



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

March 21, 2022

David J. French
Djfrench45@gmail.com

Exempt from Review – Replacement Equipment

Record #: 3846
Date of Request: March 5, 2022
Business Name: Alliance Healthcare Services, Inc.
Business #: 60
Project Description: Temporarily replace mobile PET scanner
County: Statewide

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 PET/CT 197, Serial # 545162HMO to temporarily replace the PET/CT/171 Statewide mobile PET 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,

Tanya M. Saporito
Project Analyst

Micheala Mitchell
Chief

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

ALLIANCE HEALTHCARE SERVICES

March 5, 2022

Mr. Mike Mckillip, CON Analyst
Ms. Micheala Mitchell, Chief
Health Planning and Certificate of Need Section
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Corrected Alliance Healthcare Services - Written Notice for Exemption from CON Review for Temporary Replacement of Mobile PET/CT Scanner PET/CT 171, (Statewide Service Area)

CON Project ID # H-6706-02

Dear Ms. Mitchell and Mr. Mckillip:

I am writing on behalf of my client, Alliance Healthcare Services, regarding the need to temporarily replace mobile PET/CT scanner PET/CT 171 because this equipment has a damaged axel and requires repairs.

Please accept this notice of exemption to temporarily replace the above unit with **PET/CT 197, Serial # 545162HMO**, which is an existing mobile PET/CT scanner owned by Alliance. With this temporary replacement, PET/CT 171 will be removed from service in North Carolina while it is being repaired.

This letter provides justification and written notice regarding the replacement equipment in accordance with NCGS 131 E-184. Alliance Healthcare Services 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 PET/CT 171, needs to be temporarily replaced because of the urgent need to complete repairs. The host sites that will be served by the temporary replacement mobile PET/CT scanner are listed in the attached copy 2022 mobile PET/CT inventory form.

Compliance Documentation

Compliance with G.S. 131E-176 (22a) Replacement Equipment Definition is evident because the replacement PET/CT scanner was purchased new on 12/31/2021 and the purchase price was \$1,050,000.

The replacement PET/CT 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 PET/CT as the temporary replacement. No equipment will be purchased. The 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 PET/CT 171 meets the definition of “currently in use” because the PET/CT scanner provided service at Southeastern Orthopedic Specialists in Greensboro and other North Carolina host sites during the past year.

(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 PET/CT scanner is comparable to the equipment being replaced because the replacement equipment will be used to acquire the same types of PET/CT images and data.

Alliance Healthcare Services certifies that the replacement mobile PET/CT equipment will be used for the same diagnostic purposes as the existing PET/CT unit. The existing equipment to be replaced was acquired in 2003.

Please see the attached Equipment Comparison Form:

EQUIPMENT COMPARISON

	EXISTING EQUIPMENT	Temporary REPLACEMENT
Type of Equipment (List Each Component)	PET/CT	PET/CT
Manufacturer of Equipment	GE	GE
Tesla Rating for MRI	NA	NA
Model Number	Discovery 16	Discovery 16
Serial Number	1S9SC4826F5834422	1S9SC3879F639512
Provider's Method of Identifying Equipment	PET/CT 171	PET/CT 197
Specify if Mobile or Fixed	Mobile	Mobile
Mobile Trailer Serial Number/VIN #	1S9FA482531182594	# 545162HMO
Mobile Tractor Serial Number/VIN #	NA – No changes	NA – No changes
Date of Acquisition of Each Component	2016	2019
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	\$1,250,000 Already owned by Alliance
Total Cost of Equipment	NA	NA
Fair Market Value of Equipment	NA	NA
Net Purchase Price of Equipment	NA	NA
Locations Where Operated	Please see the attached 2022 Inventory Form.	Same host sites as seen in the attached 2022 Inventory Form
Number Days In Use/To be Used in N.C. Per Year	Up to 365	Up to 365 days
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	PET/CT Procedures	PET/CT Procedures
Type of Procedures New Equipment is Capable of Performing	NA	PET/CT Procedures

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

Sincerely,

A handwritten signature in cursive script, appearing to read "David J. French".

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



Registration and Inventory of Medical Equipment
Mobile Positron Emission Tomography Scanners
January 2022

Instructions

This is the legally required “Registration and Inventory of Medical Equipment” (G.S. 131E-177) for mobile positron emission tomography scanners. Please complete all sections of this form and return to Healthcare Planning by **Friday, January 28, 2022.**

1. **Submit one completed Registration and Inventory form per PET scanner**
2. Complete and sign the form
3. 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 Trenesse Michael, Healthcare Planning, 2704 Mail Service Center, Raleigh, NC 27699-2704.

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

Section 1: Contact Information

1. Full legal name of corporation, partnership, individual, or other legal entity that acquired the equipment by purchase, donation, lease, transfer, or comparable arrangement:

Alliance HealthCare Services
(Legal Name)

2. Address of the corporation, partnership, individual, or other legal entity that acquired the equipment:

18201 Von Karman Ave.
(Street and Number)

<u>Irvine, CA</u>	<u>92612</u>	<u>(800) 544-3215</u>
(City) (State)	(Zip)	(Phone Number)

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

<u>Jennifer Freeman</u>	<u>Manager Operations</u>
(Name)	(Title)

(Street and Number)

(City)

(State)

704-957-9900
(Phone Number)

jfreesman@allianceradiology-us.com
(Email)

4. Information compiled or prepared by: **David French**
(Name)

(336) 349-6250
(Phone Number)

difrench45@gmail.com
(Email)

(Email)



Section 2: Equipment and Procedures Information

Reporting Period: 10/01/2020 – 9/30/2021 Other time period: _____

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

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

For DHSR Planning Use Only:									
	Mobile Scanner Information (one Service Site per page)								
Manufacturer	GE								
Model number	PETCT Discovery 16								
Serial or I.D. number	1S9SC4826F5834422 PET CT Unit 171								
Date of purchase	2016 (Replacement Exemption Obtained)								
Purchase price	\$1,531,790								
Certificate of Need Project ID	F-6706-02								
Certificate holder, as listed on Certificate of Need	Alliance HealthCare								
	Service Site Number <u>1</u>								
Service Site Information:	Scotland Memorial Hospital, Inc 500 Lauchwood Drive Laurinburg, NC 28352 Scotland County								
<u>Procedures* – Inpatient</u>	<u>0</u>								
<u>Procedures* – Outpatient</u>	<u>165</u>								
Total # of procedures* for report period	<u>165</u>								
For each day of the week, enter the number of hours the scanner is in operation.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">_____ Sunday</td> <td style="width: 50%;">_____ Thursday</td> </tr> <tr> <td>_____ Monday</td> <td>_____ Friday</td> </tr> <tr> <td>_____ Tuesday</td> <td>_____ Saturday</td> </tr> <tr> <td>_____ Wednesday</td> <td></td> </tr> </table> <p style="text-align: right;">NA Schedule subject to change</p>	_____ Sunday	_____ Thursday	_____ Monday	_____ Friday	_____ Tuesday	_____ Saturday	_____ Wednesday	
_____ Sunday	_____ Thursday								
_____ Monday	_____ Friday								
_____ Tuesday	_____ Saturday								
_____ Wednesday									
Total number of hours in operation by site for reporting period.	124								

* PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. PET **procedure** means a single discrete study of one patient involving one or more PET scans.



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Reporting Period: 10/01/2020 – 9/30/2021 Other time period: _____

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

For DHSR Planning Use Only:									
	Mobile Scanner Information (one Service Site per page)								
Manufacturer	GE								
Model number	PETCT Discovery 16								
Serial or I.D. number	1S9SC4826F5834422 PET CT Unit 171								
Date of purchase	2016 (Replacement Exemption Obtained)								
Purchase price	\$1,531,790								
Certificate of Need Project ID	F-6706-02								
Certificate holder, as listed on Certificate of Need	Alliance HealthCare								
	Service Site Number 2								
Service Site Information:	Wayne Memorial Hospital 2700 Wayne Memorial Drive Goldsboro, NC 27534 Wayne County								
<u>Procedures* – Inpatient</u>	<u>0</u>								
<u>Procedures* – Outpatient</u>	<u>327</u>								
Total # of procedures* for report period	<u>327</u>								
For each day of the week, enter the number of hours the scanner is in operation.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">_____ Sunday</td> <td style="width: 50%;">_____ Thursday</td> </tr> <tr> <td>_____ Monday</td> <td>_____ Friday</td> </tr> <tr> <td>_____ Tuesday</td> <td>_____ Saturday</td> </tr> <tr> <td>_____ Wednesday</td> <td></td> </tr> </table> <p style="text-align: right;">NA Schedule subject to change</p>	_____ Sunday	_____ Thursday	_____ Monday	_____ Friday	_____ Tuesday	_____ Saturday	_____ Wednesday	
_____ Sunday	_____ Thursday								
_____ Monday	_____ Friday								
_____ Tuesday	_____ Saturday								
_____ Wednesday									
Total number of hours in operation by site for reporting period.	245								

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

For DHSR Planning Use Only:									
	Mobile Scanner Information (one Service Site per page)								
Manufacturer	GE								
Model number	PETCT Discovery 16								
Serial or I.D. number	1S9SC4826F5834422 PET CT Unit 171								
Date of purchase	2016 (Replacement Exemption Obtained)								
Purchase price	\$1,531,790								
Certificate of Need Project ID	F-6706-02								
Certificate holder, as listed on Certificate of Need	Alliance HealthCare								
	Service Site Number 3								
Service Site Information:	Albemarle Hospital 1144 North Road Street Elizabeth City, NC 27909 Pasquotank County								
<u>Procedures* – Inpatient</u>	<u>0</u>								
<u>Procedures* – Outpatient</u>	<u>406</u>								
Total # of procedures* for report period	<u>406</u>								
For each day of the week, enter the number of hours the scanner is in operation.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">_____ Sunday</td> <td style="width: 50%;">_____ Thursday</td> </tr> <tr> <td>_____ Monday</td> <td>_____ Friday</td> </tr> <tr> <td>_____ Tuesday</td> <td>_____ Saturday NA Schedule subject to change</td> </tr> <tr> <td>_____ Wednesday</td> <td></td> </tr> </table>	_____ Sunday	_____ Thursday	_____ Monday	_____ Friday	_____ Tuesday	_____ Saturday NA Schedule subject to change	_____ Wednesday	
_____ Sunday	_____ Thursday								
_____ Monday	_____ Friday								
_____ Tuesday	_____ Saturday NA Schedule subject to change								
_____ Wednesday									
Total number of hours in operation by site for reporting period.	302								

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Section 2: Equipment and Procedures Information

Reporting Period: 10/01/2020 – 9/30/2021 Other time period: _____

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

For DHSR Planning Use Only:									
	Mobile Scanner Information (one Service Site per page)								
Manufacturer	GE								
Model number	PETCT Discovery 16								
Serial or I.D. number	1S9SC4826F5834422 PET CT Unit 171								
Date of purchase	2016 (Replacement Exemption Obtained)								
Purchase price	\$1,531,790								
Certificate of Need Project ID	F-6706-02								
Certificate holder, as listed on Certificate of Need	Alliance HealthCare								
	Service Site Number 4								
Service Site Information:	Southeastern Regional Medical 300 West 27th Street Lumberton, NC 28358 Robeson County								
<u>Procedures* – Inpatient</u>	<u>0</u>								
<u>Procedures* – Outpatient</u>	<u>293</u>								
Total # of procedures* for report period	<u>293</u>								
For each day of the week, enter the number of hours the scanner is in operation.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">_____ Sunday</td> <td style="width: 50%;">_____ Thursday</td> </tr> <tr> <td>_____ Monday</td> <td>_____ Friday</td> </tr> <tr> <td>_____ Tuesday</td> <td>_____ Saturday</td> </tr> <tr> <td>_____ Wednesday</td> <td></td> </tr> </table> <p style="text-align: right;">NA Schedule subject to change</p>	_____ Sunday	_____ Thursday	_____ Monday	_____ Friday	_____ Tuesday	_____ Saturday	_____ Wednesday	
_____ Sunday	_____ Thursday								
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_____ Tuesday	_____ Saturday								
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Total number of hours in operation by site for reporting period.	220								

* PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. PET **procedure** means a single discrete study of one patient involving one or more PET scans.

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



Section 2: Equipment and Procedures Information

Reporting Period: 10/01/2020 – 9/30/2021 Other time period: _____

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For DHSR Planning Use Only:									
	Mobile Scanner Information (one Service Site per page)								
Manufacturer	GE								
Model number	PETCT Discovery 16								
Serial or I.D. number	1S9SC4826F5834422 PET CT Unit 171								
Date of purchase	2016 (Replacement Exemption Obtained)								
Purchase price	\$1,531,790								
Certificate of Need Project ID	F-6706-02								
Certificate holder, as listed on Certificate of Need	Alliance HealthCare								
	Service Site Number 5								
Service Site Information:	Carteret General Hospital 3402 Arendell St. Morehead City, NC 28557 Carteret County								
<u>Procedures* – Inpatient</u>	<u>0</u>								
<u>Procedures* – Outpatient</u>	<u>424</u>								
Total # of procedures* for report period	<u>424</u>								
For each day of the week, enter the number of hours the scanner is in operation.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">_____ Sunday</td> <td style="width: 50%;">_____ Thursday</td> </tr> <tr> <td>_____ Monday</td> <td>_____ Friday</td> </tr> <tr> <td>_____ Tuesday</td> <td>_____ Saturday</td> </tr> <tr> <td>_____ Wednesday</td> <td></td> </tr> </table> <p style="text-align: right;">NA Schedule subject to change</p>	_____ Sunday	_____ Thursday	_____ Monday	_____ Friday	_____ Tuesday	_____ Saturday	_____ Wednesday	
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Total number of hours in operation by site for reporting period.	320								

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



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For DHSR Planning Use Only:									
	Mobile Scanner Information (one Service Site per page)								
Manufacturer	GE								
Model number	PETCT Discovery 16								
Serial or I.D. number	1S9SC4826F5834422 PET CT Unit 171								
Date of purchase	2016 (Replacement Exemption Obtained)								
Purchase price	\$1,531,790								
Certificate of Need Project ID	F-6706-02								
Certificate holder, as listed on Certificate of Need	Alliance HealthCare								
	Service Site Number 6								
Service Site Information:	Onslow Memorial Hospital 317 Western Blvd Jacksonville, NC 28546 Onslow County								
<u>Procedures* – Inpatient</u>	<u>0</u>								
<u>Procedures* – Outpatient</u>	<u>327</u>								
Total # of procedures* for report period	<u>327</u>								
For each day of the week, enter the number of hours the scanner is in operation.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">_____ Sunday</td> <td style="width: 50%; border: none;">_____ Thursday</td> </tr> <tr> <td style="border: none;">_____ Monday</td> <td style="border: none;">_____ Friday NA Schedule subject to change</td> </tr> <tr> <td style="border: none;">_____ Tuesday</td> <td style="border: none;">_____ Saturday</td> </tr> <tr> <td style="border: none;">_____ Wednesday</td> <td></td> </tr> </table>	_____ Sunday	_____ Thursday	_____ Monday	_____ Friday NA Schedule subject to change	_____ Tuesday	_____ Saturday	_____ Wednesday	
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_____ Tuesday	_____ Saturday								
_____ Wednesday									
Total number of hours in operation by site for reporting period.	245								

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Reporting Period: 10/01/2020 – 9/30/2021 Other time period: _____

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For DHSR Planning Use Only:									
	Mobile Scanner Information (one Service Site per page)								
Manufacturer	GE								
Model number	PETCT Discovery 16								
Serial or I.D. number	1S9SC4826F5834422 PET CT Unit 171								
Date of purchase	2016 (Replacement Exemption Obtained)								
Purchase price	\$1,531,790								
Certificate of Need Project ID	F-6706-02								
Certificate holder, as listed on Certificate of Need	Alliance HealthCare								
	Service Site Number 7								
Service Site Information:	Outer Banks Hospital 4800 S. Croatan Highway Nags Head, NC 27959 Dare County								
<u>Procedures* – Inpatient</u>	<u>0</u>								
<u>Procedures* – Outpatient</u>	<u>155</u>								
Total # of procedures* for report period	<u>155</u>								
For each day of the week, enter the number of hours the scanner is in operation.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">_____ Sunday</td> <td style="width: 50%;">_____ Thursday</td> </tr> <tr> <td>_____ Monday</td> <td>_____ Friday</td> </tr> <tr> <td>_____ Tuesday</td> <td>_____ Saturday</td> </tr> <tr> <td>_____ Wednesday</td> <td></td> </tr> </table> <p style="text-align: right;">NA Schedule subject to change</p>	_____ Sunday	_____ Thursday	_____ Monday	_____ Friday	_____ Tuesday	_____ Saturday	_____ Wednesday	
_____ Sunday	_____ Thursday								
_____ Monday	_____ Friday								
_____ Tuesday	_____ Saturday								
_____ Wednesday									
Total number of hours in operation by site for reporting period.	116								

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



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Reporting Period: 10/01/2020 – 9/30/2021 Other time period: _____

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

For DHSR Planning Use Only:									
	Mobile Scanner Information (one Service Site per page)								
Manufacturer	GE								
Model number	PETCT Discovery 16								
Serial or I.D. number	1S9SC4826F5834422 PET CT Unit 171								
Date of purchase	2016 (Replacement Exemption Obtained)								
Purchase price	\$1,531,790								
Certificate of Need Project ID	F-6706-02								
Certificate holder, as listed on Certificate of Need	Alliance HealthCare								
	Service Site Number 8								
Service Site Information:	Johnston Health 509 N. Bright Leaf Blvd. Smithfield, NC 27577 Johnson County								
<u>Procedures* – Inpatient</u>	<u>0</u>								
<u>Procedures* – Outpatient</u>	<u>288</u>								
Total # of procedures* for report period	<u>288</u>								
For each day of the week, enter the number of hours the scanner is in operation.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">_____ Sunday</td> <td style="width: 50%;">_____ Thursday</td> </tr> <tr> <td>_____ Monday</td> <td>_____ Friday</td> </tr> <tr> <td>_____ Tuesday</td> <td>_____ Saturday</td> </tr> <tr> <td>_____ Wednesday</td> <td></td> </tr> </table> <p style="text-align: right;">NA Schedule subject to change</p>	_____ Sunday	_____ Thursday	_____ Monday	_____ Friday	_____ Tuesday	_____ Saturday	_____ Wednesday	
_____ Sunday	_____ Thursday								
_____ Monday	_____ Friday								
_____ Tuesday	_____ Saturday								
_____ Wednesday									
Total number of hours in operation by site for reporting period.	216								

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Section 2: Equipment and Procedures Information

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



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For DHSR Planning Use Only:									
	Mobile Scanner Information (one Service Site per page)								
Manufacturer	GE								
Model number	PETCT Discovery 16								
Serial or I.D. number	1S9SC4826F5834422 PET CT Unit 171								
Date of purchase	2016 (Replacement Exemption Obtained)								
Purchase price	\$1,531,790								
Certificate of Need Project ID	F-6706-02								
Certificate holder, as listed on Certificate of Need	Alliance HealthCare								
	Service Site Number 9								
Service Site Information:	Lenoir Memorial Hospital 100 Airport Road Kinston, NC 28501 Lenoir County								
<u>Procedures* – Inpatient</u>	<u>0</u>								
<u>Procedures* – Outpatient</u>	<u>205</u>								
Total # of procedures* for report period	<u>205</u>								
For each day of the week, enter the number of hours the scanner is in operation.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">_____ Sunday</td> <td style="width: 50%;">_____ Thursday</td> </tr> <tr> <td>_____ Monday</td> <td>_____ Friday</td> </tr> <tr> <td>_____ Tuesday</td> <td>_____ Saturday</td> </tr> <tr> <td>_____ Wednesday</td> <td></td> </tr> </table> <p style="text-align: right;">NA Schedule subject to change</p>	_____ Sunday	_____ Thursday	_____ Monday	_____ Friday	_____ Tuesday	_____ Saturday	_____ Wednesday	
_____ Sunday	_____ Thursday								
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_____ Tuesday	_____ Saturday								
_____ Wednesday									
Total number of hours in operation by site for reporting period.	152								

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



Reporting Period: 10/01/2020 – 9/30/2021 Other time period: _____

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

For DHSR Planning Use Only:									
	Mobile Scanner Information (one Service Site per page)								
Manufacturer	GE								
Model number	PETCT Discovery 16								
Serial or I.D. number	1S9SC4826F5834422 PET CT Unit 171								
Date of purchase	2016 (Replacement Exemption Obtained)								
Purchase price	\$1,531,790								
Certificate of Need Project ID	F-6706-02								
Certificate holder, as listed on Certificate of Need	Alliance HealthCare								
	Service Site Number 10								
Service Site Information:	LifePoint Hospitals, Inc-Wilson 1705 West Tarboro Street Wilson, NC 27893-3428 Wilson County								
<u>Procedures* – Inpatient</u>	<u>1</u>								
<u>Procedures* – Outpatient</u>	<u>424</u>								
Total # of procedures* for report period	<u>425</u>								
For each day of the week, enter the number of hours the scanner is in operation.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">_____ Sunday</td> <td style="width: 50%;">_____ Thursday</td> </tr> <tr> <td>_____ Monday</td> <td>_____ Friday</td> </tr> <tr> <td>_____ Tuesday</td> <td>_____ Saturday</td> </tr> <tr> <td>_____ Wednesday</td> <td></td> </tr> </table> <p style="text-align: right;">NA Schedule subject to change</p>	_____ Sunday	_____ Thursday	_____ Monday	_____ Friday	_____ Tuesday	_____ Saturday	_____ Wednesday	
_____ Sunday	_____ Thursday								
_____ Monday	_____ Friday								
_____ Tuesday	_____ Saturday								
_____ Wednesday									
Total number of hours in operation by site for reporting period.	320								

* PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. PET **procedure** means a single discrete study of one patient involving one or more PET scans.

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



Reporting Period: 10/01/2020 – 9/30/2021 Other time period: _____

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

For DHSR Planning Use Only:									
	Mobile Scanner Information (one Service Site per page)								
Manufacturer	GE								
Model number	PETCT Discovery 16								
Serial or I.D. number	1S9SC4826F5834422 PET CT Unit 171								
Date of purchase	2016 (Replacement Exemption Obtained)								
Purchase price	\$1,531,790								
Certificate of Need Project ID	F-6706-02								
Certificate holder, as listed on Certificate of Need	Alliance HealthCare								
	Service Site Number 11								
Service Site Information:	Lifepoint- Maria Parham Medical 556 Ruin Creek Rd. Henderson, NC 27536 Vance County								
<u>Procedures* – Inpatient</u>	<u>1</u>								
<u>Procedures* – Outpatient</u>	<u>142</u>								
Total # of procedures* for report period	<u>143</u>								
For each day of the week, enter the number of hours the scanner is in operation.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">_____ Sunday</td> <td style="width: 50%;">_____ Thursday</td> </tr> <tr> <td>_____ Monday</td> <td>_____ Friday</td> </tr> <tr> <td>_____ Tuesday</td> <td>_____ Saturday</td> </tr> <tr> <td>_____ Wednesday</td> <td></td> </tr> </table> <p style="text-align: right;">NA Schedule subject to change</p>	_____ Sunday	_____ Thursday	_____ Monday	_____ Friday	_____ Tuesday	_____ Saturday	_____ Wednesday	
_____ Sunday	_____ Thursday								
_____ Monday	_____ Friday								
_____ Tuesday	_____ Saturday								
_____ Wednesday									
Total number of hours in operation by site for reporting period.	107								

* PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. PET **procedure** means a single discrete study of one patient involving one or more PET scans.

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



Reporting Period: 10/01/2020 – 9/30/2021 Other time period: _____

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For DHSR Planning Use Only:									
	Mobile Scanner Information (one Service Site per page)								
Manufacturer	GE								
Model number	PETCT Discovery 16								
Serial or I.D. number	1S9SC4826F5834422 PET CT Unit 171								
Date of purchase	2016 (Replacement Exemption Obtained)								
Purchase price	\$1,531,790								
Certificate of Need Project ID	F-6706-02								
Certificate holder, as listed on Certificate of Need	Alliance HealthCare								
	Service Site Number 12								
Service Site Information:	Vidant Roanoke-Chowan Hospital 500 South Academy Street Ahoskie, NC 27910 Hertford County								
<u>Procedures* – Inpatient</u>	<u>0</u>								
<u>Procedures* – Outpatient</u>	<u>95</u>								
Total # of procedures* for report period	<u>95</u>								
For each day of the week, enter the number of hours the scanner is in operation.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">_____ Sunday</td> <td style="width: 50%;">_____ Thursday</td> </tr> <tr> <td>_____ Monday</td> <td>_____ Friday</td> </tr> <tr> <td>_____ Tuesday</td> <td>_____ Saturday</td> </tr> <tr> <td>_____ Wednesday</td> <td></td> </tr> </table> <p style="text-align: right;">NA Schedule subject to change</p>	_____ Sunday	_____ Thursday	_____ Monday	_____ Friday	_____ Tuesday	_____ Saturday	_____ Wednesday	
_____ Sunday	_____ Thursday								
_____ Monday	_____ Friday								
_____ Tuesday	_____ Saturday								
_____ Wednesday									
Total number of hours in operation by site for reporting period.	67								

* PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. PET **procedure** means a single discrete study of one patient involving one or more PET scans.

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



Reporting Period: 10/01/2020 – 9/30/2021 Other time period: _____

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

For DHSR Planning Use Only:									
	Mobile Scanner Information (one Service Site per page)								
Manufacturer	GE								
Model number	PETCT Discovery 16								
Serial or I.D. number	1S9SC4826F5834422 PET CT Unit 171								
Date of purchase	2016 (Replacement Exemption Obtained)								
Purchase price	\$1,531,790								
Certificate of Need Project ID	F-6706-02								
Certificate holder, as listed on Certificate of Need	Alliance HealthCare								
	Service Site Number 13								
Service Site Information:	Columbus Regional Healthcare System 500 Jefferson St Whiteville, NC 28472-3696 Columbus County								
<u>Procedures* – Inpatient</u>	<u>0</u>								
<u>Procedures* – Outpatient</u>	<u>127</u>								
Total # of procedures* for report period	<u>127</u>								
For each day of the week, enter the number of hours the scanner is in operation.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">_____ Sunday</td> <td style="width: 50%;">_____ Thursday</td> </tr> <tr> <td>_____ Monday</td> <td>_____ Friday</td> </tr> <tr> <td>_____ Tuesday</td> <td>_____ Saturday</td> </tr> <tr> <td>_____ Wednesday</td> <td></td> </tr> </table> <p style="text-align: right;">NA Schedule subject to change</p>	_____ Sunday	_____ Thursday	_____ Monday	_____ Friday	_____ Tuesday	_____ Saturday	_____ Wednesday	
_____ Sunday	_____ Thursday								
_____ Monday	_____ Friday								
_____ Tuesday	_____ Saturday								
_____ Wednesday									
Total number of hours in operation by site for reporting period.	96								

* PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. PET **procedure** means a single discrete study of one patient involving one or more PET scans.

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



Reporting Period: 10/01/2020 – 9/30/2021 Other time period: _____

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

For DHSR Planning Use Only:									
	Mobile Scanner Information (one Service Site per page)								
Manufacturer	GE								
Model number	PETCT Discovery 16								
Serial or I.D. number	1S9SC4826F5834422 PET CT Unit 171								
Date of purchase	2016 (Replacement Exemption Obtained)								
Purchase price	\$1,531,790								
Certificate of Need Project ID	F-6706-02								
Certificate holder, as listed on Certificate of Need	Alliance HealthCare								
	Service Site Number 14								
Service Site Information:	Duplin General Hospital 410 North Main Street Kenansville, NC 28349 Duplin County								
<u>Procedures* – Inpatient</u>	<u>0</u>								
<u>Procedures* – Outpatient</u>	<u>60</u>								
Total # of procedures* for report period	<u>60</u>								
For each day of the week, enter the number of hours the scanner is in operation.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">_____ Sunday</td> <td style="width: 50%;">_____ Thursday</td> </tr> <tr> <td>_____ Monday</td> <td>_____ Friday</td> </tr> <tr> <td>_____ Tuesday</td> <td>_____ Saturday</td> </tr> <tr> <td>_____ Wednesday</td> <td></td> </tr> </table> <p style="text-align: right;">NA Schedule subject to change</p>	_____ Sunday	_____ Thursday	_____ Monday	_____ Friday	_____ Tuesday	_____ Saturday	_____ Wednesday	
_____ Sunday	_____ Thursday								
_____ Monday	_____ Friday								
_____ Tuesday	_____ Saturday								
_____ Wednesday									
Total number of hours in operation by site for reporting period.	40								

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



Section 3: Patient Origin Data by Service Site

Please provide the county of residence for each patient who received PET scanner services during the reporting period. Make additional copies of this page as needed. The total number of patients receiving services should be the same as the total number of procedures reported on page 2 of this form.

Service Site Number: **Alliance does not bill patients and obtain patient origin data.**

Service Site Name: **PET patient origin data is reported in the hospitals' License Renewal Applications.**

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	3,440

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



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 Jennifer Freeman

Print Name Jennifer Freeman

Date signed January 6, 2022

Please complete all sections of this form and return to Healthcare Planning by **Friday, January 28, 2022**.

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

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

From: [David French](#)
To: [Waller, Martha K](#); [Mckillip, Mike](#)
Cc: [Jennifer Freeman](#); [Rodney Skelding](#)
Subject: [External] Corrected Temporary Replacement for Alliance PET/CT 171
Date: Saturday, March 5, 2022 7:43:26 AM
Attachments: [Alliance 2022 Mobile PETCT 171.docx](#)
[CORRECTED ALLIANCE Temporary Replacement Exemption for PETCT 171 H 6706 02.pdf](#)

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

Good morning,

The attached documents provide the corrected information for the Alliance Temporary Replacement for PET/CT 171. Please disregard those previously sent documents regarding this request that I sent March 4, 2022.

Please confirm that you have received the attached equipment replacement exemption and call or email me if you have any questions.

Thank you

David French
336 432-8308