 160A X-ray Tubes <ul style="list-style-type: none"> - Trifocus focal spots -.3 mm, .6 mm and 1.0 mm Focal Spots 	\$540,360.00



GE Healthcare

Exhibit B

Date: 12-12-2014
Quote #: PR9-C31584
Version #: 3

New Hanover Regional Medical Center
2131 S 17th St
Wilmington NC 28401-7407

Attn: David Bellegante
2131 S 17th St Wilmington
NC 28401-7407

Date: 12-12-2014

Quote Summary Heading

Qty	Description	Ext Sell Price
	IR & Neuro Lab - 3131	
1	SilverPreferred Innova 3131	\$898,533.90
	Biplane Upgrades	
1	Biplane Upgrades	\$135,000.00
	In Room Browser and Fluorostore	
1	IGS 530 Upgrades and Add-ons	\$9,000.00
	Quote Summary:	
	Total Quote Net Selling Price	\$1,042,533.90

Summary Note

Exhibit B

COMPANY GLN:

Purchase Order: 1499896-0-CAP

ORIGINAL

NEW HANOVER REGIONAL MED CNTR

Page: 1
Date: 12/29/14

SHIP TERMS: FOB DESTINATION
SHIP VIA:

FREIGHT: STANDARD TRUCK

VENDOR: 6587

GE HEALTHCARE
2984 COLLECTIONS CENTER DRIVE
CHICAGO IL 60693

SHIP TO:
NEW HANOVER DISTRIBUTION CNTR
RECEIVING DOCK
2131 SOUTH 17TH ST
WILMINGTON NC 28401

Invoice To:
New Hanover Regional Medical Center
P.O. Box 1649
Wilmington, NC 28402

CONTACT: Heather Montoya
PHONE: 800-581-5600
FAX:

CONTACT: Joey Pedro
PHONE: 910-815-5891
FAX: 910-815-5987
BUYER GLN: *Joey Pedro*
S.S.C.

TERMS

DISCOUNT
DAYS RATE NET ACCOUNT NUMBER

Net Due 35 Days

35



Deliver on January 12, 2015 unless specified by line
Purchase Order Currency: United States Dollar

Invoice by mail
Process Level: REG

Quote#: PR9-C31584 ...
Dated: 12/12/2014....

IR & Neuro Lab -3131, Biplane Upgrades &
In Room Browser and Fluorostore
with all Included Parts & Accessories....

All items to be configured as noted on Quote# PR9-C31584.

Activity# 120-15-013 asset tag# Biomed to assign...

Please contact Debra Carter,
Manager Radiology Operations
with any specification questions at 910-342-3196.
Debra.Carter@nhrmc.org

LINE	ITEM NUMBER DESCRIPTION	QUANTITY PRICE	EXTENDED AMOUNT
------	----------------------------	-------------------	-----------------

1	IR&NEURO/BIPLANE/IN RM FLUORO 80% DUE ON DELIVERY Vendor Item Number: ASSET TAG# BIOMED TO ASSIGN	1 LO 834,027.12	834,027.12
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Exhibit B

COMPANY GLN:

Purchase Order: 1499896-0-CAP

ORIGINAL

NEW HANOVER REGIONAL MED CNTR

Page: 2

Date: 12/29/14

LINE	ITEM NUMBER DESCRIPTION	QUANTITY PRICE	EXTENDED AMOUNT
------	----------------------------	-------------------	-----------------

1 IR&NEURO/BIPLANE/IN RM FLUORO Continued
80% DUE ON DELIVERY
Vendor Item Desc:

2	IR&NEURO/BIPLANE/IN RM FLUORO 20% UPON ACCEPTANCE/ 1ST PT USE Vendor Item Number: ASSET TAG# BIOMED TO ASSIGN Vendor Item Desc:	1 LO 208,506.78	208,506.78
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Purchase Order Summary

Goods Total:	1,042,533.90
Order Total:	1,042,533.90

End of Purchase Order: 1499896-0-CAP

PROPOSED TOTAL CAPITAL COST OF PROJECT

Project Name: NHRMC CT Replacement

Provider/Company: New Hanover Regional Medical Center

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**.....\$ _____

B. Construction Contract

- (8) Cost of Materials
 - General Requirements
 - Concrete/Masonry
 - Woods/Doors & Windows/Finishes
 - Thermal & Moisture Protection
 - Equipment/Specialty Items
 - Mechanical/Electrical
 - Other (Specify)
 - Sub-Total Cost of Materials.....\$ _____
- (9) Cost of Labor.....\$ _____
- (10) Other (Specify).....\$ _____
- (11) **Sub-Total Construction Contract**.....\$334,748

C. Miscellaneous Project Costs

- (12) Building Purchase.....\$ _____
- (13) Fixed Equipment Purchase/Lease..... \$1,042,533.90
- (14) Movable Equipment Purchase/Lease.....\$ _____
- (15) Furniture.....\$ _____
- (16) Landscaping.....\$ _____
- (17) Consultant Fees
 - Architect and Engineering Fees.....\$ _____
 - Legal Fees.....\$ _____
 - Market Analysis.....\$ _____
 - Other (Specify).....\$ 2,000 (Physicist assessment)
 - Other (Specify).....\$ _____
 - Sub-Total Consultant Fees.....\$ _____
- (18) Financing Costs (e.g. Bond, Loan, etc.).....\$ _____
- (19) Interest During Construction.....\$ _____
- (20) Other (Specify).....\$ _____
- (21) **Sub-Total Miscellaneous**.....\$ _____
- (22) **Total Capital Cost of Project**.....\$377,281.90

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

(Signature of Licensed Architect or Engineer)

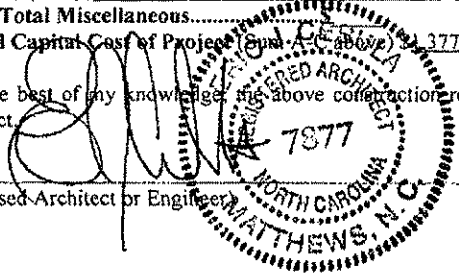


Exhibit C

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



(Signature of Officer Authorized to Represent Provider/Company)

Vice President 6/17/15 -
(Title of Officer)
Facilities + Support
SVCS.



Exhibit D

June 19, 2015

David Bellegante
New Hanover Regional Medical Center
2131 S. 17th Street
Wilmington, NC 28401

RE: Toshiba Biplane

Dear Customer,

General Electric Company, by and through its GE Healthcare Division ("GE Healthcare"), sincerely thanks you for your continued business and support. GE Healthcare values the relationship that we have with New Hanover Regional Medical Center ("Customer")

The purpose of this letter is to inform Customer that GE Healthcare will be responsible for removing Customer's existing Toshiba Biplane system with serial number HC1660A (the "System") as part of the upcoming purchase of a GE Healthcare IR & Neuro Lab system as described in GE Healthcare Quotation No. PR9-C31584 (Version 7) dated June 17, 2015 and the Trade In Addendum dated December 29, 2014 for the System attached hereto and executed by the parties. GE Healthcare will coordinate with Customer regarding the de-installation and removal of the System. GE Healthcare understands and confirms that this unit may not be returned to the State of North Carolina without proper authorization from the Certificate of Need (CON) Section of the North Carolina Division of Health Services Regulation.

Thank you again for the opportunity to earn your business. If you have any additional questions, feel free to call me at any time.

Sincerely,

Sarah Thomas
Product Sales Specialist
GE Healthcare
(262) 347-9347
Sarah.Thomase@ge.com