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STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

Alabama Sleep Therapy, LLC

P.O. Box 879 Fultondale, AL 35068 Phone 205-631-1520 FAX 205-631-1522

May 1, 2017

Mr. Alva M. Lambert, Esquire
Executive Director
State Health Planning & Development Agency
100 North Union Street, Suite 870
Montgomery, AL 36104

Dear Mr. Lambert,

My purpose of writing this letter is to request a letter of non reviewability determination relating to a project we are building. After reviewing the data on the SHPDA website it appears that this project does not meet the thresholds or requirements for a CON, however we would like to have it formally confirmed. The following generally summarizes our project.

Description:

Free Standing Sleep Disorder Center named Alabama Sleep Therapy, LLC. The center would house a 6-8 bed sleep lab with the potential for expansion. Patients would be studied on an outpatient basis. The physical facility will be free standing and located in Jefferson County.

Services:

The services provided would be exclusively related to diagnosis, treatment initiation and followup for patients suffering from sleep disorders. The center would operate as a full service center, defined by the American Academy of Sleep Medicine in that it would be capable of diagnosing the majority of all sleep disorders which include obstructive sleep apnea, narcolepsy, parasomnias, and insomnia.

Ownership:

The sleep center would be owned and operated as Alabama Sleep Therapy LLC, based in Fultondale Alabama. There is no financial interest by any other health care facility or group.

Financial Scope:

Equipment Cost: \$160,000

Estimated Annual Operating Expenses: \$495,000

Capital Costs:

Annual Lease: \$79,200 Construction Cost: \$330,000 If you have further questions or need additional information please contact me at 205-631-1520.

James E. Jernigan
Managing Partner
Alabama Sleep Therapy

AB DEVELOPMENT AGENCY

The undersigned, being first duly sworn, herby make oath or affirm that he is a managing partner with Alabama Sleep Therapy, has knowledge of the facts in this request, and to the best of his information, knowledge and belief, such facts are true and correct.

Affiant

SUBSORIBED AND SWORN to before me this

day of

Notary Public

My commission expires: