



*Restore Outpatient  
Therapy Services*

July 5, 2022

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

**RE: Restore Outpatient Therapy Services  
2171 Parkway Lake Dr.  
Hoover, AL 35244**

Dear Sir or Madam:

*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 Outpatient Therapy Services, a single specialty Rehabilitation Agency in Shelby County 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.

Thank you for your attention to this matter. If you have any questions or require additional information, please feel free to contact Debbie Culpepper at 205-999-2195 or email at [dculpepper@restoretherapy.com](mailto:dculpepper@restoretherapy.com). 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

July 5, 2022

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RE:


Alabama- Request for CON determination, letter of Non-Reviewability

The undersigned, being duly sworn, hereby makes oath or affirms that she is the Director of Outpatient Programs for Restore Therapy Outpatient Services and that she has knowledge of the facts in this request, and to the best of her information, knowledge and belief, such facts are true and accurate.

By: 

Debbie B. Culpepper

SUBSCRIBED AND SWORN TO BEFORE ME THIS 7<sup>th</sup> DAY OF JULY 2022.



Notary Public

My commission expires: 2/7/2023



Letter of Non-Reviewability  
Request for review – new clinic start up

Exhibit A

Service Area being requested: Shelby County and surrounding areas

Financial Breakdown:

a. Equipment	<u>\$ 16,000</u>
b. 1st year operating cost	<u>\$ 72,800</u>
c. Capitol Cost	
a. Leases	<u>\$6,384</u>
b. Land/Building cost	<u>\$ n/a</u>
c. Construction cost	<u>\$ n/a</u>

Financial interest by any other health care facilities of groups: N/A



RV2022-030  
**RECEIVED**  
**Jul 27 2022**  
STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

July 27, 2022

State Health Planning and Development Agency  
100 North Union Street, Suite 870  
Montgomery, Al. 36104

This letter is written in response to your letter for additional information for the Reviewability Determination Request submitted to you on July 14, 2022, on behalf of Restore Outpatient Therapy Services, pertaining to the establishment of a single specialty rehabilitation agency that will provide physical therapy services at 2171 Parkway Lake Drive in Hoover, Shelby County, Alabama 35244.

The additional information requested was to provide details that specify the type of lease and whether the reported amount is a monthly or yearly total.

1. The reported \$6384.00 is a yearly total. We will pay the lease monthly at \$532.00 per month.

Please let me know if you have any other questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Debbie Culpepper', with a long, sweeping flourish at the end.

Debbie Culpepper  
Director of Outpatient Programs  
dculpepper@restoretherapy.com