



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

February 26, 2021

David J. French
Dj french45@gmail.com

Exempt from Review – Replacement Equipment

Record #: 3491
Date of Request: February 19, 2021
Business Name: Alliance Healthcare Services, Inc.
Business #: 60
Project Description: Replace existing mobile MRI scanner serving OrthoCarolina sites in multiple counties
County: Cleveland, Gaston, Iredell, Mecklenburg, Scotland, and Union

Dear Mr. French:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced project 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 the GE SIGNA Excite HD mobile MRI scanner to replace the GE SIGNA ES LX mobile 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.

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,

Julie M. Faenza
Project Analyst

Lisa Pittman
Assistant Chief, Certificate of Need

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
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

ALLIANCE HEALTHCARE SERVICES

February 18, 2021

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

RE: Alliance Healthcare Services - Written Notice for Exemption from CON Review for Replacement of Mobile MRI Scanner SIGNA 432, Serial # 1S9FA482061182880 (Legacy MRI)

SIG 425

Year of manufacture [2005](#)

VIN #

Dear Ms. Frisone:

Alliance Healthcare Services (“Alliance”) plans to replace mobile MRI scanner SIGNA 432, Serial # 1S9FA482061182880 that operates in North Carolina as CON-approved MRI scanner. A copy of the MRI inventory form for SIGNA 432 is attached. SIGNA 432 will be removed from North Carolina in late February 2021. The replacement will be SIGNA 425, Serial # [1S9FA482X61182854](#) a mobile MRI owned by Alliance.

This letter provides justification and written notice regarding the replacement equipment in accordance with NCGS 131 E-184. Alliance also provides documentation that the replacement equipment conforms to the Certificate of Need laws and Administrative rules: G.S. 131E-184 (a) (7) Exemptions from review to provide replacement equipment
10A NCAC 14C.0303 Replacement Equipment Administrative Rules

Overview

The existing mobile MRI scanner requires replacement due to the malfunction of the air conditioning and cooling system for the MRI magnet.

The permanent replacement unit, SIGNA 425, has very similar imaging capabilities to serve the needs of the host sites on a long-term basis.

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

OrthoCarolina (Miller Orthopedic-Shelby)
101 Delta Park Drive
Shelby, NC 28150 Cleveland

OrthoCarolina, P.A.
9848 North Tryon
Charlotte, NC 28262 Mecklenburg

OrthoCarolina P.A.
1604 Medical Drive
Laurinburg, NC 28352 Scotland

OrthoCarolina Randolph Spine Center
2001 Randolph Road
Charlotte, NC 28207 Mecklenburg

Ortho Carolina-Mooresville
124 Welton Way
Mooresville, NC 28117 Iredell

OrthoCarolina, P.A.
703 Comfort Lane
Monroe, NC 28112 Union

OrthoCarolina, P.A.
870 Summit Crossing Place
Gastonia, NC 28040 Gaston

Compliance Documentation

Compliance with G.S. 131E-176 (22a) Replacement Equipment Definition is evident because the interim replacement scanner and the permanent MRI scanner each have purchase costs which are far less than the \$2,000,000 threshold. Both units are already owned by Alliance.

The replacement MRI equipment will be used for the same diagnostic purposes as the existing equipment. In addition, Alliance 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 use an existing mobile MRI as a permanent replacement. No equipment will be purchased. The temporary replacement equipment conforms to the rules as follows:

10A NCAC 14C .0303 REPLACEMENT EQUIPMENT

(a) This Rule defines 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) “Currently in use” means that the equipment to be replaced has been used by the person requesting the exemption at least 10 times to provide a health service during the 12 months prior to the date the written notice required by G.S. 131E-184(a) is submitted to the CON Section.

Alliance Healthcare Services confirms that SIGNA 432 meets the definition of “currently in use” because this MRI scanner currently serves Duke Raleigh Hospital and UNC Hospital Imaging and Spine Center.

(c) Replacement equipment is not “comparable” if: (1) the replacement equipment to be acquired is capable of providing a health service that the equipment to be replaced cannot provide; or (2) the equipment to be replaced was acquired less than 12 months prior to the date the written notice required by G.S. 131E-184(a) is submitted to the CON Section and it was refurbished or reconditioned when it was acquired by the person requesting the exemption.

The replacement MRI scanner is comparable to the scanner being replaced because the permanent replacement will be used to acquire the same types of MRI images and data. Alliance Healthcare Services certifies that the replacement mobile MRI equipment will be used for the same diagnostic purposes as the existing MRI unit. The existing equipment to be replaced was acquired in 2005 and was not a refurbished or reconditioned.

Please review the following Equipment Comparison Form that provides information regarding the existing MRI as well as the temporary MRI and long-term replacement scanners.

EQUIPMENT COMPARISON

	EXISTING EQUIPMENT	PERMANENT REPLACEMENT
Type of Equipment (List Each Component)	MRI	MRI
Manufacturer of Equipment	GE	GE
Tesla Rating for MRIs	1.5T	1.5T
Model Number	SIGNA ES LX	SIGNA Excite HD
Serial Number	1S9FA482061182880	1S9FA482X61182854
Provider's Method of Identifying Equipment	SIGNA 432	SIGNA 425
Specify if Mobile or Fixed	Mobile	Mobile
Mobile Trailer Serial Number/VIN #	1S9FA482061182880	1S9FA482X61182854
Mobile Tractor Serial Number/VIN #	NA – No changes	No changes
Date of Acquisition of Each Component	2006	2005
Hold Title or 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	NA
Total Cost of Equipment	NA	NA
Fair Market Value of Equipment	NA	\$250,000 see FMV
Net Purchase Price of Equipment	NA	NA
Locations Where Operated Currently	OrthoCarolina Sites see list	OrthoCarolina Sites see list
Number Days In Use/To be Used in N.C. Per Year	Up to 365	Permanent 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

The current MRI SIGNA 432 will be removed from North Carolina within a week and its permanent replacement unit SIGNA 425 will be utilized.

Thank you for your consideration of this information. Please call me at 336 432-8308 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "David J. French". The signature is written in a cursive style with a horizontal line underneath.

David J. French

Consultant to Alliance Healthcare Services

P.O. Box 2154
Reidsville, NC 27023
djfrench45@gmail.com

Cc:

Jennifer Freeman
Manager of Operations
Alliance Healthcare Services

Rodney Skelding
Manager of Operations
Alliance Healthcare Services



PHONE 517-668-8800
TOLL-FREE 888-694-6478
FAX 517-668-8899

MARKET VALUATION FOR ALLIANCE HEALTHCARE RADIOLOGY

Block Imaging International, Inc. a Michigan corporation having its office at 1845 Cedar St., Holt, MI 48842 has prepared this Market Valuation for Alliance Healthcare Radiology.

Date: February 18, 2021

*Prepared for: Alliance Healthcare Radiology
18201 Von Karman Avenue, Suite 600
Irvine, California 92612
Cathy Weinhold*

Profile of Equipment- Signa 425

Siemens 1.5T GE Signa Excite HD MRI

Software version: 12.0

Channels: 8

Features: Echo Planar Imaging, Fast Gradient Echo, Cine, Fast Spin Echo & Flair, Time of Flight, Phase Contrast Vascular Imaging, SGD Echospeed, DW EPI, Flair EPI, Special, Smart Prep, SSFSE, Three Plane Localizer, Modality Worklist, E3DTOF, FSE_XL, Bloodsupp, Fastcine, Sgdperf, iDrive Pro, iDrive, Smartprep 2000 upgrade, Functool 2, Voxtool, Interactive Vascular Imaging, Clairview, iDrive Pro Plus, Ultrashort TR, T2 Breathhold, SSFSE MRCP, T1 Breathhold, ACGD PLUS, Fluoro-triggered MRA, MRCP3, Dynamic R1, Fiesta 2d, Fiesta 3D, Asset, 3DFRFSE, Asset PLUS, Fiesta-c, Breat2, 3DFat Sat Fiesta, 2DFat Sat Fiesta

Table weight limit: 350 lbs.

60 cm bore

Coils: Body Array, CTL Array, Breast, Head, QD Knee, Neurovascular Array, Split Head, Lg & Sm Shoulder, Flex (2)

Accessory: MedRad Solaris Injector

Trailer Manufacturer: AK Specialty

Trailer VIN: 1S9FA482X61182854

FMV: \$200,000 – \$250,000



PHONE 517-668-8800
TOLL-FREE 888-694-6478
FAX 517-668-8899

The Fair Market Value represented is what Block Imaging considers the median range for an “in-place” asset provided the information presented. Other factors must be considered in valuing what the unit is worth to Alliance Healthcare Radiology or via orderly liquidation. The replacement value of this unit would include the following items not accounted for in this FMV – site preparation, delivery, installation and service agreements.

Prepared By:

Emily Jones

Title:

Executive Assistant to the President

Date:

February 18, 2021

Block Imaging International, Inc. makes every effort to evaluate and produce the most current and accurate information possible, however, NO WARRANTIES, EXPRESS OR IMPLIED ARE PROVIDED FOR THE DATA HEREIN, ITS USE OR INTERPRITATION. Block Imaging International, Inc. is not a licensed appraiser and Buyer's acceptance of this Agreement shall act as an acknowledgment of that fact and that Block Imaging International, Inc. shall have no liability for the quality, completeness, accuracy, or adequacy of the data.



Section 2: Equipment and Procedures Information

Reporting Period: 10/01/2019 – 9/30/2020 Other time period: _____

Do not make extra copies of this page if the entity has multiple MRIs. Submit a complete, separate R&I form for each scanner.

(Please make additional copies of this page as needed for additional Service Sites.)

For DHSR Planning Use Only:	
Manufacturer/Tesla	GE / 1.5T
Model number	Signa Horizon ES LX
Open or closed (including open bore) scanner	<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed
Serial or I.D. Number	1S9FA482061182880 SIGNA 432
Date of acquisition	2006
Purchase price (if purchased)	
Certificate of Need Project ID (or Legacy)	<input checked="" type="checkbox"/> Legacy
Certificate holder, as listed on Certificate of Need	Alliance HealthCare Services
If equipment went to only 1 site, is it permanently parked at that site?	<input type="checkbox"/> Parked <input checked="" type="checkbox"/> Not Parked
	Service Site Number 1
Service Site Information: Please include all the information requested for each location.	OrthoCarolina (Miller Orthopedic-Shelby) 101 Delta Park Drive Shelby, NC 28150 Cleveland
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: 0 w/out: 0 Total: 0 Outpatient: with: <u>0</u> w/out: <u>803</u> Total: <u>803</u>
Total Number of Procedures	Total: <u>803</u>
For each day of the week, enter the number of hours the scanner is in operation.	___ Sunday ___ Thursday Days and hours subject to change ___ Monday ___ Friday ___ Tuesday ___ Saturday ___ Wednesday
Total number of hours in operation for reporting period	<u>710 hrs</u>

*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 greater than the total number of patients reported on the MRI Patient Origin Table on page 3 of this form.**

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



Section 2: Equipment and Procedures Information

Reporting Period: 10/01/2019 – 9/30/2020 Other time period: _____

Do not make extra copies of this page if the entity has multiple MRIs. Submit a complete, separate R&I form for each scanner.

(Please make additional copies of this page as needed for additional Service Sites.)

For DHSR Planning Use Only:	
Manufacturer/Tesla	GE / 1.5T
Model number	Signa Horizon ES LX
Open or closed (including open bore) scanner	<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed
Serial or I.D. Number	1S9FA482061182880 SIGNA 432
Date of acquisition	2006
Purchase price (if purchased)	
Certificate of Need Project ID (or Legacy)	<input checked="" type="checkbox"/> Legacy
Certificate holder, as listed on Certificate of Need	Alliance HealthCare Services
If equipment went to only 1 site, is it permanently parked at that site?	<input type="checkbox"/> Parked <input checked="" type="checkbox"/> Not Parked
	Service Site Number 2
Service Site Information: Please include all the information requested for each location.	OrthoCarolina, P.A. 9848 North Tryon Charlotte, NC 28262 Mecklenburg
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: 0 w/out: 0 Total: 0 Outpatient: with: <u>0</u> w/out: <u>990</u> Total: <u>990</u>
Total Number of Procedures	Total: <u>990</u>
For each day of the week, enter the number of hours the scanner is in operation.	___ Sunday ___ Thursday Days and hours subject to change ___ Monday ___ Friday ___ Tuesday ___ Saturday ___ Wednesday
Total number of hours in operation for reporting period	<u>900 hrs</u>

*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 greater than the total number of patients reported on the MRI Patient Origin Table on page 3 of this form.**

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



Section 2: Equipment and Procedures Information

Reporting Period: 10/01/2019 – 9/30/2020 Other time period: _____

Do not make extra copies of this page if the entity has multiple MRIs. Submit a complete, separate R&I form for each scanner.

(Please make additional copies of this page as needed for additional Service Sites.)

For DHSR Planning Use Only:	
Manufacturer/Tesla	GE / 1.5T
Model number	Signa Horizon ES LX
Open or closed (including open bore) scanner	<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed
Serial or I.D. Number	1S9FA482061182880 SIGNA 432
Date of acquisition	2006
Purchase price (if purchased)	
Certificate of Need Project ID (or Legacy)	<input checked="" type="checkbox"/> Legacy
Certificate holder, as listed on Certificate of Need	Alliance HealthCare Services
If equipment went to only 1 site, is it permanently parked at that site?	<input type="checkbox"/> Parked <input checked="" type="checkbox"/> Not Parked
	Service Site Number 3
Service Site Information: Please include all the information requested for each location.	OrthoCarolina P.A. 1604 Medical Drive Laurinburg, NC 28352 Scotland
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: 0 w/out: 0 Total: 0 Outpatient: with: <u>0</u> w/out: <u>834</u> Total: <u>834</u>
Total Number of Procedures	Total: <u>834</u>
For each day of the week, enter the number of hours the scanner is in operation.	___ Sunday ___ Thursday Days and hours subject to change ___ Monday ___ Friday ___ Tuesday ___ Saturday ___ Wednesday
Total number of hours in operation for reporting period	<u>760 hrs</u>

*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 greater than the total number of patients reported on the MRI Patient Origin Table on page 3 of this form.**

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



Section 2: Equipment and Procedures Information

Reporting Period: 10/01/2019 – 9/30/2020 Other time period: _____

Do not make extra copies of this page if the entity has multiple MRIs. Submit a complete, separate R&I form for each scanner.

(Please make additional copies of this page as needed for additional Service Sites.)

For DHSR Planning Use Only:	
Manufacturer/Tesla	GE / 1.5T
Model number	Signa Horizon ES LX
Open or closed (including open bore) scanner	<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed
Serial or I.D. Number	1S9FA482061182880 SIGNA 432
Date of acquisition	2006
Purchase price (if purchased)	
Certificate of Need Project ID (or Legacy)	<input checked="" type="checkbox"/> Legacy
Certificate holder, as listed on Certificate of Need	Alliance HealthCare Services
If equipment went to only 1 site, is it permanently parked at that site?	<input type="checkbox"/> Parked <input checked="" type="checkbox"/> Not Parked
	Service Site Number 4
Service Site Information: Please include all the information requested for each location.	OrthoCarolina Randolph Spine Center 2001 Randolph Road Charlotte, NC 28207 Mecklenburg
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: 0 w/out: 0 Total: 0 Outpatient: with: <u>95</u> w/out: <u>495</u> Total: <u>590</u>
Total Number of Procedures	Total: <u>590</u>
For each day of the week, enter the number of hours the scanner is in operation.	___ Sunday ___ Thursday Days and hours subject to change ___ Monday ___ Friday ___ Tuesday ___ Saturday ___ Wednesday
Total number of hours in operation for reporting period	<u>528 hrs</u>

*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 greater than the total number of patients reported on the MRI Patient Origin Table on page 3 of this form.**

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



Section 2: Equipment and Procedures Information

Reporting Period: 10/01/2019 – 9/30/2020 Other time period: _____

Do not make extra copies of this page if the entity has multiple MRIs. Submit a complete, separate R&I form for each scanner.

(Please make additional copies of this page as needed for additional Service Sites.)

For DHSR Planning Use Only:	
Manufacturer/Tesla	GE / 1.5T
Model number	Signa Horizon ES LX
Open or closed (including open bore) scanner	<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed
Serial or I.D. Number	1S9FA482061182880 SIGNA 432
Date of acquisition	2006
Purchase price (if purchased)	
Certificate of Need Project ID (or Legacy)	<input checked="" type="checkbox"/> Legacy
Certificate holder, as listed on Certificate of Need	Alliance HealthCare Services
If equipment went to only 1 site, is it permanently parked at that site?	<input type="checkbox"/> Parked <input checked="" type="checkbox"/> Not Parked
	Service Site Number 5
Service Site Information: Please include all the information requested for each location.	Ortho Carolina-Mooresville 124 Welton Way Mooresville, NC 28117 Iredell
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: 0 w/out: 0 Total: 0 Outpatient: with: <u>0</u> w/out: <u>221</u> Total: <u>221</u>
Total Number of Procedures	Total: <u>221</u>
For each day of the week, enter the number of hours the scanner is in operation.	___ Sunday ___ Thursday Days and hours subject to change ___ Monday ___ Friday ___ Tuesday ___ Saturday ___ Wednesday
Total number of hours in operation for reporting period	<u>188 hrs</u>

*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 greater than the total number of patients reported on the MRI Patient Origin Table on page 3 of this form.**

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



Section 2: Equipment and Procedures Information

Reporting Period: 10/01/2019 – 9/30/2020 Other time period: _____

Do not make extra copies of this page if the entity has multiple MRIs. Submit a complete, separate R&I form for each scanner.

(Please make additional copies of this page as needed for additional Service Sites.)

For DHSR Planning Use Only:	
Manufacturer/Tesla	GE / 1.5T
Model number	Signa Horizon ES LX
Open or closed (including open bore) scanner	<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed
Serial or I.D. Number	1S9FA482061182880 SIGNA 432
Date of acquisition	2006
Purchase price (if purchased)	
Certificate of Need Project ID (or Legacy)	<input checked="" type="checkbox"/> Legacy
Certificate holder, as listed on Certificate of Need	Alliance HealthCare Services
If equipment went to only 1 site, is it permanently parked at that site?	<input type="checkbox"/> Parked <input checked="" type="checkbox"/> Not Parked
	Service Site Number 6
Service Site Information: Please include all the information requested for each location.	OrthoCarolina, P.A. 703 Comfort Lane Monroe, NC 28112 Union
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: 0 w/out: 0 Total: 0 Outpatient: with: <u>42</u> w/out: <u>528</u> Total: <u>570</u>
Total Number of Procedures	Total: <u>570</u>
For each day of the week, enter the number of hours the scanner is in operation.	___ Sunday ___ Thursday Days and hours subject to change ___ Monday ___ Friday ___ Tuesday ___ Saturday ___ Wednesday
Total number of hours in operation for reporting period	<u>510 hrs</u>

*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 greater than the total number of patients reported on the MRI Patient Origin Table on page 3 of this form.**

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



Section 2: Equipment and Procedures Information

Reporting Period: 10/01/2019 – 9/30/2020 Other time period: _____

Do not make extra copies of this page if the entity has multiple MRIs. Submit a complete, separate R&I form for each scanner.

(Please make additional copies of this page as needed for additional Service Sites.)

For DHSR Planning Use Only:	
Manufacturer/Tesla	GE / 1.5T
Model number	Signa Horizon ES LX
Open or closed (including open bore) scanner	<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed
Serial or I.D. Number	1S9FA482061182880 SIGNA 432
Date of acquisition	2006
Purchase price (if purchased)	
Certificate of Need Project ID (or Legacy)	<input checked="" type="checkbox"/> Legacy
Certificate holder, as listed on Certificate of Need	Alliance HealthCare Services
If equipment went to only 1 site, is it permanently parked at that site?	<input checked="" type="checkbox"/> Parked <input type="checkbox"/> Not Parked
	Service Site Number 7
Service Site Information: Please include all the information requested for each location.	OrthoCarolina, P.A. 870 Summit Crossing Place Gastonia, NC 28040 Gaston
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: 0 w/out: 0 Total: 0 Outpatient: with: <u>10</u> w/out: <u>224</u> Total: <u>234</u>
Total Number of Procedures	Total: <u>234</u>
For each day of the week, enter the number of hours the scanner is in operation.	___ Sunday ___ Thursday Days and hours subject to change ___ Monday ___ Friday ___ Tuesday ___ Saturday ___ Wednesday
Total number of hours in operation for reporting period	<u>190 hrs</u>

*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 greater than the total number of patients reported on the MRI Patient Origin Table on page 3 of this form.**

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



Section 3: Patient Origin Data by Service Site

Please provide the county of residence for each patient who received 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 two of this form.

Service Site Number: **1 through 7**

Service Site Name: **Alliance does not collect patient origin data**

County in which service was provided:

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	

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



Section 4: Certification and Signature

The undersigned Chief Executive Officer or approved designee certifies the accuracy of the information contained on all pages of this form.

Signature 

Print Name **Rodney Skelding**

Date signed **January 25, 2021**

Note: Healthcare Planning and Certificate of Need may request CPT codes for MRI procedures if further clarification is needed.



Section 5: COVID-19 Addendum to Registration and Inventory of Medical Equipment

This special section of the 2021 Registration and Inventory Forms seeks information regarding the facility’s experience during the COVID-19 pandemic. This data will assist Healthcare Planning in projecting the need for equipment in the 2022 State Medical Facilities Plan.

The addendum is not asking for procedures performed on patients diagnosed with or suspected of having COVID-19. Rather, it covers all patients seen at each site entered above between April 1, 2020 through September 30, 2020.

(Please make additional copies of this page as needed for additional Service Sites.)

Manufacturer/Tesla	GE / 1.5T	
Model number	Signa Horizon ES LX	
Open or closed (including open bore) scanner	<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed	
Serial or I.D. Number	1S9FA482061182880 SIGNA 432	
Certificate of Need Project ID (or Legacy)	<input checked="" type="checkbox"/> Legacy	
	Service Site Number 1	
Service Site Information: Please include all the information requested for each location.	OrthoCarolina (Miller Orthopedic-Shelby) 101 Delta Park Drive Shelby, NC 28150 Cleveland	
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: 0 w/out: 0 Total: 0	Outpatient: with: <u>0</u> w/out: <u>359</u> Total: <u>359</u>
Total Number of Procedures	Total: <u>359</u>	

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



Section 5: COVID-19 Addendum to Registration and Inventory of Medical Equipment

This special section of the 2021 Registration and Inventory Forms seeks information regarding the facility’s experience during the COVID-19 pandemic. This data will assist Healthcare Planning in projecting the need for equipment in the 2022 State Medical Facilities Plan.

The addendum is not asking for procedures performed on patients diagnosed with or suspected of having COVID-19. Rather, it covers all patients seen at each site entered above between April 1, 2020 through September 30, 2020.

(Please make additional copies of this page as needed for additional Service Sites.)

Manufacturer/Tesla	GE / 1.5T	
Model number	Signa Horizon ES LX	
Open or closed (including open bore) scanner	<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed	
Serial or I.D. Number	1S9FA482061182880 SIGNA 432	
Certificate of Need Project ID (or Legacy)	<input checked="" type="checkbox"/> Legacy	
	Service Site Number 2	
Service Site Information: Please include all the information requested for each location.	OrthoCarolina, P.A. 9848 North Tryon Charlotte, NC 28262 Mecklenburg	
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: 0 w/out: 0 Total: 0	Outpatient: with: <u>0</u> w/out: <u>425</u> Total: <u>425</u>
Total Number of Procedures	Total: <u>425</u>	



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Manufacturer/Tesla	GE / 1.5T	
Model number	Signa Horizon ES LX	
Open or closed (including open bore) scanner	<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed	
Serial or I.D. Number	1S9FA482061182880 SIGNA 432	
Certificate of Need Project ID (or Legacy)	<input checked="" type="checkbox"/> Legacy	
	Service Site Number 3	
Service Site Information: Please include all the information requested for each location.	OrthoCarolina P.A. 1604 Medical Drive Laurinburg, NC 28352 Scotland	
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: 0 w/out: 0 Total: 0	Outpatient: with: <u>0</u> w/out: <u>466</u> Total: <u>466</u>
Total Number of Procedures	Total: <u>466</u>	



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Manufacturer/Tesla	GE / 1.5T	
Model number	Signa Horizon ES LX	
Open or closed (including open bore) scanner	<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed	
Serial or I.D. Number	1S9FA482061182880 SIGNA 432	
Certificate of Need Project ID (or Legacy)	<input checked="" type="checkbox"/> Legacy	
	Service Site Number 4	
Service Site Information: Please include all the information requested for each location.	OrthoCarolina Randolph Spine Center 2001 Randolph Road Charlotte, NC 28207 Mecklenburg	
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: 0 w/out: 0 Total: 0	Outpatient: with: <u>31</u> w/out: <u>169</u> Total: <u>200</u>
Total Number of Procedures	Total: <u>200</u>	



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Manufacturer/Tesla	GE / 1.5T	
Model number	Signa Horizon ES LX	
Open or closed (including open bore) scanner	<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed	
Serial or I.D. Number	1S9FA482061182880 SIGNA 432	
Certificate of Need Project ID (or Legacy)	<input checked="" type="checkbox"/> Legacy	
	Service Site Number 5	
Service Site Information: Please include all the information requested for each location.	Ortho Carolina-Mooresville 124 Welton Way Mooresville, NC 28117 Iredell	
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: 0 w/out: 0 Total: 0	Outpatient: with: <u>0</u> w/out: <u>17</u> Total: <u>17</u>
Total Number of Procedures	Total: <u>17</u>	

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



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Manufacturer/Tesla	GE / 1.5T	
Model number	Signa Horizon ES LX	
Open or closed (including open bore) scanner	<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed	
Serial or I.D. Number	1S9FA482061182880 SIGNA 432	
Certificate of Need Project ID (or Legacy)	<input checked="" type="checkbox"/> Legacy	
	Service Site Number 6	
Service Site Information: Please include all the information requested for each location.	OrthoCarolina, P.A. 703 Comfort Lane Monroe, NC 28112 Union	
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: 0 w/out: 0 Total: 0	Outpatient: with: <u>3</u> w/out: <u>309</u> Total: <u>312</u>
Total Number of Procedures	Total: <u>312</u>	



Section 5: COVID-19 Addendum to Registration and Inventory of Medical Equipment

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Manufacturer/Tesla	GE / 1.5T	
Model number	Signa Horizon ES LX	
Open or closed (including open bore) scanner	<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed	
Serial or I.D. Number	1S9FA482061182880 SIGNA 432	
Certificate of Need Project ID (or Legacy)	<input checked="" type="checkbox"/> Legacy	
	Service Site Number 7	
Service Site Information: Please include all the information requested for each location.	OrthoCarolina, P.A. 870 Summit Crossing Place Gastonia, NC 28040 Gaston	
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: 0 w/out: 0 Total: 0	Outpatient: with: <u>8</u> w/out: <u>2</u> Total: <u>10</u>
Total Number of Procedures	Total: <u>10</u>	



AUTHENTICATING SIGNATURE: The undersigned submits the COVID-19 Addendum as part of the 2021 Registration and Inventory of Medical Equipment and certifies the accuracy of this information.

Signature 

Print Name **Rodney Skelding**

Date signed **January 29, 2021**

Please complete all sections of this form and return to Healthcare Planning by **Friday, January 29, 2021**.

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 Trensese Michael in Healthcare Planning, 2704 Mail Service Center, Raleigh, NC 27699-2704.

If you have questions, call Trensese Michael in Healthcare Planning at (919) 855-3867 or email DHSR.SMFP.Registration-Inventory@dhhs.nc.gov.