



*Restore Outpatient  
Therapy Services*

RECEIVED

Aug 06, 2019

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

August 6, 2019

Via Electronic Mail – [shpda.online@shpda.alabama.gov](mailto:shpda.online@shpda.alabama.gov)  
Alva M. Lambert, Executive Director  
Alabama State Health Planning  
& Development Agency  
100 North Union Street Suite 870  
Montgomery, Alabama 36104

Dear Mr. Lambert:

I am writing to request a change of location for Restore Therapy Services Outpatient at 300 Medical Center Drive Clanton, Al. 35045 to 308 Park Plaza Clanton, Al. 35045. The new location proposed is more suitable for the proposed Physical Therapy Clinic than the originally approved location. The proposed change in location will not change the cost of the project or require any other modifications.

Payment for the filing fee has been paid online via shpda's online payment system. Please let me know if you have any questions.

Sincerely,

Debbie Culpepper  
Director of Outpatient Programs

August 6, 2019

Page 2

RE: Alabama- Request for change of address determination, letter of Non- Reviewability

Affirmation of Requesting Party:

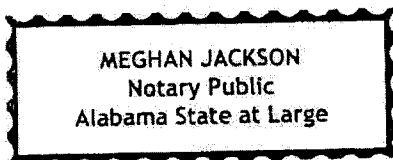
The undersigned, being first duly sworn, hereby make oath or affirm that he/she is the Director of Outpatient Programs for Restore Therapy Services Outpatient, has knowledge of the facts in this request, and to the best of his/her/their information, knowledge, and belief such facts are true and correct.

Debbie Culpepper

Printed Name

Debbie Culpepper

Signature



Affiant \_\_\_\_\_ (Seal)

SUBSCRIBED AND SWORN to before me this 6<sup>th</sup> day of August

Meghan Jackson

Meghan Jackson, Notary Public

My Commission Expires  
May 16, 2023

Please do not hesitate to contact me if you have any questions or need any additional information at (205) 999-2195. Thank you in advance for your consideration.

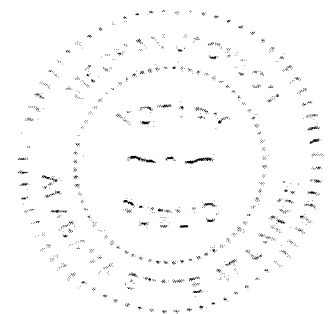
Sincerely,

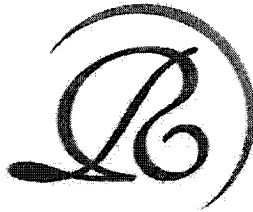
Debbie B. Culpepper

Debbie B. Culpepper

Restore Therapy Services

Enclosures





*Restore Outpatient  
Therapy Services*

RECEIVED  
Sep 04 2019

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

September 3, 2019

Via Electronic Mail – [shpda.online@shpda.alabama.gov](mailto:shpda.online@shpda.alabama.gov)  
Alva M. Lambert, Executive Director  
Alabama State Health Planning  
& Development Agency  
100 North Union Street Suite 870  
Montgomery, Alabama 36104

Dear Mr. Lambert:

Please let this serve as notice, we have a physical therapy clinic relocating in Clanton, Alabama. The purpose of this letter is to request a determination pursuant to the Alabama Certificate of Need Program Rules and Regulations ("Regulations") 410-1-7-.02, that the proposed establishment by Restore Therapy Services Outpatient, a single specialty Rehabilitation Agency in Clanton Alabama is not subject to Certificate of Need review. Our request is based on the following facts:

The proposed clinic will be providing a single service – Physical Therapy. The new location will not provide any new or additional services.

The current location is 300 Medical Center Drive Clanton, Al. 35045 we would like to relocate to 308 Park Plaza Clanton, Al. 35045. The new location proposed is more suitable for the proposed Physical Therapy Clinic than the originally approved location. The proposed change in location will not change the cost of the project or require any other modifications.

Payment for the filing fee has been paid online via shpda's online payment system. Please let me know if you have any questions.

Sincerely,

Debbie Culpepper  
Director of Outpatient Programs

September 3, 2019

Page 2

RE: Alabama- Request for change of address determination, letter of Non- Reviewability

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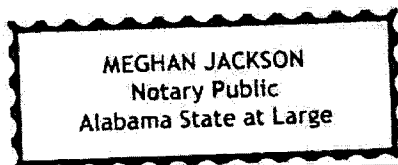
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Debbie Culpepper

Printed Name



Signature



Affiant \_\_\_\_\_ (Seal)

SUBSCRIBED AND SWORN to before me this 3<sup>rd</sup> day of September  
2019

Meghan Jackson

Meghan Jackson, Notary Public

My Commission Expires  
May 16, 2023

Please do not hesitate to contact me if you have any questions or need any additional information at (205) 999-2195. Thank you in advance for your consideration.

Sincerely,

Debbie B. Culpepper

Restore Therapy Services

Enclosures

# **Letter of Non-Reviewability**

## **Request for review – Relocation**

### **Exhibit A**

**Service Area being requested:** Restore Therapy Services  
Outpatient  
308 Park Plaza  
Suite B  
Clanton Al, 35045

#### **Financial Breakdown:**

- a. Equipment n/a
- b. 1<sup>st</sup> year annual operating cost: \$56,000
- c. Capital Costs
  - a. Lease \$14,400
  - b. Land/Building n/a
  - c. Construction Cost n/a

**Financial interests by any other health care facilities or groups: N/A**