

## North Carolina Department of Health and Human Services Division of Health Service Regulation Certificate of Need Section

2704 Mail Service Center • Raleigh, North Carolina 27699-2704 http://www.ncdhhs.gov/dhsr/

Drexdal Pratt, Director

Beverly Eaves Perdue, Governor Albert A. Delia, Acting Secretary Craig R. Smith, Section Chief Phone: (919) 855-3873 Fax: (919) 733-8139

September 7, 2012

Marcus C. Hewitt Williams Mullen PO Box 1000 Raleigh, NC 27602

## No Review

Facility or Business: Insight Health Corp.

Project Description:

Relocate diagnostic center with one magnetic resonance imaging (MRI)

scanner within Buncombe County

County:

FID #:

Buncombe

020752

Dear Mr. Hewitt:

The Certificate of Need Section (CON Section) received your letters of August 23 and September 5, 2012 regarding the above referenced proposal, which includes the relocation of an existing diagnostic center from Asheville Orthopaedic Associates, 111 Victoria Road, in Asheville to Marquis Diagnostic Imaging of North Carolina, 1000 Centre Park Drive, in Asheville. Based on the CON law in effect on the date of this response to your request, the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that if the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Certificate of Need Section. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost





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estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

Please contact the CON Section if you have any questions. Also, in all future correspondence you should reference the Facility I.D. # (FID) if the facility is licensed.

Sincerely,

Les Brown, Project Analyst

Craig R. Smith, Chief

Certificate of Need Section

cc: Medical Facilities Planning Section, DHSR