



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

December 4, 2018

David French
Email: djffrench45@gmail.com

Exempt from Review – Replacement Equipment

Record #: 2791
Business Name: Alliance Health Services, Inc.
Business #: 60
Project Description: Replace an existing grandfathered MRI scanner
County: Wake

Dear Mr. French:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of November 29, 2018, the above referenced proposal is exempt from certificate of need review in accordance with N.C. Gen. Stat. §131E-184(a)(7). Therefore, you may proceed to acquire without a certificate of need the GE Voyager (VOYA 5) MRI scanner to replace the Signa 465 MRI scanner. This determination is based on your representations that the existing unit will be sold or otherwise disposed of and will not be used again in the State without first obtaining a certificate of need if one is required.

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

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

Sincerely,

Fatimah Wilson
Team Leader

Martha J. Frisone
Chief, Healthcare Planning and
Certificate of Need Section

cc: Melinda Boyette, Administrative Assistant, Healthcare Planning, DHSR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 2701 Mail Service Center, Raleigh, NC 27699-2701
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3750 • FAX: 919-733-2757

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



Bus# 60
Record# 2791

November 29, 2018

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

RE: Written Notice for Exemption from Review for Replacement Equipment,
Alliance Healthcare Services MRI Scanner Serial Number 301201444481 Signa 465;
Grandfathered MRI Scanner

Dear Ms. Frisone:

Alliance Healthcare Services Inc. intends to replace its existing grandfathered MRI scanner, serial number 301201444481 (Signa 465), that was acquired in 2008. The replacement unit is a GE Voyager, serial number 1S9ACV823H3834537 (VOYA 5), that will be acquired by Alliance Healthcare Services.

Signa 465 is to be removed from the Arthur Doshier Memorial Hospital imaging center location and also removed from North Carolina in 2018. The replacement unit GE Voyager unit, serial number 1S9ACV823H3834537, to be acquired by Alliance includes the MRI scanner with a purchase cost of \$999,088 and the mobile coach which costs \$443,826.

In accordance with NCGS 131 E-184, this letter provides justification and written notice regarding the replacement equipment. Alliance Healthcare Services 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

P.O. Box 2154
Reidsville NC 27323

Overview

The existing mobile MRI scanner serial number 301201444481 (Signa 465) was acquired in 2008 and will be removed from North Carolina.

- 1) The MRI scanner SIGNA 465 is a grandfathered MRI scanner with limited software applications and scanning capabilities that was installed at Arthur Doshier Memorial Hospital.
- 2) The replacement GE Voyager unit will be installed in a coach and have the capability to serve multiple host sites as it will maintain its grandfathered status.
- 3) Healthcare providers in North Carolina have demand for mobile MRI service with current imaging technology and capabilities to supplement their existing services and to improve access.

Alliance Imaging recognizes the need to provide a high quality, cost effective, and reliable mobile MRI scanner service that is consistent with the equipment capabilities of community hospitals.

This specific MRI scanner, serial number 301201444481 (Signa 465), that is being replaced is a grandfathered MRI scanner that has properly been reported in the attached 2018 MRI Equipment Inventory form.

The host sites that will be served by the replacement mobile MRI scanner are:

Duke Raleigh Hospital
3400 Wake Forest Rd.
Raleigh, NC 27609

Raleigh Radiology Fuquay
7636 Purfoy Rd, Ste. 200
Fuquay-Varina, NC 27526

These locations have existing MRI pads and utilities to support the mobile MRI scanner that will be provided through a services agreement by Alliance.

Compliance Documentation

Compliance with G.S. 131E-176 (22a) Replacement Equipment Definition is demonstrated in Attachment 1 which shows that the replacement MRI scanner and coach will cost less than \$2,000,000.

The replacement unit to be acquired by Alliance includes the MRI scanner with a purchase cost of \$999,088 and the mobile coach which costs \$443,826 for a combined total of \$1,444,914. Please see the copies of the equipment quotes in Attachment 1. An additional 10 percent is \$144,491 is budgeted for sales tax and contingency. Please see the Attachment 3 for the signed Capital Cost Form.

As seen in Attachment 3, the Alliance Operations Manager documents that the replacement MRI equipment will be used for the same diagnostic purposes as the existing mobile MRI scanner. 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 Healthcare Services plans to bring in a mobile MRI scanner as replacement equipment for its existing mobile MRI scanner in accordance with the following *regulatory requirements*:

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 Healthcare Services 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 Healthcare Services 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 Healthcare Services 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 MRI scanner is comparable to the equipment being replaced because the new equipment will also obtain MRI images. The proposed replacement mobile MRI scanner is not an extremity MRI or a dedicated breast MRI unit.

(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 Healthcare Services certifies that the replacement mobile MRI equipment will be used for the same diagnostic purposes as the existing MRI scanner.

(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 replacement MRI scanner certify that the acquisition of the replacement equipment will not result in more than a 10% increase in patient charges or per procedure operating expenses within the first twelve months.

Included in Exhibit 2 is documentation from Alliance Imaging that it will not increase charges by more than 10% to its host sites during the first twelve months of the replacement scanner operation. Alliance Imaging expects that the projected operating expenses for the replacement MRI scanner will not increase.

(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. As seen in the table on page 5, the equipment being replaced was purchased more than three years ago.

(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. The replacement equipment is new and will be purchased more than three years after the acquisition of the existing equipment.

(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 replacement equipment is a full featured MRI scanner. These features do not change the basic technology or result in the provision of a new health service or type of procedure.

(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 dedicated PET scanner, gamma camera or nuclear medicine equipment.

EQUIPMENT COMPARISON

	EXISTING EQUIPMENT	REPLACEMENT EQUIPMENT
Type of Equipment (List Each Component)	MRI	MRI
Manufacturer of Equipment	GE	GE
Tesla Rating for MRIs	1.5T	1.5T
Model Number	Horizon	Voyager
Serial Number	301201444481	1S9ACV823H3834537
Provider's Method of Identifying Equipment	SIGNA 465	VOYA 5
Specify if Mobile or Fixed	Fixed (Grandfathered)	Mobile
Mobile Trailer Serial Number/VIN #	NA	1S9ACV823H3834537
Date of Acquisition of Each Component	NA - No changes 2008	NA - No changes 2018
Does Provider Hold Title to Equipment or Have a Capital Lease?	Holds Title	Holds Title
Specify if Equipment Was/Is New or Used When Acquired	New	New
Total Capital Cost of Project (no construction involved)	NA	\$1,587,205
Total Cost of Equipment	NA	NA
Fair Market Value of Equipment	NA	NA
Net Purchase Price of Equipment	NA	NA
Locations Where Operated Currently	"Grandfathered Unit" Doshier Hospital 4222 Long Beach Rd. Oak Island, NC 28461	"Grandfathered Unit" Status Continuing at Host Sites Duke Raleigh Hospital and Raleigh Radiology Fuquay-Varina
Number Days In Use/To be Used in N.C. Per Year	260 estimated	Up to 365
Percent of Change in Patient Charges (by Procedure)	NA	0%
Percent of Change in Per Procedure Operating Expenses (by Procedure)	NA	0%
Type of Procedures Currently Performed on Existing Equipment	MRI Procedures	MRI Procedures
Type of Procedures New Equipment is Capable of Performing	NA	MRI procedures

Thank you for your review and consideration of this information. Please call me at 336 349-6250 if you have any questions.

Sincerely,



David French
Consultant to Alliance Healthcare Services

Cc: Cale Arnold
Melissa VanOostrom

Attachments:

- 1) Advanced Mobility Coach Quote, GE MRI Scanner Quote
- 2) CON Capital Cost Form
- 3) Letter from Alliance regarding Replacement MRI Scanner and Charges to Host Sites
- 4) 2018 MRI Inventory Form for SIGNA 465

Attachment I.



Advanced Mobility
 595 University Blvd., Box 4
 University Park, IL 60184
 (708) 205-2800
 (708) 205-2802 fax



Project Proposal TB-18-1175

EFFECTIVE DATE: June 19, 2018

PURCHASER: Alliance Healthcare Services
 Attn: Maria Azami

SELLER: Advanced Mobility by Kentucky Trailer
 Tom Bisan - Sr. Director of Sales
 Email: tbisan@kytrailer.com

TYPE OF UNIT: New Mobile Imaging Suite configured to the specifications certified by GE for the GE SIGNA Voyager 1.5T Wide Bore MRI System.

This mobile imaging suite is depicted in the attached general layout drawing and described in the technical specification included in this quote. Please refer to the attached site planning guide for information pertaining to the site requirements for this mobile imaging suite.

Included Options (Please check off selected options):

- ✓ Fire Detection System \$ Included
- ✓ Sky Factory Sky Light \$ Included
 - o (8) 2'x2' light panels for a 6' x 4' Sky Light
- ✓ Installation of customer supplied MRI Audi Patient Stereo \$ Included
- ✓ Nurses Call Button \$ Included
 - o Not in use cover installed over button
- ✓ Code Blue Button \$ Included
 - o Not in use cover installed over button
- ✓ Prep mobile for customer provided patient injector \$ Included
- ✓ Install Bayer/Medrad patient injector \$ Included
- ✓ CA HCD Seeker \$ Included
- ✓ Install Alliance supplied external graphics \$ Included

amstcorp.com



Advanced Mobility
 595 University Blvd., Box 4
 University Park, IL 60184
 (708) 205-2800
 (708) 205-2802 fax



Included Options Continued:

- ✓ Gaven Scan Room Door \$ Included
- ✓ Pairt square on patient lift and hand rails \$ Included
- ✓ 2nd hand rail on RH side of stairs in addition to included LH rail \$ Included

Total Vehicle Price With Included Options: \$ 443,826.00

Not including Purchaser authorized change orders, and/or taxes.
 Customer to pick unit up at Advanced Mobility in University Park, IL.



GE Healthcare

Date: 06-14-2018
Quote #: PRB-C120837
Version #: 1
Q-Exp-Date: 09-11-2018

Issued By:
GE Healthcare
FEIN: 14-0689340

Customer Address:
Alliance Imaging Inc
18201 Von Karman Ave Ste 600
Irvine CA 92612-1176

Attention:
Administrator
1065 N Pacificcenter Dr Ste 200 Anaheim
CA 92806-2131

This Agreement is defined below as by and between the Customer and GE Healthcare (collectively "Agreement") as defined in this Quotation and the terms and conditions set forth in either (i) the Governing Agreement identified below or (ii) the Governing Agreement's identified, the following documents:

If this Quotation identifies the Product offerings purchased or leased by Customer,

2) The following documents, as applicable, if attached to this Quotation: (i) GE Healthcare Warranty(s), (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 accepting 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 such, 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 invoice forms, or elsewhere shall be binding unless memorialized in writing by authorized representatives of both parties.

Governing Agreement:	Alliance Healthcare Services MPA #50361
Customer Number:	1-24PJOG
Terms of Delivery:	FOB Destination
Billing Terms:	80% delivery / 20% installation
Payment Terms:	NET 30
Total Quote Net Selling Price:	\$999,088.14
Sales And Use Tax Status:	No Exemption Certificate on file

*The following ship to states do not impose a sales/use tax (AK, DE, MT, NH, OR). No exemption certificate required.

INDICATE FORM OF PAYMENT:
If "GE HEF Loan" or "GE HEF Lease" is NOT selected at the time of signature, then you may NOT need to seek financing with GE Healthcare Equipment Finance (GE HEF) to fund this arrangement after shipment.

Cash/Third Party Loan/Check GE HEF Loan
 GE HEF Lease Third Party Lease (please identify financing company)

By signing below, each party certifies that it (i) has received a complete copy of this Quotation, including the GE Healthcare terms, conditions and warranties, and (ii) has not made any handwritten or electronic modifications. Manual changes or mark-ups on this Agreement (except signatures in the signature blocks and an indication in the form of payment section below) will be void.

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

CUSTOMER

Authorized Customer Signature Date

Print Name Print Title

Purchase Order Number (if applicable)

GE HEALTHCARE

Fernando Gonzales 06-14-2018

Signature Date

Imaging Account Manager

Email: Fernando.Gonzales@ge.com
Mobile: +1 949 309 0074
Fax: 949-271-4685

Attachment 2.

A. Site Costs

(1) Full purchase price of land			
# Acres _____ Price per acre _____		<u>N/A</u>	
(2) Closing costs and legal fees		<u>N/A</u>	
(3) Site inspection and survey		<u>N/A</u>	
(4) Site preparation costs			
Soil borings	_____		
Clearing – earthwork – grading	_____		
Roads – paving – sidewalks	_____		
Landscaping	_____		
Water and sewer hookup	_____		
Water treatment plant	_____		
Septic system	_____		
Other (specify)	_____		
Subtotal site preparation costs			<u>\$0</u>
(5) Other			<u>\$0</u>
(6) Subtotal Site Costs			<u>\$0</u>

B. Construction Contract(s)

(7) Cost of construction contract(s)		<u>NA</u>	
(8) Other (specify) Contingency / Escalation		<u>NA</u>	
(9) Subtotal construction contract(s)			<u>\$0</u>

C. Miscellaneous Project Costs

(10) Building purchase		<u>\$</u>	
(11) Equipment & furniture not included above		<u>\$1,442,914</u>	
(12) Consultant fees			
Architect & engineering fees	_____		
Legal fees	_____		
Market analysis	_____		
Other (specify)	_____	<u>\$0</u>	
Subtotal consultant fees			<u>\$0</u>
(13) Financing costs			
Bond	_____		
HUD	_____		
Commercial loan	_____		
Other (specify)	_____	<u>\$0</u>	
Subtotal financing costs			<u>\$0</u>
(14) Interest during construction			<u>\$0</u>
(15) Other (specify) Sales Tax and Contingency			<u>\$144,291</u>
(16) Subtotal miscellaneous project costs			<u>\$1,587,205</u>

D. Total Capital Cost of the Project

[sum of lines (6), (9) and (16)]			<u>\$1,587,205</u>
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I assure that, to the best of my knowledge, the above costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

Caleb B. Donald
 (Proprietor - Signature of Owner)

Date Signed: 11/27/2018

Attachment 3.

ALLIANCE HEALTHCARE SERVICES

November 29, 2018

Ms. Martha Frisone, Chief
Healthcare Planning and Certificate of Need Section
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Alliance HealthCare Replacement MRI Equipment,
Serial Number

Dear Ms. Frisone,

Alliance Healthcare Services intends to replace its existing grandfathered MRI scanner, serial number 301201444481 (Signa 465), that was acquired in 2008. The replacement unit is a GE Voyager unit (VOYA 5), serial number 1S9ACV823H3834537, that will be acquired by Alliance Healthcare Services. The replacement MRI scanner will be used for the same diagnostic purposes as the existing MRI unit.

In accordance with 10A NCAC 14C.030 Replacement Equipment Administrative Rules, we agree that the replacement MRI equipment will not result in more than a 10 percent increase in charges to the host site within the first twelve months after the equipment is acquired.

Thank you for your consideration. Please call me at (910) 340-1494 if you have any questions.

Sincerely,

Melissa VanOostrom

Melissa VanOostrom, Manager of Operations
Alliance HealthCare Radiology
Mobile: (910) 340-1494
Email: mvanoostrom@allianceradiology-us.com



Section 2: Equipment and Procedures Information

Time Period for Report: 10/01/2016 – 9/30/2017 Other time period: _____

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

	Scanner Number	Scanner Number
Manufacturer/Tesla	GE	
Model Number	Signa HDc 1.5T 8 Ch	
Open or Closed Scanner	closed	
Serial or I.D. Number	301201444481 Signa 465	
Date of acquisition	December 2008 (replacement unit with declaratory ruling obtained)	
Purchase price (if purchased)	NA	
Certificate of Need Project ID	<u>Grandfathered Installed Unit</u>	
Certificate Holder, as listed on Certificate of Need	Alliance Imaging Inc.	
If Leased or Rented, Name Owner of Equipment	NA	
Service Site Information: Please include all of the information requested for each location.	Arthur Dasher Memorial Hospital 4222 Long Beach Rd Oak Island, NC 28461 Brunswick	
Inpatient Procedures*: - with Contrast or Sedation - without Contrast or Sedation Outpatient Procedures*: - with Contrast or Sedation - without Contrast or Sedation	Inpatient: with: 16 w/out: 13 Total: 29 Outpatient: with: 335 w/out: 857 Total: <u>1192</u>	
Total Number of Procedures	Total: <u>1221</u>	
Put a check by the days per week, and write in the number of hours per day, the scanner is in operation.	NA – installed unit	
Total number of hours in operation for report period	1221 hrs	

*An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom. The total number of procedures should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 5 of this form.

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



Section 3: MRI Procedures by CPT Code by Service Site

Please write the number of procedures provided by CPT Code during the time period of this report. Report separately for each service site. Make additional copies of pages 3 and 4 as needed. The total number of procedures should equal the total number of procedures reported on page 2 of this form.

Service Site Name: Arthur Doshier Memorial Hospital Brunswick

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)			
70540	MRI Orbit/Face/Neck w/o	0	1	1
70542	MRI Orbit/Face/Neck with contrast			
70543	MRI Orbit/Face/Neck w/o & with	0	10	10
70544	MRA Head w/o	1	28	29
70545	MRA Head with contrast			
70546	MRA Head w/o & with			
70547	MRA Neck w/o	0	2	2
70548	MRA Neck with contrast			
70549	MRA Neck w/o & with	0	15	15
70551	MRI Brain w/o	2	66	68
70552	MRI Brain with contrast	0	2	2
70553	MRI Brain w/o & with	4	179	183
70554	MR functional imaging, w/o physician admin			
70555	MR functional imaging, with physician admin			
71550	MRI Chest w/o	0	2	2
71551	MRI Chest with contrast			
71552	MRI Chest w/o & with	0	6	6
71555	MRA Chest with OR without contrast			
72141	MRI Cervical Spine w/o	2	98	100
72142	MRI Cervical Spine with contrast			
72156	MRI Cervical Spine w/o & with	0	17	17
72146	MRI Thoracic Spine w/o	0	16	16
72147	MRI Thoracic Spine with contrast			
72157	MRI Thoracic Spine w/o & with	0	10	10
72148	MRI Lumbar Spine w/o	5	210	215
72149	MRI Lumbar Spine with contrast			
72158	MRI Lumbar Spine w/o & with	1	52	53
72159	MRA Spinal Canal w/o OR with contrast			
72195	MRI Pelvis w/o	0	5	5
72196	MRI Pelvis with contrast			
72197	MRI Pelvis w/o & with	0	6	6
72198	MRA Pelvis w/o OR with contrast			
73218	MRI Upper Ext, other than joint w/o	0	4	4
73219	MRI Upper Ext, other than joint with contrast			
Subtotals for this page		15	729	744

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



Section 4: Patient Origin Data by Service Site

Please provide the county of residence for each patient who received MRI 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 equal to or less than the total number of procedures reported on page 2 of this form.

Service Site Name: **Arthur Doshier Memorial Hospital**

County in which service was provided: **Data not available to Alliance.**

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	1221

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

Section 5: Reimbursement/Payment Source

Please provide the source of reimbursement/payment for MRI procedures. Total procedures should equal the total number of procedures reported on page 2 of this form.

Primary Payer Source	Number of MRI Procedures
Self Pay	
Medicare & Medicare Managed Care	
Medicaid	
Commercial Insurance	
Managed Care	
Unreimbursed Care (Indigent/Charity)	
Other (Specify)	
Total	

Data not available to Alliance.

Section 6: 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 Melissa Van Oostrom

Print Name Melissa VanOostrom

Date signed February 1, 2018

Please complete all sections of this form and return to Healthcare Planning by Friday, January 26, 2018.

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 Sharetta Blackwell in Healthcare Planning, 2704 Mail Service Center, Raleigh, NC 27699-2704.

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

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