

Jul 24 2018

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY**State Health Planning and Development Agency**

Mailing address: Post Office Box 303025, Montgomery, Alabama 36130-3025

Street address: 100 North Union Street, Suite 870, Montgomery, Alabama 36104

Request # \_\_\_\_\_  
Date Rec. \_\_\_\_\_  
Received by: \_\_\_\_\_**REQUEST FOR DETERMINATION OF EXEMPTION STATUS  
FOR REPLACEMENT OF EXISTING EQUIPMENT**A filing fee in the amount of \$ 3,296 has been submitted with this application.REQUESTER IDENTIFICATION (Check One) HOSPITAL ( ☒ ) NURSING HOME ( ☐ )  
OTHER ( ☐ ) (Specify) \_\_\_\_\_A. Providence Hospital

Name of requester

6801 Airport Blvd. Mobile Mobile  
Address City CountyAlabama 36608 251-266-1000  
State Zip PhoneB. \_\_\_\_\_  
Name of Facility/Organization (if different from A)\_\_\_\_\_  
Address City County\_\_\_\_\_  
State Zip PhoneC. \_\_\_\_\_  
Name of Legal Owner (if different from A or B)\_\_\_\_\_  
Address City County\_\_\_\_\_  
State Zip PhoneD. Brenna M. PowellName and Title of Person Representing Proposal and With Whom SHPDA Should  
Communicate810 St. Vincent's Drive Birmingham Jefferson  
Address City CountyAlabama 35205 205-930-2113  
State Zip Phone

A. Manufacturer:

Phillips Medical Systems	Siemens Medical Solutions

Serial #	To Be Assigned
P25-1160	

B. Model: Integris H-3000 Artis Pheno

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Name of equipment: Radiologic/Flourosocopy Radiologic/Flourosocopy  
Cardiovascular System Cardiovascular System  
 \_\_\_\_\_  
 \_\_\_\_\_

D. Fair market value of equipment at present:  
No trade-in value

E. Cost of equipment (include written price quote):  
\$1,648,000

F. Describe use of current equipment:  
The existing radiologic/fluoroscopy system is used to perform radiologic imaging for Cardiac catheterization lab procedures

Describe use of proposed equipment:  
The new equipment will be used to perform radiologic imaging for cardiac  
Catheterization lab procedures

G. List any attachments or additional procedures associated with this equipment that could not be performed by old equipment:

None

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- H. Can any procedures be performed with the proposed new equipment that cannot be performed with the replaced equipment? If yes, describe in detail:  
No

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- I. Location of existing equipment (include room #):  
Providence Hospital, 6801 Airport Boulevard Mobile, Alabama  
3<sup>rd</sup> floor of the hospital

- J. List specially trained or qualified personnel necessary for operation of equipment:  
Board Certified Cardiologist, Registered Nurse, Radiology Technologist

- K. What use will be made of old equipment when replaced?  
(Trade in on new equipment, used as back up, save for parts, etc.)  
Old equipment will be removed for disposal

- L. List job titles of any additional personnel that will be required to operate the new equipment.  
None

- M. Describe any renovation or new construction that will be necessary for the installation of the replacement equipment and cost.  
Renovation of pre-procedure space and renovation of the room that will house the  
Equipment is planned in the amount of \$2,010,000.

- N. Describe any new annual operating cost associated with this project such as maintenance contracts, salaries of new employees hired due to equipment, etc.  
None

III. COST

- A. Equipment costs \$ 1,648,000  
(Costs have to be supported by price quote on manufacturer's stationery or letterhead.) Cost of equipment only; do not list lease cost.
- B. Less trade-in of old equipment \$ n/a
- C. Total cost of equipment \$ 1,648,000

Calculation of fee for this determination:

Multiply dollar amount in III.C. (total cost of equipment) times 1% (the application fee for a Certificate of Need); 20% of this amount is the application fee for non-rural hospitals.

For rural hospitals, the application fee is 25% of the application fee as calculated above for non-rural hospitals.

**NOTE: Fee submitted represents 10 percent of the maximum CON fee**

Include manufacturer's literature on old equipment, if available, and on the new equipment.

Include any other information pertinent to the determination.

The Executive Director may request any other information which is relevant to his decision.

IV. CERTIFICATION

I certify that the information provided herein is true and correct and that there is no additional information which would be pertinent to this application which has not been provided. Further, I understand that any misrepresentation on this application or failure to include relevant information may void any favorable determination secured by such misrepresentation or omission.

Brenna M. Powell

Signature of Applicant

Brenna M. Powell, Chief Strategy Officer

Applicant's Name and Title

(Type or Print)

Sworn to and subscribed before me this

2nd day of July, 20 18

Deborah A. Wiggs  
Notary Public (affix seal on original)

