

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

July 25, 2019

Robert A. Leandro
301 Fayetteville Street, Suite 1400
Raleigh, NC 27602

No Review

Record #: 2959
Facility Name: Haywood Regional Medical Center
FID #: 933234
Business Name: DLP Haywood Regional Medical Center, LLC
Business #: 878
Project Description: Acquire a CT scanner
County: Haywood

Dear Mr. Leandro:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence and all additional information regarding the above referenced proposal. Based on the CON law in effect on the date of this response to your request, the proposal described in that correspondence is not governed by, and therefore, does not currently require a certificate of need. If the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

You may need to contact the Agency's Radiation Protection and Acute and Home Care Licensure and Certification Sections to determine if they have any requirements for development of the proposed project.

This determination is binding only for the facts represented in your correspondence. If changes are made in the project or in the facts provided in the correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office.

Please do not hesitate to contact this office if you have any questions.

Sincerely,

Signature of Ena Lightbourne
Ena Lightbourne
Project Analyst

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

cc: Radiation Protection Section, DHSR
Acute and Home Care Licensure and Certification Section, 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: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
www.ncdhhs.gov/dhsr • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



Robert A. Leandro
Partner
Telephone: 919.835.4636
Direct Fax: 919.834.4564
robbleandro@parkerpoe.com

Atlanta, GA
Charleston, SC
Charlotte, NC
Columbia, SC
Greenville, SC
Raleigh, NC
Spartanburg, SC

July 19, 2019

VIA U.S. MAIL AND ELECTRONIC MAIL: Ena.lightbourne@dhhs.nc.gov

Ms. Ena Lightbourne
Project Analyst
Healthcare Planning and Certificate of Need Section
North Carolina Department of Health and Human Services
2704 Mail Service Center
Raleigh, North Carolina 27699-2704

RE: Additional Information Regarding Haywood Regional Medical Center Purchase of Used CT Scanner

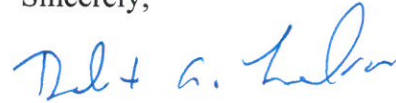
Dear Ms. Lightbourne:

You have requested that Haywood provide additional information regarding the construction and installation costs associated with the purchase of the Used CT Scanner from GE. We can report that there were no costs associated with either construction or installation of this used unit.

Just as a brief reminder, in November of 2018, Haywood was approved to replace an existing CT Scanner at its hospital (Record No. 2785). At the time, Haywood traded in its existing CT Scanner and the trade-in value associated with its existing CT Scanner was credited toward the cost of the new CT Scanner. GE Healthcare took ownership of the existing CT Scanner. At the time GE took ownership of the used CT Scanner, both GE and Haywood took all regulatory steps to take the CT scanner off line and out of the active inventory of the hospital. *See Attachment A.* After some updates to the scanner, GE is now selling the used scanner back to Haywood for a total purchase price of 175,000.00. *See Attachment B.*

Based on this and our previously submitted information, please confirm that the Agency agrees that the above action does not require CON approval. I greatly appreciate your attention to this matter. If you have any questions, please feel free to contact me directly.

Sincerely,

A handwritten signature in blue ink, appearing to read "Robt A. Leandro". The signature is written in a cursive style with a large initial 'R'.

Robert A. Leandro

EXHIBIT A



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

October 18, 2018

HAYWOOD REGIONAL MEDICAL CENTER
MISTY LOVIN MANAGER OF IMAGING
262 LEROY GEORGE DR
CLYDE NC 28721-7430

REF: ENCLOSED NOTIFICATION OF REGISTRATION NUMBER: **44-M000132**

Your Hospital facility has 12 active tube(s) and a total of 12 x-ray tube(s) registered with this section.

Your Notification of Registration (NOR) has been issued and updated pursuant to the provisions of the 10A NCAC 15- North Carolina Regulations for Protection Against Radiation.

Change of Ownership or Relocation:

A new application must be completed when you relocate or change ownership of your practice and/or facility.

Updating your Notification of Registration:

When documenting changes and/or corrections draw a line through the old information and write in the new information;

When adding x-ray unit(s), fill in the blanks provided;

Identify the type of x-ray unit by checking the appropriate box or boxes.

As of January 1, 2009, all x-ray units that are designated as not in use on your registration will be billed in accordance to 10A NCAC 15 .1105. The fees are based on the facility and the number of x-ray units that each facility possesses. If you dispose of or remove a not in use unit from your registration prior to July 1 you will not be billed for these machines. When disposing or removing the equipment, please utilize your NOR to notify our agency of the disposition of the x-ray units.

Please review and retain a copy of the NOR. Only submit the NOR if you have changes or updates to your registration. You must sign your NOR to authorize our agency to implement the requested updates and/or changes. Please email your NOR to XrayNORs@dhhs.nc.gov or contact the X-ray Registration Coordinator for assistance if you have questions regarding this matter.

Jenny Rollins, Manager
Radiology Compliance Branch

RADIATION PROTECTION SECTION

WWW.NCRADIATION.NET
TEL 919-814-2250

LOCATION: 5505 CREEDMOOR RD • RALEIGH, NC 27612
MAILING ADDRESS: 1645 MAIL SERVICE CENTER • RALEIGH, NC 27699-1600
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



NOTIFICATION OF REGISTRATION (NOR) for X-ray Units

EFFECTIVE DATE: OCTOBER 18, 2018

SUPERSEDES THE PREVIOUS NOTIFICATION DATED: JUNE 04, 2018

A signature is required to authorize our agency to update or amend a Notification of Registration. Please sign on the bottom of the page noted with changes to expedite the corrections. It is not necessary to sign every page. Unsigned forms will delay the registration process. Make changes and or corrections by drawing a line through the old information and write in the new information.

Registered Unit(s) **For Changes email your signed NOR to XrayNORs@dhs.nc.gov**

1 OEC DIASONICS Model: 9800 S/N: 8S-0128

Tubes for this machine: 1 Active tube(s) & 1 Total tube(s)

C-ARM FLUOROSCOPIC MED DIAG - C-ARM # 1

Installation date: 3/6/2000

- No Changes
- Not In Use
- Sold or Donated
- Taken by Service
- Salvaged
- Landfill
- Out of State

2 PHILLIPS Model: 9890-000-2403 S/N: 01010210

Tubes for this machine: 1 Active tube(s) & 1 Total tube(s)

RADIOGRAPHIC MED DIAG - RM 4

Installation date: 5/17/2001

- No Changes
- Not In Use
- Sold or Donated
- Taken by Service
- Salvaged
- Landfill
- Out of State

3 GE-OEC Model: 9800 S/N: 82-3655

Tubes for this machine: 1 Active tube(s) & 1 Total tube(s)

C-ARM FLUOROSCOPIC MED DIAG - RM C-ARM # 3

Installation date: 10/14/2005

- No Changes
- Not In Use
- Sold or Donated
- Taken by Service
- Salvaged
- Landfill
- Out of State

4 GENERAL ELECTRIC Model: LIGHTSPEED VCT 5115335 S/N: 449743CN4

Tubes for this machine: 1 Active tube(s) & 1 Total tube(s)

CT SCANNER MED DIAG - RM CT2

Installation date: 3/2/2007

- No Changes
- Not In Use
- Sold or Donated
- Taken by Service
- Salvaged
- Landfill
- Out of State

THE OWNER, RADIATION SAFETY OFFICER OR AUTHORIZED DESIGNEE SIGNS TO CERTIFY THIS INFORMATION IS ACCURATE AND AUTHORIZES CHANGES / CORRECTIONS:

SIGNATURE: *Spencer H. Otter*

DATE: *January 10, 2018*

For Official Use Only
Verified by Inspector:

Date:

Accepted Reflected

HAYWOOD REGIONAL MEDICAL CENTER

Registration NO: 44 - M000132

5 GENERAL ELECTRIC Model: AMX-4 PLUS 2275938-7 S/N: 1012980WK7 RADIOGRAPHIC MED DIAG - MOBILE
 Tubes for this machine: 1 Active tube(s) & 1 Total tube(s)
 Installation date: 9/10/2007

- No Changes
- Salvaged
- Not In Use
- Landfill
- *Sold or Donated
- Taken by Service
- Out of State

6 PHILIPS Model: 9896-002-00541 S/N: 1653
 Tubes for this machine: 1 Active tube(s) & 1 Total tube(s)

FLUOROSCOPIC MED DIAG - CATH LAB 1
 Installation date: 6/10/2011

- No Changes
- Salvaged
- Not In Use
- Landfill
- *Sold or Donated
- Taken by Service
- Out of State

7 GE-OEC Model: 888169-01 S/N: ES-3241
 Tubes for this machine: 1 Active tube(s) & 1 Total tube(s)

C-ARM FLUOROSCOPIC MED DIAG - RM C-ARM # 4 - MOBILE
 Installation date: 8/1/2014

- No Changes
- Salvaged
- Not In Use
- Landfill
- *Sold or Donated
- Taken by Service
- Out of State

8 GENERAL ELECTRIC Model: 5277061 S/N: HL02YSS8T
 Tubes for this machine: 2 Active tube(s) & 2 Total tube(s)

RADIOGRAPHIC/FLUORO MED DIAG - RM 2
 Installation date: 2/15/2018

- No Changes
- Salvaged
- Not In Use
- Landfill
- *Sold or Donated
- Taken by Service
- Out of State

9 GENERAL ELECTRIC Model: 5270661 S/N: ALFOEE
 Tubes for this machine: 2 Active tube(s) & 2 Total tube(s)

DIGITAL RADIOGRAPH/FLUORO MED DIAG - RM 2
 Installation date: 2/15/2018

- No Changes
- Salvaged
- Not In Use
- Landfill
- *Sold or Donated
- Taken by Service
- Out of State

10 GE-OEC Model: 00-881190-07 S/N: E2XXXXXX06622
 Tubes for this machine: 1 Active tube(s) & 1 Total tube(s)

C-ARM FLUOROSCOPIC MED DIAG - C-ARM # 5
 Installation date: 10/17/2018

- No Changes
- Salvaged
- Not In Use
- Landfill
- *Sold or Donated
- Taken by Service
- Out of State

Radiation Safety Officer (Required): Documentation of RSO's training and experience must be available for agency review.
 THE OWNER, RADIATION SAFETY OFFICER OR AUTHORIZED DESIGNEE SIGNS TO CERTIFY THIS INFORMATION IS ACCURATE AND AUTHORIZES CHANGES / CORRECTIONS:

SIGNATURE: _____

DATE: _____

For Official Use Only
 Verified by Inspector: _____

Date: _____

Accepted

Rejected

HAYWOOD REGIONAL MEDICAL CENTER

Registration NO: 44 - M000132

Check all boxes that apply to the unit(s):

Add a AE 54416026-14 S13363HMB CT 2018 1 11/28/2018

Manufacturer AE Model Number 54416026-14 Control Serial Number S13363HMB Room # CT 2018 # of Tubes 1 Date Installed 11/28/2018

Mobile Digital Radiographic Fluoroscopic CT Scanner C-Arm Intraoral Panoramic Cephalometric Bone Density

CR DR Mammo Tomosynthesis Mammo Film Screen Mammo Digital Mammo Stereolatic Other: _____

Add a _____

Manufacturer _____ Model Number _____ Control Serial Number _____ Room # _____ # of Tubes _____ Date Installed _____

Mobile Digital Radiographic Fluoroscopic CT Scanner C-Arm Intraoral Panoramic Cephalometric Bone Density

CR DR Mammo Tomosynthesis Mammo Film Screen Mammo Digital Mammo Stereolatic Other: _____

*List recipient of sold and/or donated x-ray units: Individual/Business: _____

Address: _____ City: _____ Phone: _____ State: _____ Zipcode: _____

Physical Address:
 HAYWOOD REGIONAL MEDICAL CENTER
 MISTY LOVIN MANAGER OF IMAGING
 262 LEROY GEORGE DR
 CLYDE NC 28721-7430
 (828) 456-7311
 Email: misty.lovin@haymed.org

Mailing Address:
 HAYWOOD REGIONAL MEDICAL CENTER
 ANN OTTUM IMAGING DIRECTOR
 262 LEROY GEORGE DR
 CLYDE NC 28721-7430
 (828) 452-8149

Billing Address:
 HAYWOOD REGIONAL MEDICAL CENTER C/O LPNT
 ACCOUNTS PAYABLE
 PO BOX 282308
 NASHVILLE TN 37228-8514
 (877) 676-8861

**ONLY submit the NOR if you have changes or updates!
 Please retain a copy for your records.**

Radiation Safety Officer (Required): Documentation of RSO's training and experience must be available for agency review.
 THE OWNER, RADIATION SAFETY OFFICER OR AUTHORIZED DESIGNEE SIGNS TO CERTIFY THIS INFORMATION IS ACCURATE AND AUTHORIZES CHANGES / CORRECTIONS:

SIGNATURE: A. K. Otter DATE: January 10, 2018

For Official Use Only
 Verified by Inspector: _____

Date: _____

Accepted

Rejected

FOR FDA USE ONLY	DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service FOOD AND DRUG ADMINISTRATION	Form Approved: OMB No. 0910-0025. Expiration Date: May 31, 2010
Digital Signature on File at FDA	REPORT OF ASSEMBLY OF A DIAGNOSTIC X-RAY SYSTEM	H0135656

1. EQUIPMENT LOCATION
HOSPITAL, DOCTOR OR OFFICE WHERE INSTALLED

Haywood Regional Hospital
262 Leroy George Dr.
Clyde, NC 28721, US
Telephone:(828) 456-7311

2. ASSEMBLER INFORMATION
COMPANY INFORMATION

GE Healthcare
9900 Innovation Dr Mail Code 2176
Wauwatosa, WI 53226, US
Telephone:(866) 736-3447

3. GENERAL INFORMATION
THIS REPORT IS FOR ASSEMBLY OF CERTIFIED COMPONENTS WHICH ARE

- | | |
|---|--|
| <input checked="" type="checkbox"/> New Assembly-Fully Certified System | <input type="checkbox"/> Reassembly-Mixed System (Both certified and non-certified components) |
| <input type="checkbox"/> Reassembly-Fully Certified System | <input type="checkbox"/> Replacement Components in an Existing System |
| | <input type="checkbox"/> An Addition to an Existing System |

INTENDED USE(S)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> General Purpose Radiology | <input type="checkbox"/> Urology | <input checked="" type="checkbox"/> CT Whole Body Scanner | <input type="checkbox"/> Radiation Therapy Simulator |
| <input type="checkbox"/> General Purpose Fluoroscopy | <input type="checkbox"/> Mammography | <input type="checkbox"/> Head-Neck (medical) | <input type="checkbox"/> C-arm Fluoroscopic |
| <input type="checkbox"/> Tomography (other than CT) | <input type="checkbox"/> Chest | <input type="checkbox"/> Dental-Intraoral | <input checked="" type="checkbox"/> Digital |
| <input type="checkbox"/> Angiography | <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Dental-Cephalometric | <input type="checkbox"/> Bone Mineral Analysis |
| <input type="checkbox"/> Podiatry | <input type="checkbox"/> CT Headscanner | <input type="checkbox"/> Dental Panoramic | <input type="checkbox"/> Dental-CT |
| <input type="checkbox"/> Other | | | |

THE X-RAY SYSTEM IS

-
- Stationary
-
- Mobile

THE MASTER CONTROL IS IN ROOM

CT2018

DATE OF ASSEMBLY

11/28/2018

4. COMPONENT INFORMATION

THE MASTER CONTROL IS <input checked="" type="checkbox"/> A New Installation <input type="checkbox"/> Existing (Certified) <input type="checkbox"/> Existing (Non-certified)	CONTROL MANUFACTURER GE	CONTROL SERIAL NUMBER 513303HMB	DATE MANUFACTURED 10/2018
	CONTROL MODEL NUMBER 5441626-14	SYSTEM MODEL NAME (CT Systems Only) 828452CT1	

SELECTED COMPONENTS				OTHER CERTIFIED COMPONENTS (Number of each installed)	
BEAM LIMITING DEVICE	MANUFACTURER	MODEL NUMBER	DATE MFR'ED	<input checked="" type="checkbox"/> X-Ray Control	<input type="checkbox"/> Cradle
				<input checked="" type="checkbox"/> High Voltage Generator	<input type="checkbox"/> Film Changer
				<input type="checkbox"/> Vertical Cassette Holder	<input type="checkbox"/> Image Intensifier
				<input checked="" type="checkbox"/> Tube Housing Assembly	<input type="checkbox"/> Spot Film Device
TABLES	MANUFACTURER	MODEL NUMBER	DATE MFR'ED	<input type="checkbox"/> Dental Tube Head	<input type="checkbox"/> Fluoroscopic Imaging Assembly
				<input type="checkbox"/> Cephalometric Device	<input type="checkbox"/> Image Receptor
CT GANTRY	MANUFACTURER	MODEL NUMBER	DATE MFR'ED	<input type="checkbox"/> Image Receptor Support Device	<input type="checkbox"/> Fluoroscopic Air Kerma Display Device
				<input type="checkbox"/> Other	

5. ASSEMBLER CERTIFICATION

I affirm that all certified components assembled or installed by me, for which this report is being made, were adjusted and tested by me according to the instructions provided by the manufacture(s), were of the type required by the manufacture(s), were of the type required by the diagnostic x-ray performance standard (21 CFR Part 1020), were not modified to adversely affect performance, and were installed in accordance with the provisions of 21 CFR Part 1020. I also affirm that all instruction manuals and other information required by 21 CFR Part 1020 for this assembly have been furnished to the purchaser and, within 15 days from the date of assembly, each copy of this report will be distributed as indicated at the bottom of each copy.

PRINTED NAME Shane Norman	SIGNATURE Chad Vande Hei Digitally Signed On: 05/05/2017, 10:22:12 AM	DATE 11/30/2018
-------------------------------------	--	---------------------------

6. COMMENTS

Comments: Performed new system install for Revolution Evo CT ; GE Service Registration #:60-S000011 ; Max KVP:140 ; Max mA:600 ; System Id:828452CT1



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

Pat McCrory
Governor

Richard O. Brajer
Secretary

Mark Payne, Director
Health Service Regulation

January 11, 2019

HAYWOOD REGIONAL MEDICAL CENTER

MISTY LOVIN MANAGER OF IMAGING
262 LEROY GEORGE DR
CLYDE NC 28721-7430

Registration Number: 044-M000132

Reference: Notice of Registration

The Radiology Compliance Branch received information regarding a installation and removal of X-ray equipment.

The North Carolina Regulations for Protection Against Radiation 10A NCAC 15 .0203 require an unregistered X-ray machine or facility to register such facility and each radiation machine within 30 days of initial operation of the facility and within 30 days of initial use of each X-ray unit. Specifically any information on X-ray equipment that has been added, replaced, removed or sold including to whom the equipment was transferred is required. In accordance with 10 A NCAC 15 .0209 any registrant shall notify the agency in writing when any change will render the information contained in the application for registration or notice of registration no longer accurate.

Please verify accuracy of the following on this Notice of Registration. If you find a discrepancy, please identify that change on the NOR, you must sign and date for those corrections. Please send this information within 10 business days to the service e-mail account FDA2579@dhhs.nc.gov <<mailto:FDA2579@dhhs.nc.gov>>. Include in the email subject line: the facility name and your facility (NOR registration number.)

- * X-ray equipment Control Serial Number is used by RPS to identify equipment. The CSN is located on the on the control of each piece of X-ray equipment. The CSN should match the number recorded on Form FDA 2579 in field 4d, provided by the service provider for medical device installations. The CSN should be available in records of sale for non-medical devices.
- * The Install date of X-ray equipment is located on the install form and/or report of sale provided by your service provider. If a handheld unit was shipped, the date it was received at your facility is the install date.

Special Instructions:

Attached is a copy of the updated Notification of Registration (NOR) for X-ray Units for Haywood Regional Medical Center, registration number M000132, showing the updates made to the registration to remove the General Electric Lightspeed CT Scanner and add another General Electric CT Scanner.



Radiation Protection Section
www.ncdhhs.gov • www.ncradiation.net
Tel 919-814-2250



Location: 5505 Creedmoor Road, Suite 100 • Raleigh, N.C. 27612
Mailing Address: 1645 Mail Service Center • Raleigh, N.C. 27699-1600
An Equal Opportunity / Affirmative Action Employer

We thank you for your cooperation in this matter.

Sincerely,

Diane Singleton

Diane Singleton
X-Ray Registration Coordinator
Division of Health Service
Regulation
Radiology Compliance Branch
1645 Mail Service Center
Raleigh, NC 27966-1600
919-814-2250 Phone

Reg #:	M000132
Status:	Reg-YES
Date Received:	

Disclaimer:

RPS responses are based upon the information provided to RPS from the registrant or service provider. This response does not exclude compliance issues that may occur due to discovery during inspections that include observation of facility operations, staff interviews and document review.



Radiation Protection Section
www.ncdhhs.gov • www.ncradiation.net
Tel 919-814-2250

Location: 5505 Creedmoor Road, Suite 100 • Raleigh, N.C. 27612
Mailing Address: 1645 Mail Service Center • Raleigh, N.C. 27699-1600
An Equal Opportunity / Affirmative Action Employer



Instructions for NOTIFICATION OF REGISTRATION (NOR) for X-ray Units

Instructions for Corrections to Notification of Registration

ALL forms submitted must be signed and dated, as unsigned forms will delay the registration process.

Contact Information Corrections

This includes changes to address (physical, mailing, billing) to include the address, point of contact, phone numbers, etc. This information can be found on the second page of the Notification of Registration.

- Email the second page of this Notification of Registration with the changes to the contact information marked and signed by the indicated certifying official to:
xrayNORS@dhhs.nc.gov

Add unit(s) not listed on Notification of Registration

This includes units that are installed and/or in use at your facility but are not listed on this Notification of Registration.

- Email an updated and signed unit addition form to:
xrayNORS@dhhs.nc.gov
- Unit Addition forms are located on our website:
www.ncradiation.net/Xray/applic.htm

Remove unit(s) listed on Notification of Registration

This includes units that have been sold, disposed of, or collected by service companies. These are units that are no longer on the premises of the registrant.

- Email an updated and signed unit removal form to:
xrayNORS@dhhs.nc.gov
- Unit removal forms are located on our website:
www.ncradiation.net/Xray/applic.htm

Change of Ownership

The practice or facility is under new ownership.

- Email the completed and signed business application to:
xrayNORS@dhhs.nc.gov
- Business applications are located on our website:
www.ncradiation.net/Xray/applic.htm

EXHIBIT B



GE HEALTHCARE

GE Precision Healthcare LLC
FEIN: 83-0849145
9900 W Innovation Dr.
Wauwatosa, WI 53226

INVOICE 500742702

Invoice Amount

\$140,000.00

Invoice Date: 16-Apr-2019

Due Date: 16-May-2019

Questions?

Email: GEHCAR.Helpdesk@ge.com

Phone: 1 (800) 581-5600

SOLD TO:

HAYWOOD REGIONAL MEDICAL CENTER
HAYWOOD REGIONAL MEDICAL
262 LEROY GEORGE DR
CLYDE NC 28721-7430

SHIP TO:

HAYWOOD REGIONAL MEDICAL CENTER
HAYWOOD REGIONAL MEDICAL CTR
262 LEROY GEORGE DR
CLYDE NC 28721-7430

CUSTOMER ACCT#: 203185	CUSTOMER PO#: 203185
GEHC SALES REP OR FE: Charlotte Sales	CARRIER:
GEHC REFERENCE# (CONTRACT/SR/ORDER #): 4541185	WAYBILL:
BILLING TERMS: 80% on Delivery/ 20% on Acceptance or First Patient Use	PAYMENT TERMS: NET 30

Net Contract Price (w/o Tax) **678,698.53**

Net Billed to Date (w/o Tax) **140,000.00**

LINE #	ITEM #	DESCRIPTION	QTY	NET UNIT PRICE	EXTENDED AMOUNT
1	TI-CT-TRADE-IN-NEW	This is your 80% invoice TI_CT_TRADE_IN_NEW	1	140,000.00	140,000.00

PLEASE REMIT PAYMENT TO: REMIT TO: GE Precision Healthcare LLC US MAIL: P.O. Box 96483 CHICAGO IL 60693 WIRE/EFT INFORMATION: ABA 043000096 ACCOUNT 1424892 EMAIL REMITTANCE: Remit.Healthcare@ge.com	TOTAL	140,000.00
	TAX	0.00
	SHIPPING/HANDLING	0.00
	TOTAL AMOUNT	140,000.00

PAST DUE INVOICES ARE SUBJECT TO A SERVICE CHARGE OF 1.5% PER MONTH, NOT TO EXCEED THE MAXIMUM RATE ALLOWED BY LAW. ALL ORDERS SUBJECT TO GE HEALTHCARE TERMS AND CONDITIONS.

Please include the Invoice / Credit Memo number for proper credit
500742702

Goods and services or reimbursements associated with the ordered products or services and provided under contract without separately identified charges constitute discounts or other reductions in price under applicable federal law. It is the customer's responsibility to disclose such discounts or other reductions in price in the manner required under state or federal program which provides reimbursement to the customer for or related to the products or services under the contract.

**GE HEALTHCARE**

GE Precision Healthcare LLC
 FEIN: 83-0849145
 9900 W Innovation Dr.
 Wauwatosa, WI 53226

INVOICE 500742847

Invoice Amount	
\$35,000.00	
Invoice Date:	18-Apr-2019
Due Date:	18-May-2019
Questions?	
Email:	GEHCAR.Helpdesk@ge.com
Phone:	1 (800) 581-5600

SOLD TO:

HAYWOOD REGIONAL MEDICAL CENTER
 HAYWOOD REGIONAL MEDICAL
 262 LEROY GEORGE DR
 CLYDE NC 28721-7430

SHIP TO:

HAYWOOD REGIONAL MEDICAL CENTER
 HAYWOOD REGIONAL MEDICAL CTR
 262 LEROY GEORGE DR
 CLYDE NC 28721-7430

CUSTOMER ACCT#: 203185	CUSTOMER PO#: 203185
GEHC SALES REP OR FE: Charlotte Sales	CARRIER:
GEHC REFERENCE# (CONTRACT/SR/ORDER #): 4541185	WAYBILL:
BILLING TERMS: 80% on Delivery/ 20% on Acceptance or First Patent Use	PAYMENT TERMS: NET 30

Net Contract Price (w/o Tax) **678,698.53**Net Billed to Date (w/o Tax) **35,000.00**

LINE #	ITEM #	DESCRIPTION	QTY	NET UNIT PRICE	EXTENDED AMOUNT
1	TI-CT-TRADE-IN-NEW	This is your 20% invoice TI_CT_TRADE_IN_NEW	1	35,000.00	35,000.00

PLEASE REMIT PAYMENT TO: REMIT TO: GE Precision Healthcare LLC US MAIL: P.O. Box 96483 CHICAGO IL 60693 WIRE/EFT INFORMATION: ABA 043000096 ACCOUNT 1424892 EMAIL REMITTANCE: Remit.Healthcare@ge.com	TOTAL	35,000.00
	TAX	0.00
	SHIPPING/HANDLING	0.00
	TOTAL AMOUNT	35,000.00

PAST DUE INVOICES ARE SUBJECT TO A SERVICE CHARGE OF 1.5% PER MONTH, NOT TO EXCEED THE MAXIMUM RATE ALLOWED BY LAW. ALL ORDERS SUBJECT TO GE HEALTHCARE TERMS AND CONDITIONS.

Please include the Invoice / Credit Memo number for proper credit:
500742847

Goods and services or reimbursements associated with the ordered products or services and provided under contract without separately identified charges constitute discounts or other reductions in price under applicable federal law. It is the customer's responsibility to disclose such discounts or other reductions in price in the manner required under state or federal program which provides reimbursement to the customer for or related to the products or services under the contract.



GE Healthcare

9900 Innovation Drive
Mail Code RP2176
Wauwatosa, WI 53226
USA



Haywood Regional Medical Center
262 Leroy George Dr
Clyde, NC 28721

Dear Valued GE Customer:

Enclosed, please find a copy of FDA Form 2579 – Report of Assembly of a diagnostic x-ray system.

Why You Have Received a Copy of this Form:

The Food and Drug Administration (FDA) requires FDA Form 2579 be completed and filed with the Department of Health and Human Services (HHS) when a medical device that produces ionizing radiation:

- Is Installed
- Is Relocated
- Receives service that includes the replacement of a certified component, excluding the replacement of tubes (except in the States of Colorado and Minnesota)

Due to your recent installation, relocation, or service event, we have filed this form with HHS and are providing you with a copy as required by the regulation.

Please review the enclosed form for accuracy and report any problems to the GE contact listed below.

Please store this form so that you are able to produce it upon request during a state, federal, or other regulatory inspection of your facility.

Contact Information:

If you have additional questions regarding this form, please contact your GE Field Engineer or GE Quality Assurance at:

sendhhs@ge.com
866-736-3447





NOTIFICATION OF REGISTRATION (NOR) for X-ray Units

Facility Name: HAYWOOD REGIONAL MEDICAL CENTER

Registration #: 044-M000132

Effective Date: January 11, 2019

Superseded Date: October 18, 2018

Physical Address: MISTY LOVIN MANAGER OF IMAGING
262 LEROY GEORGE DR
CLYDE, NC 28721-7430
(828) 456-7311
Email: misty.lovin@haymed.org

Changes to facility name and physical address
are to be made on the Business Application.
<http://ncradiation.net/xray/applc.htm>

Most Responsible Person:
(physician, CEO, Financial Owner or Corporate Officer)

Please provide this information if blank.
Contact name, mailing address,
Corporate name (if applicable)

Red Harkle Road, CEO
262 Le Roy George DR.
Clyde NC 28721-7430

Business Manager:
(individual responsible for on-site general operations)

Please provide this information if blank.
Contact name, mailing address,
Corporate name (if applicable)

Misty Lovin, Radiology Manager
262 Le Roy George DR.
Clyde NC 28721

RSO:
(radiation safety officer and address)

Please provide this information if blank.
Contact name, mailing address,
Corporate name (if applicable)

Dr. Richard Lang, RSO
262 Le Roy George DR.
Clyde NC 28721

Invoice Contact:
(annual invoice will be mailed to this person and address)

HAYWOOD REGIONAL MEDICAL CENTER C/O LPNT
ACCOUNTS PAYABLE
PO BOX 282308
NASHVILLE, TN 37228-8514
(877) 676-8861

Preferred Mailing Address:
(address that all correspondence will be mailed to)
HAYWOOD REGIONAL MEDICAL CENTER
ANN OTTUM IMAGING DIRECTOR
262 LEROY GEORGE DR
CLYDE, NC 28721-7430
(828) 452-8149

Retain this Document for Your Record

Upon initial receipt of your NOR; please review for accuracy. If you find typographical corrections, make those changes on this document.

Send email to XrayNORS@dhhs.nc.gov with your name, contact information and attach document.

OR

If mailing document for typographical corrections after initial review; sign, date and mail to RPS.

Name Print _____

Signature _____

Date _____

THE OWNER OR AUTHORIZED DESIGNEE AUTHORIZES THESE CORRECTIONS

Preferred: X-Ray facility registrations and updates email to XrayNORS@dhhs.nc.gov
Billing and Invoicing Questions email to RPSPayments@dhhs.nc.gov or leave voice message at 919-814-2274

Or Mail to: Radiation Protection, 5505 Creedmoor Road, 1645 MSC, Raleigh, NC 27699-1600
We do not accept fax transmissions.



**NOTIFICATION OF REGISTRATION
(NOR) for X-ray Units**

EFFECTIVE DATE: January 11, 2019

SUPERSEDES THE PREVIOUS NOTIFICATION DATED: 10/18/2018

A signature is required to authorize our agency to update or amend a Notification of Registration. Unsigned forms will delay the registration process. Refer to the first page of this NOR for detailed instructions to amend your registration. Changes to contact information can be made on the second page of this NOR.

Units listed below are Registered

10 Units / Tubes 12

Unit #	Manufacturer	Model	S/N	Modality	Location
18276	OEC DIASONICS	9800	8S-0128	Bone Densitometry -- DEXA (dual energy x-ray absorptiometry)	MED DIAG - C-ARM # 1
Tubes for this machine: 1 Active 1 Total				Installation Date: 03/06/2000	
20510	PHILIPS	9890-090-2403 989001000415	01010210 87303	Radiography -- Radiographic	MED DIAG - RM 4
Tubes for this machine: 1 Active 1 Total				Installation Date: 05/17/2001	
33487	GE-OEC	9800	82-3655	Bone Densitometry -- DEXA (dual energy x-ray absorptiometry)	MED DIAG - RM C-ARM # 3
Tubes for this machine: 1 Active 1 Total				Installation Date: 10/14/2005	
38788	GENERAL ELECTRIC	AMX-4 PLUS 2275938-7	1012980WK7	Radiography -- Radiographic	MED DIAG - MOBILE
Tubes for this machine: 1 Active 1 Total				Installation Date: 09/10/2007	
47788	PHILIPS	9896-002-00541	1653	Fluoroscopy -- C-Arm	MED DIAG - CATH LAB 1
Tubes for this machine: 1 Active 1 Total				Installation Date: 06/10/2011	
55110	GE-OEC	888169-01	ES-3241	Bone Densitometry -- DEXA (dual energy x-ray absorptiometry)	MED DIAG - RM C-ARM # 4 - MOBILE
Tubes for this machine: 1 Active 1 Total				Installation Date: 08/11/2014	
63541	GENERAL ELECTRIC	5277061	HL02YS8T	Radiography -- Radio/ Fluoro	MED DIAG - RM 2
Tubes for this machine: 2 Active 2 Total				Installation Date: 02/15/2018	
63976	GENERAL ELECTRIC	5270661	AJFOEE	Radiography -- Radio/ Fluoro	MED DIAG - RM 2
Tubes for this machine: 2 Active 2 Total				Installation Date: 02/15/2018	
64833	GE-OEC	00-881190-07	E2XXXX06622	Fluoroscopy -- C-Arm	MED DIAG - C-ARM # 5
Tubes for this machine: 1 Active 1 Total				Installation Date: 10/17/2018	
65345	GENERAL ELECTRIC	5441626-14	513303HM8	CT Scanner -- CT	CT 2018
Tubes for this machine: 1 Active 1 Total				Installation Date: 11/28/2018	

Units listed below are Removed-Disposed

1 Units / Tubes 0

Unit #	Manufacturer	Model	S/N	Modality	Location
37347	GENERAL ELECTRIC	LIGHTSPEED VCT 5115335	449743CN4	CT Scanner -- CT	MED DIAG - RM CT2

Tubes for this machine: 0 Active || 0 Total

Installation Date: 03/02/2007

For Official Use Only
Verified by Inspector: _____

Date: _____

Accepted

Rejected

FOR FDA USE ONLY	DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service FOOD AND DRUG ADMINISTRATION	Form Approved: OMB No. 0910-0025 Expiration Date: May 31, 2010
Digital Signature on File at FDA	REPORT OF ASSEMBLY OF A DIAGNOSTIC X-RAY SYSTEM	H0144540

1. EQUIPMENT LOCATION

HOSPITAL, DOCTOR OR OFFICE WHERE INSTALLED
 Haywood Regional Medical Center
 262 Leroy George Dr
 Clyde, NC 28721, US
 Telephone:(828) 456-7311

2. ASSEMBLER INFORMATION

COMPANY INFORMATION
 GE Healthcare
 9900 Innovation Dr Mail Code 2176
 Wauwatosa, WI 53226, US
 Telephone:(866) 736-3447

3. GENERAL INFORMATION

THIS REPORT IS FOR ASSEMBLY OF CERTIFIED COMPONENTS WHICH ARE

() New Assembly-Fully Certified System
 () Reassembly-Fully Certified System
 () Reassembly-Mixed System (Both certified and non-certified components)
 (•) Replacement Components in an Existing System
 () An Addition to an Existing System

INTENDED USE(S)

<input checked="" type="checkbox"/> General Purpose Radiology	<input type="checkbox"/> Urology	<input type="checkbox"/> CT Whole Body Scanner	<input type="checkbox"/> Radiation Therapy Simulator
<input type="checkbox"/> General Purpose Fluoroscopy	<input type="checkbox"/> Mammography	<input type="checkbox"/> Head-Neck (medical)	<input type="checkbox"/> C-arm Fluoroscopic
<input type="checkbox"/> Tomography (other than CT)	<input type="checkbox"/> Chest	<input type="checkbox"/> Dental-Intraoral	<input type="checkbox"/> Digital
<input type="checkbox"/> Angiography	<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Dental-Cephalometric	<input type="checkbox"/> Bone Mineral Analysis
<input type="checkbox"/> Podiatry	<input type="checkbox"/> CT Headscanner	<input type="checkbox"/> Dental Panoramic	<input type="checkbox"/> Dental-CT
<input type="checkbox"/> Other			

THE X-RAY SYSTEM IS
 (•) Stationary () Mobile

THE MASTER CONTROL IS IN ROOM
 X-ray

DATE OF ASSEMBLY
 04/09/2019

4. COMPONENT INFORMATION

THE MASTER CONTROL IS () A New Installation (•) Existing (Certified) () Existing (Non-certified)	CONTROL MANUFACTURER Philips	CONTROL SERIAL NUMBER 87303	DATE MANUFACTURED 04/2001
	CONTROL MODEL NUMBER Bucky Diagnost	SYSTEM MODEL NAME (CT Systems Only)	
SELECTED COMPONENTS			OTHER CERTIFIED COMPONENTS (Number of each installed)
BEAM LIMITING DEVICE	MANUFACTURER Philips	MODEL NUMBER 989601000615	DATE MFR'ED 06/2000
TABLES	MANUFACTURER	MODEL NUMBER	DATE MFR'ED
CT GANTRY	MANUFACTURER	MODEL NUMBER	DATE MFR'ED

X-Ray Control Cradle
 High Voltage Generator Film Changer
 Vertical Cassette Holder Image Intensifier
 Tube Housing Assembly Spot Film Device
 Dental Tube Head Fluoroscopic Imaging Assembly
 Cephalometric Device Image Receptor
 Image Receptor Support Device Fluoroscopic Air Kerma Display Device
 Other

5. ASSEMBLER CERTIFICATION

I affirm that all certified components assembled or installed by me, for which this report is being made, were adjusted and tested by me according to the instructions provided by the manufacture(s), were of the type required by the manufacture(s), were of the type required by the diagnostic x-ray performance standard (21 CFR Part 1020), were not modified to adversely affect performance, and were installed in accordance with the provisions of 21 CFR Part 1020. I also affirm that all instruction manuals and other information required by 21 CFR Part 1020 for this assembly have been furnished to the purchaser and, within 15 days from the date of assembly, each copy of this report will be distributed as indicated at the bottom of each copy.

PRINTED NAME Bradley Catherman	SIGNATURE Chad Vande Hei Digitally Signed On: 05/05/2017, 10:22:12 AM	DATE 04/16/2019
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6. COMMENTS

GE Service Registration #:60-S000011 ; Max KVP:150 ; Max mA:1000 ; System Id:828452MVBUCKY

SCHEDULE 1

Items to be removed from Quotation # PR13-C18656 & Purchase Order # 203185

Part #	Description	Qty (#)
TI-CT-TRADE-IN-NEW	RENOVATE PROMO Trade In of LightSpeed VCT	-1

Net change in order value: \$ \$175,000.00

GE Reference: CO-29152

Lightbourne, Ena

From: Lightbourne, Ena
Sent: Monday, June 03, 2019 9:08 AM
To: Leandro, Robert A.
Subject: Request for a No Review for Haywood Regional _ request for information

Good Morning Mr. Leandro,

Request for Additional Information

Facility: Haywood Regional Medical Center
Project Description: Acquire a CT scanner
County: Haywood
FID: 933234

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter dated May 22, 2019, regarding development of the above referenced project. In order for the Agency to make a determination regarding your request, please submit the following additional information.

- The cost for construction or renovation of space, installations, etc., associated with this project.

Upon receipt of the above information, the Agency will provide a response to your request. If you have any questions regarding this matter, please do not hesitate to call me at 919-855-4610.

Thank you,

Ena,

Ena Lightbourne

Certificate of Need, Project Analyst
Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section
NC Department of Health and Human Services

Office: 919-855-4610
Ena.lightbourne@dhhs.nc.gov

809 Ruggles Drive, Edgerton Building
2704 Mail Service Center
Raleigh, North Carolina 27699-2704

[Twitter](#) | [Facebook](#) | [YouTube](#) | [LinkedIn](#)



Robert A. Leandro
Partner
Telephone: 919.835.4636
Direct Fax: 919.834.4564
robbleandro@parkerpoe.com

Atlanta, GA
Charleston, SC
Charlotte, NC
Columbia, SC
Greenville, SC
Raleigh, NC
Spartanburg, SC

May 22, 2019

VIA U.S. MAIL AND ELECTRONIC MAIL: martha.frisone@dhhs.nc.gov

Martha Frisone
Chief
Healthcare Planning and Certificate of Need Section
North Carolina Department of Health and Human Services
2704 Mail Service Center
Raleigh, North Carolina 27699-2704

RE: Request for No Review Determination Regarding Haywood Regional Medical Center
Purchase of Used CT Scanner

Dear Ms. Frisone:

Our law firm represents Haywood Regional Medical Center (“Haywood”). I am writing to provide notice to the Healthcare Planning and Certificate of Need Section that Haywood is planning to purchase a used CT Scanner at fair market value, which does not exceed the threshold dollar amount for major medical equipment under N.C. Gen. Stat. § 131E-176(14o). We are requesting that the CON Section confirm that the purchase of the used CT Scanner does not meet the definition of major medical equipment under N.C. Gen. Stat. § 131E-176(14o) and as such, does not require CON review.

RELEVANT FACTS

In November of 2018, Haywood was approved to replace an existing CT Scanner at its hospital (Record No. 2785). At the time, Haywood traded in its existing CT Scanner and the trade-in value associated with its existing CT Scanner was credited toward the cost of the new CT Scanner. GE Healthcare took ownership of the existing CT. As noted in Haywood’s request, Haywood indicated that it was possible that it may seek to re-acquire the CT Scanner that it traded in from the vendor at some later date. Haywood would now like to re-purchase this CT Scanner from its GE Healthcare.

The total capital cost of repurchasing this used CT Scanner will be \$175,000.00. See Exhibit A, which includes copies of two invoices from the vendor, GE Healthcare, reflecting that 80% of the total purchase price is due upon delivery and the remaining 20% is due upon acceptance or first patient use. The total capital cost of the used CT Scanner will be \$175,000.00. *Id.*

ANALYSIS

Based on the above facts, we believe that the acquisition of a used CT Scanner at fair market value (\$175,000.00) does not require CON review. Namely, the proposed acquisition does not meet the definition of major medical equipment under N.C. Gen. Stat. § 131E-176(14o).

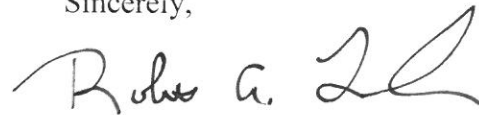
The applicable statute defines “major medical equipment” as follows:

“Major medical equipment” means a single unit or single system of components with related functions which is used to provide medical and other health services and which costs more than seven hundred and fifty thousand dollars (\$750,000). In determining whether the major medical equipment costs more than seven hundred and fifty thousand dollars (\$750,000), the costs of the equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the major medical equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater. Major medical equipment does not include replacement equipment as defined in this section.

Based upon the above facts, the CT Scanner does not meet the definition of major medical equipment because the total capital cost is less than \$750,000.

Please confirm that the Agency agrees with our assessment and that the above action does not require CON approval. I greatly appreciate your attention to this matter. If you have any questions, please feel free to contact me directly.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert A. Leandro". The signature is fluid and cursive, with the first name "Robert" and last name "Leandro" clearly distinguishable.

Robert A. Leandro

EXHIBIT A

Invoices

ATTACHED



GE HEALTHCARE

GE Precision Healthcare LLC
FEIN: 83-0849145
9900 W Innovation Dr.
Wauwatosa, WI 53226

INVOICE 500742847

Invoice Amount

\$35,000.00

Invoice Date: 18-Apr-2019

Due Date: 18-May-2019

Questions?

Email: GEHCAR.Helpdesk@ge.com

Phone: 1 (800) 581-5600

SOLD TO:

HAYWOOD REGIONAL MEDICAL CENTER
HAYWOOD REGIONAL MEDICAL
262 LEROY GEORGE DR
CLYDE NC 28721-7430

SHIP TO:

HAYWOOD REGIONAL MEDICAL CENTER
HAYWOOD REGIONAL MEDICAL CTR
262 LEROY GEORGE DR
CLYDE NC 28721-7430

CUSTOMER ACCT#: 203185	CUSTOMER PO#: 203185
GEHC SALES REP OR FE: Charlotte Sales	CARRIER:
GEHC REFERENCE# (CONTRACT/SR/ORDER #): 4541185	WAYBILL:
BILLING TERMS: 80% on Delivery/ 20% on Acceptance or First Patient Use	PAYMENT TERMS: NET 30

Net Contract Price (w/o Tax) **678,698.53**

Net Billed to Date (w/o Tax) **35,000.00**

LINE #	ITEM #	DESCRIPTION	QTY	NET UNIT PRICE	EXTENDED AMOUNT
1	TI-CT-TRADE-IN-NEW	This is your 20% invoice TI_CT_TRADE_IN_NEW	1	35,000.00	35,000.00

PLEASE REMIT PAYMENT TO: REMIT TO: GE Precision Healthcare LLC US MAIL: P.O. Box 96483 CHICAGO IL 60693 WIRE/EFT INFORMATION: ABA 043000096 ACCOUNT 1424892 EMAIL REMITTANCE: Remit.Healthcare@ge.com	TOTAL	35,000.00
	TAX	0.00
	SHIPPING/HANDLING	0.00
	TOTAL AMOUNT	35,000.00

PAST DUE INVOICES ARE SUBJECT TO A SERVICE CHARGE OF 1.5% PER MONTH, NOT TO EXCEED THE MAXIMUM RATE ALLOWED BY LAW. ALL ORDERS SUBJECT TO GE HEALTHCARE TERMS AND CONDITIONS.

Please include the Invoice / Credit Memo number for proper credit:
500742847

Goods and services or reimbursements associated with the ordered products or services and provided under contract without separately identified charges constitute discounts or other reductions in price under applicable federal law. It is the customer's responsibility to disclose such discounts or other reductions in price in the manner required under state or federal program which provides reimbursement to the customer for or related to the products or services under the contract.



GE HEALTHCARE

GE Precision Healthcare LLC
FEIN: 83-0849145
9900 W Innovation Dr.
Wauwatosa, WI 53226

INVOICE 500742702

Invoice Amount

\$140,000.00

Invoice Date: 16-Apr-2019

Due Date: 16-May-2019

Questions?

Email: GEHCAR.Helpdesk@ge.com

Phone: 1 (800) 581-5600

SOLD TO:

HAYWOOD REGIONAL MEDICAL CENTER
HAYWOOD REGIONAL MEDICAL
262 LEROY GEORGE DR
CLYDE NC 28721-7430

SHIP TO:

HAYWOOD REGIONAL MEDICAL CENTER
HAYWOOD REGIONAL MEDICAL CTR
262 LEROY GEORGE DR
CLYDE NC 28721-7430

CUSTOMER ACCT#: 203185	CUSTOMER PO#: 203185
GEHC SALES REP OR FE: Charlotte Sales	CARRIER:
GEHC REFERENCE# (CONTRACT/SR/ORDER #): 4541185	WAYBILL:
BILLING TERMS: 80% on Delivery/ 20% on Acceptance or First Patient Use	PAYMENT TERMS: NET 30

Net Contract Price (w/o Tax) **678,698.53**

Net Billed to Date (w/o Tax) **140,000.00**

LINE #	ITEM #	DESCRIPTION	QTY	NET UNIT PRICE	EXTENDED AMOUNT
1	TI-CT-TRADE-IN-NEW	This is your 80% invoice TI_CT_TRADE_IN_NEW	1	140,000.00	140,000.00

PLEASE REMIT PAYMENT TO: REMIT TO: GE Precision Healthcare LLC US MAIL: P.O. Box 96483 CHICAGO IL 60693 WIRE/EFT INFORMATION: ABA 043000096 ACCOUNT 1424892 EMAIL REMITTANCE: Remit.Healthcare@ge.com	TOTAL	140,000.00
	TAX	0.00
	SHIPPING/HANDLING	0.00
	TOTAL AMOUNT	140,000.00

PAST DUE INVOICES ARE SUBJECT TO A SERVICE CHARGE OF 1.5% PER MONTH, NOT TO EXCEED THE MAXIMUM RATE ALLOWED BY LAW. ALL ORDERS SUBJECT TO GE HEALTHCARE TERMS AND CONDITIONS.	Please include the Invoice / Credit Memo number for proper credit: 500742702
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Goods and services or reimbursements associated with the ordered products or services and provided under contract without separately identified charges constitute discounts or other reductions in price under applicable federal law. It is the customer's responsibility to disclose such discounts or other reductions in price in the manner required under state or federal program which provides reimbursement to the customer for or related to the products or services under the contract.