North Carolina Department of Health and Human Services
Division of Health Service Regulation

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July 23, 2013

Denise M. Gunter
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380 Knollwood Street, Suite 530
Winston-Salem, NC 27103

Exempt from Review - Replacement Equipment

Facility:	Foundation Health Mobile Imaging (MQ19 Mobile)
Project Description:	Temporarily replace mobile MRI scanner while existing mobile MRI scanner is being upgraded
County:	Moore and Cumberland Counties
FID #:	040267

Dear Ms. Gunter:

In response to your letter of June 17, 2013, the above referenced proposal is exempt from certificate of need review in accordance with N.C.G.S 131E-184(a)(7). Therefore, your client may proceed to bring a different mobile MRI scanner into the State (MQ12) without a certificate of need to temporarily replace the existing mobile MRI scanner (MQ19) which currently serves sites in Moore and Cumberland counties. This determination is based on your representations that both mobile MRI scanners will not be operating in the State simultaneously and that MQ12 will be removed from service in North Carolina when MQ19 is returned to service in the State and MQ12 will not be used again in North Carolina without first obtaining a certificate of need.

It should be noted that this Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this Agency and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Martha J. Frisone
Assistant Chief

Craig R. Smith, Chief
Certificate of Need Section

cc: Medical Facilities Planning Section, DHSR

Certificate of Need Section
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FID # 040267

June 17, 2013

Hand Delivered

Craig R. Smith, Chief
Martha J. Frisone, Assistant Chief
North Carolina Department of Health and Human Services
Division of Health Service Regulation
Certificate of Need Section
809 Ruggles Drive
Raleigh, North Carolina 27603

Re: Notice of Temporary Replacement Equipment for Foundation Health Mobile Imaging, LLC; Project J-7008-04, CON Project F-7008-04
Moore County and Cumberland County
Health Service Area V

Dear Craig and Martha:

Foundation Health Mobile Imaging, LLC ("FHMI") operates a GE 1.5T Hispeed mobile MRI scanner (the "FHMI Mobile MRI Unit"), which currently has the following host sites: Southern Pines Diagnostic Imaging - Southern Pines, Carolina Imaging - Fayetteville, and Carolina Imaging - Ramsey (in Fayetteville). In an effort to enhance the functionality of the existing FHMI Mobile MRI Unit, FHMI is seeking to upgrade the FHMI Mobile MRI Unit from a 4 Channel 9X MRI platform to a 16 Channel 23X HD MRI platform.[1] Essentially, this is an upgrade that allows the FHMI Mobile Unit to operate in high definition (HD) as opposed to standard definition (SD). The images taken in HD will be clearer and sharper than they are in SD. The FHMI Mobile MRI Unit must go to GE's facility in Wisconsin for the upgrade and will be out of service for as long as 90 days (the "Replacement Period"). The capital cost to do this upgrade is $509,279.95. *See* Exhibits A and B (equipment quote and capital cost form).

[1] The serial number of the FHMI Mobile MRI Unit will not change as a part of this upgrade.

FHMI does not want to inconvenience its patients during this time. Therefore, FHMI is requesting that the MedQuest MQ-12 mobile unit (the "MQ-12 Temporary Replacement Scanner"), which is currently in service in South Carolina, be permitted to provide temporary mobile service for the FHMI host sites while the FHMI Mobile MRI Unit is being taken off-line and upgraded. To that end, during the Replacement Period, FHMI will contract with MedQuest to have the MQ-12 Temporary Replacement Scanner provide mobile MRI service to FHMI's host sites on a temporary basis during the Replacement Period.

As soon as the FHMI Mobile MRI Unit has completed its upgrade, the MQ-12 Temporary Replacement Scanner will leave the State of North Carolina and will not be brought back into North Carolina without CON approval. At no time during the Replacement Period will FHMI be increasing the number of mobile MRI scanners in the NC MRI inventory. At no time during the Replacement Period will FHMI be concurrently operating the FHMI Mobile MRI Unit and the MQ-12 Temporary Replacement Scanner.

There are no capital costs involved in utilizing the MQ-12 Temporary Replacement Scanner at FHMI's host sites. During the Replacement Period, the MQ-12 Temporary Replacement Scanner will be utilized at the following host sites:

Southern Pines
355 South Bennett Street
Southern Pines, NC 28387

Carolina Imaging Fayetteville
3628 Cape Center Drive
Fayetteville, NC 28304

CI Ramsey
726 Ramsey Street
Fayetteville, NC 28301

This proposal meets the definition of "replacement equipment" as set forth in N.C. Gen. Stat. § 131E-176(22a) because:

1. The cost of the MQ-12 Temporary Replacement Scanner and the cost of all activities essential to acquiring and making operational the temporary replacement equipment are less than $2 million;
2. The existing GE 1.5T (FHMI Mobile MRI Unit) is currently in use;
3. MQ 12 Temporary Replacement Scanner will be removed from North Carolina when the FHMI Mobile MRI Unit has completed its upgrade and will not be brought back to North Carolina without CON approval.

4. The sole purpose of this proposal is to temporarily replace comparable medical equipment.

Further, this proposal meets the requirements of 10A NCAC 14C .0303(d) because:

- The MQ-12 Temporary Replacement Scanner has comparable technology to the GE 1.5T (FHMI Mobile MRI Unit);
- The MQ-12 Temporary Replacement Scanner is functionally similar and is used for the same diagnostic or treatment purposes as the GE 1.5T (FHMI Mobile MRI Unit) and is not used to provide a new health service; and
- The temporary use of the MQ-12 Temporary Replacement Scanner will not result in more than a 10% increase in patient charges or per procedure operating expenses within the first twelve months after the FHMI Mobile MRI Unit is upgraded.

None of the exclusions in 10A NCAC 14C .0303(e) applies here.

An equipment comparison form is attached as Exhibit C.

Based on the foregoing, FHMI respectfully requests that the CON Section confirm in writing that: (1) the above-referenced temporary replacement is exempt from CON review pursuant to N.C. Gen. Stat. § 131E-184(a)(7); and (2) the above-referenced HD upgrade for the FHMI Mobile MRI Unit is not a new institutional health service that requires a CON pursuant to N.C. Gen. Stat. § 131E-183.

As FHMI would like to send the FHMI Mobile MRI Unit to Wisconsin by July 1, 2013, we would appreciate your response on our before June 28, 2013.

Thank you for your time and attention.

Sincerely,

Denise M. Gunter

Enclosures

Exhibit A

GE Healthcare

QUOTATION

Quotation Number: PR8-C3763 V 1

Foundation Health Mobile Imaging LLC
3480 Preston Ridge Rd Ste 600
Alpharetta GA 30005

Attn: Billy Bellew

Date: 06-17-2013

This Agreement (as defined below) is by and between the Customer and the GE Healthcare business ("GE Healthcare"), each as identified herein. GE Healthcare agrees to provide and Customer agrees to pay for the Products listed in this GE Healthcare Quotation ("Quotation"). "Agreement" is defined as this Quotation and the terms and conditions set forth in either (i) the Governing Agreement identified below or (ii) if no Governing Agreement is identified, the following documents:

1) This Quotation that identifies the Product offerings purchased or licensed by Customer;

2) The following documents, as applicable, if attached to this Quotation: (i) GE Healthcare Warranty(ies); (ii) GE Healthcare Additional Terms and Conditions; (iii) GE Healthcare Product Terms and Conditions; and (iv) GE Healthcare General Terms and Conditions.

In the event of conflict among the foregoing items, the order of precedence is as listed above.

This Quotation is subject to withdrawal by GE Healthcare at any time before acceptance. Customer accepts by signing and returning this Quotation or by otherwise providing evidence of acceptance satisfactory to GE Healthcare. Upon acceptance, this Quotation and the related terms and conditions listed above (or the Governing Agreement, if any) shall constitute the complete and final agreement of the parties relating to the Products identified in this Quotation. The parties agree that they have not relied on any oral or written terms, conditions, representations or warranties outside those expressly stated or incorporated by reference in this Agreement in making their decisions to enter into this Agreement. No agreement or understanding, oral or written, in any way purporting to modify this Agreement, whether contained in Customer's purchase order or shipping release forms, or elsewhere, shall be binding unless hereafter agreed to in writing by authorized representatives of both parties. Each party objects to any terms inconsistent with this Agreement proposed by either party unless agreed to in writing and signed by authorized representatives of both parties, and neither the subsequent lack of objection to any such terms, nor the delivery of the Products, shall constitute an agreement by either party to any such terms.

By signing below, each party certifies that it has not made any handwritten modifications. Manual changes or mark-ups on this Agreement (except signatures in the signature blocks and an indication in the form of payment section below) will be void.

- Terms of Delivery: FOB Destination
- Quotation Expiration Date: 06-28-2013
- Billing Terms: 80% delivery / 20% Installation
- Payment Terms: UPON RECEIPT
- Governing Agreement: None

Each party has caused this agreement to be signed by an authorized representative on the date set forth below. Please submit purchase orders to GE Healthcare
3200 N. Grandview Blvd., Mail Code WT-897, Waukesha, WI 53188

GE HEALTHCARE _____
Scott Ramsey Date
Product Sales Specialist

CUSTOMER

_____
Authorized Customer Date

_____
Print Name and Title

_____
PO #

_____
Desired Equipment First Use Date

_____
GE Healthcare will use reasonable efforts to meet Customer's desired equipment first use date. The actual delivery date will be mutually agreed upon by the parties.

INDICATE FORM OF PAYMENT:

(If there is potential to finance with a lease transaction, GE HFS or otherwise, select lease.)

____ Cash * ____ Lease ____ HFS Loan

If financing please provide name of finance company below*:

_____

*Selecting Cash or not identifying GE HFS as the finance company declines option for GE HFS financing.

GE Healthcare

QUOTATION

Quotation Number: PR8-C3763 V 1

Item No.	Qty	Catalog No.	Description
1	1	S7506EC	Signa HDxt 1.5T 16-Channel Upgrade for LX BRM System with CXK4 Magnet and Wide Open Covers

The GE Signa Continuum is the industry's best and leading obsolescence and investment protection program. When a customer buys a GE Signa MRI, GE customers have the competitive advantage of reinvesting in their existing technology to ensure state of the art clinical and operational performance without ever having to replace the magnet. It's about leadership MRI performance when you need it, how you need it with rich standard configurations at prices with the shortest payback period in the industry. When you buy GE Signa you have a platform for life.

This hardware and software package brings HDxt technology to a Signa 1.5T MR system operating with LX hardware and CXK4 magnet. It provides 16-channel acquisition capability and HDxt gradients as well as a redesigned user interface. The result is an MR system capable of generating high-definition images in even the most challenging cases. This upgrade includes a new operator workspace featuring a wide-screen LCD monitor that hosts a single-screen user-interface and a new host workstation featuring dual-CPUs running a Linux operating system. The advantages include rapid prescription and downloading for greater productivity. The acquisition hardware features a 16-channel receiver architecture and a Volume reconstruction architecture that utilizes blade computing technology, yielding the fastest, most reliable and expandable image reconstruction hardware in the industry. Additional features include a consolidated RF and systems cabinet to reduce space requirements in the equipment room, and a new magnet bridge.

The user interface is upgraded to HDxt levels including an LCD wide-screen monitor and keyboard. This flat-panel Liquid Crystal Display (LCD) monitor delivers 1920 x 1200 dot resolution at a refresh rate of 85Hz and an excellent 500:1 contrast ratio using a digital DVI interface -all significant improvements over conventional designs.

This MR upgrade is covered by a six month GE Healthcare warranty, in accordance with GE Healthcare's standard product warranty statement. As noted in the warranty statement, for partial system equipment upgrades, the warranty applies only to the upgraded components. The upgrade may affect Service contract rates.

Also included in this upgrade package:

- Inhance 2.0 Suite
- LAVA Flex
- eDWI
- PROPELLER
- TRICKS
- 16-Channel Head/Neck/Spine Array

Quotation Number: PR8-C3763 V 1

Item No.	Qty	Catalog No.	Description

- 12-Channel Body Array
- PROBE-PRESS Single Voxel
- PROBE 2D CSI
- PROSE

The Inhance Suite of applications consists of several sequences designed to provide high-resolution images of the vasculature with short-acquisition times and excellent vessel detail. These sequences include: Inhance Inflow IR is a non-contrast-enhanced MR angiography technique that has been developed to image arteries with ability to suppress static background tissue and venous flow. This sequence is based on 3D FIESTA, which improves SNR, as well as produce bright blood images. Selective inversion pulses are applied over the region of interest to invert arterial, venous, and static tissue. At the null point of the background tissue, an excitation pulse is applied to generate signal. The net result is an angiographic image with excellent background suppression and free of venous contamination. Uniform fat suppression is achieved using a spectrally selective chemical saturation (SPECIAL) technique while respiratory gating

compatibility reduces respiratory motion artifacts during free-breathing renal exams.

Inhance 3D Velocity is designed to acquire angiographic images in brain and renal arteries with excellent background suppression in a short scan time. By combining a volumetric 3D phase contrast acquisition with parallel imaging, efficient k-space sampling, and pulse sequence optimization, Inhance 3D Velocity is capable of obtaining the whole neurovascular anatomy in approximately 5~6 minutes. Furthermore, background suppression is improved by the optimized pulse sequence design, resulting in better visualization of small branches. Respiratory triggering is also compatible with Inhance 3D Velocity to enable abdominal angiography, specifically renal arteries. The results are excellent productivity and image quality.

Inhance 3D Deltaflow is a 3D non-contrast enhanced MRA application for peripheral arterial imaging. It is based on cardiac gated 3D fast spin echo and acquires two echoes, one in diastole and the other in systole. Slow arterial flow during diastole results in bright arteries in the diastole images while faster arterial flow during systole results in dark arteries in the systole images. A subtraction of the systole images from diastole images provides arterial-only images with excellent suppression of venous and background signal. Interleaved acquisition and parallel imaging (ASSET) with optimized k-space trajectory helps reduce motion misregistration and improve vessel visualization, respectively. In addition, with the use of partial-Fourier and coronal plane acquisition, the scan time is considerably reduced.

The Inhance 2D Inflow pulse sequence is designed to acquire angiographic images of arteries that follow almost a straight path (i.e. femoral, popliteal, and carotid arteries).

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Arterial blood flow is faster during the systolic phase and is slower during the diastolic phase. Therefore, Inhance 2D Inflow is designed to acquire data during the systolic phase. It features an optimized spatial saturation gap to improve fat suppression and background suppression. Peripheral Gating is deployed to minimize the pulsatile artifacts Inhance 2D Inflow is compatible with ASSET acceleration to reduce scan time.

LAVA Flex is a 3D FSPGR imaging technique that acquires water only, fat only, in phase and out of phase echoes in one single acquisition that is typically completed in one 20 sec. breath hold. This innovative technique provides excellent homogeneous fat suppression over the entire field of view, including areas that are difficult to image using conventional fat suppression due to magnetic susceptibility effect. As all 4 contrasts are acquired in the same scan, they are perfectly co-registered. The water only contrast differs from a conventional fat suppressed image in that an inversion prep pulse is not applied for fat suppression. In fact, the fat information is removed leaving a water only image that may potentially be used in place of a LAVA type image. LAVA Flex uses ARC, an innovative 2D self-calibrated parallel imaging technique that allows for acceleration in both phase and slice directions for supported coils.

The eDWI (Enhanced Diffusion Weighted Imaging) technique has been designed to provide high signal-to-noise-ratio diffusion images of the liver and brain with short-acquisition time. Its multi-B feature is designed to provide measurement of apparent diffusion coefficient (ADC) map with reduced effect of perfusion. In addition, "3 in 1" technique applies diffusion

weighting to all three gradients simultaneously, helping improve sensitivity. Built in tetrahedral feature applies four different diffusion weighing combinations of x, y, and z gradients simultaneously to acquire isotropic diffusion weighted images with high signal to noise ratio and shorter TE. The smart NEX feature significantly reduces the acquisition time. For 1.5T, inversion recovery has been deployed to provide robust fat suppression. Enhanced DWI package includes the acquisition sequence and post-processing tools.

PROPELLER (Periodically Rotated Overlapping ParallEL Lines with Enhanced Reconstruction) is a revolutionary data collection technique used in conjunction with the Fast Spin Echo pulse sequence. The name reflects the unique pattern that acquires radial blades of image data rotated in sequence until data acquisition is complete. The redundant data creates images with unusually high contrast-to-noise ratio as well as makes the sequence insensitive to motion artifacts on T2 and T2 FLAIR sequences and insensitive to susceptibility artifacts on DWI sequences. The result is high quality T2 and T2 FLAIR images of the brain even when the patient fails to remain still, and high quality DWI images in the presence of dental work or surgical hardware. As a result, PROPELLER enables reliable, high quality brain imaging.

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			TRICKS (Time Resolved Imaging of Contrast KineticS) uses segmented temporal sampling and complex data recombination to accelerate 3D dynamic vascular imaging without compromising spatial detail. TRICKS also uses elliptic centric data collection for optimized contrast resolution and auto-subtraction for optimized background suppression. The result is time course imaging that does not require timing or triggering, provides high temporal and high spatial resolution, and enables the extraction of optimum phases of data. As a result, TRICKS enables reliable, high quality vascular imaging. The 16-Channel 1.5T Head/Neck/Spine (HNS) Array delivers convenience without compromise. Compatible with systems that have upgraded to the 16-Channel HDxt platform, this 29-element coil serves as a high-resolution brain coil, high-density neuro-vascular array, and a multi-element spine coil in one convenient package. Designed to accommodate multi-dimensional parallel imaging in any scan plane, this coil yields unprecedented imaging speed and superior image quality, thanks in large part to a unique element arrangement that focuses the signal over the anatomy of interest. The 12-Channel quadrature Body Array with dual connectors is designed for high-definition MR imaging of the chest, abdomen and pelvis on the upgraded 16-channel 1.5T MR system. This 12-element phased-array coil provides extensive coverage, enabling multi-station anatomical and vascular imaging of the chest-abdomen or abdomen-pelvis without repositioning the coil. The array is optimized for use with ASSET acceleration in enhanced breath-hold imaging procedures. The 12-ch Body Array is not compatible with E8801RG-Interface Device, E8801R-Endorectal Prostate Probe, E8801RC-Endorectal Cervix Probe, or E8801RD-Endorectal Colon Probe.
2	1	S7505GY	1.5T Optima Edition 23 ScanTools Upgrade Pak with PROPELLER 3.0 Upgrade The ScanTools Pak contains 23.0 ScanTools, 23.0 System Software, and English Operator Manual. The Express Exam and ScanTools 23 1.5T includes a comprehensive suite of workflow features, advanced applications, and parallel imaging capabilities to enable the user to harness the Simply Powerful capabilities of the scanner efficiently and effectively. The patient and technologist Express Exam workflow automates many of the routine tasks that previously required user interaction, thus dramatically reducing the workload for the user and ensuring that consistent and repeatable images are presented for review. Prescription, acquisition, processing and networking steps can be automatically completed throughout the exam. These automated steps can be

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saved in the Protocol Library to ensure consistent exam workflow for each type of patient.

The automated workflow features of the Express Exam interface includes the Modality Worklist, Protocol Library, AutoStart, AutoScan, AutoVoice, Linking, and Inline Processing that complete much of the work for the user.

Modality worklist: The modality worklist (MWL) provides an automated method of obtaining exam and protocol information for a patient directly from a DICOM Worklist server. For sites with full DICOM connectivity, once a patient has been selected from the MWL, a new session is opened on the host interface and the relevant exam details are highlighted for the user. Additional data fields for patient-sensitive information such as allergies, pre-medication, pregnancy status, and history are provided for greater clarity. The modality worklist provides complete control of the exam protocol prescription. The protocol may be selected well in advance of the patient's arrival at the MR suite thereby simplifying exam preparation and reducing necessary work by the technologist during the time-critical procedure.

Protocol libraries and properties: The 23.0 release provides the user with complete control of protocols for simple prescription, archiving, searching, and sharing. The protocols are organized into two main libraries, a GE Optimized set that are included with the system, and Site Authored. For quick search and selection, each protocol may be archived with independent properties based on patient demographics, anatomy, type of acquisition, or identification number. For commonly used protocols, a favorites flag may be used for quick selection from the Modality Worklist or for sharing across other libraries.

ProtoCopy: Standard on every 1.5T system, the ProtoCopy feature enables a complete exam protocol to be shared with the click of a mouse. The exam protocol can originate from either a library or previously acquired exam. This enables routine archive of protocols for emergency backup and simple management of libraries across multiple systems.

Workflow Manager: Once a protocol has been selected for an exam, it is automatically loaded into the Workflow Manager. The Workflow Manager controls image prescription, acquisition, processing, visualization and networking and may fully automate these steps if requested.

AutoStart: With AutoStart, once the landmark position has been set and the technologist leaves the room the Workflow Manager will automatically start the first acquisition in the exam.

Linking: Linking automates the prescription of images for each series in an exam. Once the targeted anatomical region has been located the

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			Linking feature combines information from a prescribed imaging series to all subsequent series in the Workflow Manager. All series that have been linked may automatically be prescribed (Rx) and no further interaction will be needed by the technologist to initiate the scan. The user has control over which specific parameters can be linked together. Series can have common fields of view, obliquity, slice thickness, anatomical coverage, saturation bands, or shim volumes. Multiple series can be linked together and saved in the Protocol Library or edited in real time. Linking may be used with any anatomy and with any acquisition. Once the first volume is prescribed, all other subsequent series with the same planes, can be automatically prescribed and acquired. AutoScan: With AutoScan enabled, the Workflow Manager will sequentially go through the list of prescribed series without any user interaction. AutoVoice: The AutoVoice feature ensures that consistent and repeatable instructions are presented to the patient for each and every exam. User selectable, pre-recorded instructions are presented at defined points in the acquisition. This helps ensure that the patient is in the right position and is fully aware of the next step in the acquisition process. AutoVoice is particularly helpful during breath hold exams. The AutoVoice feature includes instructions in over 14 languages and the user can create and include their own unique voice instructions for local needs. Inline processing: For certain tasks, the user must accept the results, or complete additional steps prior to saving the images to the database In these cases the data is automatically loaded into the appropriate tool, then the system will await further instruction by the user. Inline viewing: Inline viewing allows the user to conveniently view, compare, and analyze images without having to switch to the Browser. Simply select the series to view from the Workflow Manager and the images are displayed along with standard image display tools. Image comparisons can be easily done by selecting multiple series at a time. The integrated viewer allows the user to seamlessly move between scanning and image viewing. Image fusion: To better visualize tissue and contrast, multiple images from separate acquisitions can be overlaid on one another. High-resolution anatomical images can be automatically fused with functional data or parametric maps for improved visualization by the user. The data is registered using translation and rotation and distortion correction to ensure accurate fusion. High resolution 2D and 3D data sets can be fused with reformats, parametric maps, 2D and 3D Spectroscopy maps, plus functional datasets and more. The automated workflow features of the system can be used for any anatomy and for any sequence. When combining the technology of AutoStart, Linking, Inline

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Processing, AutoVoice, and the AutoScan features, an entire exam can be completed with just a few actions.

Following is a list of the acquisition pulse sequences and parallel imaging capabilities for HD 23.0. The list is divided into Fast Spin Echo, Gradient Echo, and Echo Planar imaging sequences.

The following sequences are included for Fast Spin Echo based acquisitions:

Spin Echo: The single echo gold standard for generating T1, proton density and T2 images.

Fast Spin Echo (FSE), Fast Spin Echo-XL (FSE-XL): Uses a train of spin echoes to reduce total acquisition times and provide high resolution datasets. The sequence provides great

flexibility and a large range of imaging options to ensure that quality can be optimized for all anatomy and patient situation.

Fast Recovery Fast Spin Echo (FRFSE): is an extension of the Fast spin Echo sequence and incorporates an additional refocusing pulse and 90 degree excitation at the end of the echo train. This additional forced recovery of the long T1 and T2 spins increases T2 contrast with shorter acquisitions times. The sequence of choice for high-quality, high-speed, and high contrast T2-weighted imaging in neurological, body, orthopedic and pediatric applications.

Single Shot Fast Spin Echo (SSFSE): An ultra fast scanning technique that permits dataset acquisition within a single RF excitation period. That means it can acquire slices in less than one second, making it an excellent complement to T2-weighted brain and abdominal imaging, as well as MR cholangiopancreatography (MRCP) studies.

FLAIR: T1 and T2 Fluid Attenuated Inversion Recovery (FLAIR) pulse sequences have been designed expressly for neuro applications. FLAIR allows suppression of signal from cerebrospinal fluid (CSF). In addition to this capability, T1 and T2 FLAIR add extraordinary contrast between white and gray matter to T1- and T2-weighted brain and spine imaging.

Double/Triple IR: These pulse sequences are included to allow black-blood imaging for studies of cardiac morphology. Triple IR adds fat suppression to black-blood imaging.

3DFRFSE: A sequence for creating high resolution, three-dimensional T2-weighted images of all anatomies and is especially useful for MR cholangiopancreatography (MRCP) studies. Single-Shot Fast-Spin Echo (SSFSE): An ultra fast technique that permits complete image acquisition following a single RF excitation. It can acquire slices in less than one second, making it an excellent complement to T2-weighted brain and

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abdominal imaging and MRCP studies.

The following sequences are Included in Gradient Echo based acquisitions:

GRE, FGRE, SPGR, FSPGR: This suite of gradient echo techniques uses short TR and TE times to generate Proton Density-, T1-, T2-, T2* tissue contrast, or a combination thereof, in far less time than conventional spin echo acquisitions. The ultra-short TR and TE times possible with these sequences also ensure the performance needed for state-of-the-art vascular and contrast-enhanced MRA studies.

2D and 3D Dual Echo Gradient Echo: A vital tool for abdominal imaging. This variation on conventional gradient echo provides a pair of images for which the signals from water and fat either are in-phase or out-of-phase. By design, all of the images acquired within a single breath-hold are in perfect registration.

2D and 3D Time of Flight (TOF), 2D-Gated TOF: TOF Imaging and Enhanced 3DTOF Imaging are all ideal for MR angiography. Based on conventional gradient echo scanning, time of flight imaging techniques rely primarily on flow-related enhancements to distinguish moving from stationary spins.

2D Phase Contrast (2DPC), 3D Phase Contrast (3DPC): These techniques demonstrate flow velocities and directional properties in vessels and other moving fluids such as cerebral spinal fluid and aortic flow. These acquisitions provide the data for quantitative flow analysis.

2D MERGE: Multiple Echo Recombined Gradient Echo (MERGE) uses multiple echoes to generate high-resolution images of the C-spine with excellent gray-white matter differentiation. By combining early echoes with high SNR and late echoes with improved contrast,

the result is improved cord contrast within the spinal column.

3D MERGE: The 3D MERGE (Multi-Echo Recombined Gradient Echo) sequence has been optimized to generate clear tissue contrast in the cervical spine. By acquiring and summing multiple gradient-echoes at various echo-times, MERGE improves gray-white matter contrast within the cord and provides excellent visualization of the neuroforaminal canals. The high in-plane resolution and thin slices enable excellent image reformats for better tissue visualization from all angles.

COSMIC (Coherent Oscillatory State acquisition for Manipulation if Image Contrast): COSMIC is a 3D imaging technique specifically tailored for Cervical-Spine evaluation. The unique fluid-weighted contrast yields improved visualization of the cervical nerve roots and intervertebral disks. The high resolution images are easily reformatted for better tissue visualization from any orientation.

2D FIESTA: FIESTA (Fast Imaging Employing STeady-state Acquisition) is designed to

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produce high SNR images extremely rapidly. The technique features an extremely short TR and fully balanced gradients to rephase the transverse magnetization at the end of each TR interval. For very short TR sequences, the signal intensity depends strongly on the ratio T2/T1 and is largely independent of TR. As a result, this pulse sequence accentuates the contrast of spins with a high T2/T1 ratio -- such as CSF, water and fat while suppressing the signal from tissues with low T2/T1 ratio, such as muscle. This property enables high contrast between the myocardium and blood pool.

3D FIESTA: 3D FIESTA (Fast Imaging Employing STeady-state Acquisition) is a technique that uses an extremely short repetition time (TR) between RF pulses such that high-resolution 3D volume images can be acquired rapidly. The 3D FIESTA technique is especially useful for the rapid acquisition of high spatial-resolution images of static structures such as cochlea, internal auditory canal, or joints.

3D FatSat FIESTA: 3D FatSat FIESTA is advanced software designed for imaging of the coronary arteries. The software acquires 3D images using FIESTA (Fast Imaging Employing STeady state Acquisition). Fat suppression is applied to accentuate the coronary arteries. The use of VAST (Variable Sampling in Time) technology greatly shortens breath-holding requirements or allows for higher spatial resolution.

R2 Star: A 2D multiple echo gradient echo acquisition where each echo is used to generate an independent image with a specific echo time. These data are then analyzed in Functool image analysis software for calculation of the R2* or T2* relaxation times for each pixel in the image.

BRAVO-BRAin VOlume Imaging: This IR-prepared 3D Gradient Echo imaging technique affords isotropic, whole-brain coverage with 1x1x1 mm resolution. Coupled with parallel imaging, this sequence produces superior gray white matter contrast in just 2 to 3 minutes.

Brain Volume imaging is a high-resolution 3D gradient echo imaging technique designed to produce heavily T1-weighted isotropic images of the brain in just two to three minutes. BRAVO uses an inversion pulse prior to a train of low flip angle gradient echo acquisitions to reduce scan time and optimize tissue visualization. Bravo is compatible with ARC parallel imaging to minimize scan time and provide whole brain coverage with 1mmx1mmx1mm isotropic resolution.

SPECIAL: Spectral Inversion at Lipids (SPECIAL) is a spectral spatial inversion technique for fat saturation in 3D FGRE pulse sequences.

LAVA: LAVA is a three-dimensional (3D) spoiled gradient echo technique designed specifically to image the liver with unprecedented definition, coverage, and speed in a single breathhold. Excellent fat suppression, through a version of the SPECIAL technique customized for the liver, is one of the reasons for the high definition of

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anatomical structures. The coverage and speed of LAVA are the result of short TR, innovative use of partial k-space acquisition, and advanced parallel imaging.

For improved tissue contrast, LAVA is compatible with Flex imaging. The LAVA Flex acquisition will provide a water-only, fat-only, in-phase and out of phase data sets in a single acquisition and produce images with significantly reduced chemical shift and susceptibility artifacts.

FastCINE: This pulse sequence is included specifically for studies of cardiac function. Through the use of retrospective gating, it allows full R-R coverage with high multi-phase temporal resolution for excellent visualization of myocardial wall motion.

iDrive Pro: iDrive Pro brings real-time interactive imaging to the MR system, making it easier to generate detailed diagnostic information on just about any anatomy. This includes organs that are subject to motion artifacts, such as spine, heart, diaphragm and GI tract. The iDrive Pro technique allows the user to change scan parameters on the fly, during scanning, to evaluate the results immediately.

SmartPrep: SmartPrep uses a special tracking pulse sequence to monitor the MR signal through a user-prescribed volume to detect the arrival of an injected contrast bolus and to trigger the acquisition one the contrast agent has arrived in the target tissue. Use of SmartPrep provides optimum timing of contrast enhancement.

QuickStep is an automated multi-station acquisition for the evaluation of the vascular tree. This unique application automatically prescribes, acquires, and combines images from multiple stations for fast acquisition and exam completion. To complete the entire exam in as little as 6 minutes, the system will automatically acquire mask datasets from multiple stations without any user intervention. Secondary images are then acquired at the same independent table positions. The system will automatically subtract the mask images from the secondary dataset and combine the resulting images from the multiple stations into one series. The user only needs to complete a review and approval of the data prior to insertion of images into the database.

The following sequences are Included in Echo Planar based acquisitions: An essential tools for any high-throughput site employing advanced techniques. EchoPlanar imaging is what enables the rapid imaging required for such studies as functional brain mapping. And both EchoPlanar and FLAIR EchoPlanar techniques make it easier to generate neuro studies from patients who cannot or will not stay still long enough for conventional techniques.

Diffusion EchoPlanar Imaging: This Diffusion Weighted Single Shot Echo-Planar Imaging (EPI) technique is especially useful for detecting acute and hyper-acute stroke. Its functionality includes Single Shot EPI and FLAIR EPI, Multi-NEX capability, isotropic Diffusion-Weighting imaging and on-line image processing. Diffusion

Item No.	Qty	Catalog No.	Description

EchoPlanar imaging is the basis for diffusion tensor imaging, sold separately. To enhance body diffusion, Adiabatic SPectral Inversion Recovery (ASPIR) and STIR saturation techniques are supported.

Parallel Imaging Acceleration Approaches: Array Spatial Sensitivity Encoding Technique: ASSET imaging option is an image-based parallel imaging technique used to speed data acquisition. For temporally sensitive acquisitions, ASSET reduces image blurring and motion, enables greater anatomical coverage, and reduces SAR. Parallel imaging acceleration factors up to 3.0 are supported in one dimension depending on the coil selected.

Auto-Calibrating Reconstruction (ARC): Is a GE exclusive self-calibrated parallel imaging technique that eliminates breath-hold mismatch errors by imbedding the calibration data within the scan data. In addition, this unique reconstruction permits small FOV imaging by minimizing focal parallel imaging artifacts from the exam. Supporting both 1D and 2D acceleration, ARC supports high acceleration factors for reduced scan time.

Parallel imaging is supported across all anatomies with acceleration factors that are dependent on the phased-array coils utilized.

IVI: The Interactive Vascular Imaging (IVI) user interface allows operators to quickly remove background from MRA images in order to generate angiographic and maximum intensity (MIP) projections in multiple scan planes. The resulting datasets can be automatically saved as separate series within a patients exam number, for quick recall in the future.

Multi-Projection Volume Reconstruction (MPVR): MPVR provides quick and easy generation of reformations through any 3D MR data sets.

FuncTool Performance: This package enables advanced MR-image post-processing using a wide range of sophisticated algorithms, including:

- eADC maps
- Correlation coefficients for mapping of motor strip and visual/auditory stimuli
- NEI (Negative Enhancement Integral)
- MTE (mean time to enhance)
- Positive Enhancement Integral
- Signal Enhancement Ratio
- Maximum Slope Increase
- Maximum Difference Function
- Difference Function
- Diffusion Tensor Post-Processing (requires DTI option)

Item No.	Qty	Catalog No.	Description

- 3DCSI Post Processing

MR Pasting: Combine images from separate acquisitions into a single series with MR Pasting. MR Pasting is an image analysis software package that facilitates the display and filming of multiple station MR data sets in the body applications (total spine, total body), as well as peripheral MR angiography data. MR Pasting will automatically register and combine multiple acquisition stations into a single image of covered anatomy.

BrainSTAT software for time course analysis: The BrainSTAT post-processing application automatically generates parametric maps for neuro Blood Flow, Blood Volume, Mean Transit Time, and Time to Peak signal intensity. A Gamma Variant fitting algorithm is used to automatically estimate the arterial input function, then calculate the quantitative values for the four parametric maps. The maps may be saved in DICOM format and fused with high-resolution anatomic datasets for improved visualization of tissue and anatomy.

R2* Tool: Generate quantitative relaxation maps with the R2 Star (R2*) analysis tools in Functool. With the Express Exam workflow, this feature can automatically generate R2* maps (in units of Hz) and T2* maps (in units of milliseconds) after the multi-echo data has been acquired. The user can have complete control of analysis and may use either the default values to initiate the calculation, or specify specific starting parameter to generate the parametric maps. Input variables for edit include, but are not limited to: number of

initial images/echoes to be skipped, lower and upper threshold levels, use of a two-parameter or three-parameter fitting model, confidence level.

The parametric maps may be saved in DICOM format and may overlay high resolution 3D images with Functool Fusion for better tissue visualization. No separate option is necessary to acquire the data; it is included in Express Exam ScanTools.

ConnectPro: The ConnectPro enables the DICOM worklist server class for the Signa operators' console, making it easy to query your HIS/RIS by name, or scheduled date, and to download patient demographics directly to the scanner. The data is automatically loaded into the Express Exam Modality Worklist for simple filtering, editing and prescription of protocols for exam preparation.

ConnectPro may require separate gateway hardware to connect non-DICOM compatible HIS/RIS systems to the MR scanner.

Performed Procedure Step: Performed Procedure Step (PPS) is an important utomated connectivity capability - and a key component in film-less and paperless environments. Used in conjunction with the GE PACS broker, it automatically notifies the HIS/RIS and PACS systems of procedure status - in effect, closing the loop on the

Item No.	Qty	Catalog No.	Description
			information gathered from patient arrival through billing. The results: Improved patient care and enhanced productivity. PROPELLER 3.0 uses an innovative k space filling technique and post processing algorithms to help reduce and correct for motion and minimize magnetic susceptibility artifacts. Radial k space filling pattern causes oversampling of the k space center, generating more SNR and providing excellent tissue contrast. Radial k space filling is inherently less sensitive to motion compared to the Cartesian method. In addition, a sophisticated motion correction post-processing algorithm is deployed to reduce effects of motion originating from CSF flow, breathing, patient tremor or voluntary movements. PROPELLER 3.0 has been enabled for all anatomies, and T1 FLAIR, T2, T2 FLAIR, DWI as well as PD contrasts in all planes.
3	1	M3335BF	IIQ Upgrade Kit for CXK4 Magnets with Wide Open Covers (R2801 and higher)
4	1	M3335TJ	Signa 1.5T BRM/CRM Mobile Upgrade Cables
5	1	M1085KF	Gradient Heat Exchanger for Mobile or Transportable MR System
6	1	M1085PT	1.5T Standard Coil ID Cables Contains single channel receive only components and a cable assembly for the classic head coil.
7	1	M1085PA	MAI-Invivo Quadrature Extremity Cable ID This cable confers Coil ID functionality to an existing MAI-Invivo extremity transmit / receive coil. The cable is required for the coil to function properly on an EXCITE or later 1.5T MR system.
8	1	M3340LA	HDxt Upgrade Language Collector in English, which contains a Keyboard and Warning Sign Kit.
9	1	M3335MM	Mobile Monitor Kit
10	1	M3335EW	1.5T Unified Coil Phantom Kit Set of phantoms for the 1.5T system that is used on various surface coils to conduct quality assurance testing.
11	1	E8802MH	MR Signa Replacement Table Pad (Gray) This replacement table pad is the same as the pad shipped with new systems. It has a gray, nylon cover and measures 15.5 in W x 60 in. L x 2 in. H. For use with GE Signa MR systems...H

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Item No.	Qty	Catalog No.	Description
12	1	E8802MC	MR Signa Wide Security Strap Set Wide security strap set - includes one strap with Velcro and one strap with plastic buckle; 14 in. wide. For use with GE Signa MR systems..H
13	1	E8802MD	MR Signa Narrow Security Strap Set Narrow security strap set - includes one strap with Velcro and one plastic buckle; 6 in. wide. For use with GE Signa MR systems..H
14	1	E8802AF	MR Extremity Pad Set - Set of 2 (Black) Use this extremity pad set to keep knees and elbows from contacting the magnet bore during maging. Set of 2 black extremity pads for use with GE Signa MR systems...H
15	1	W0102MR	8 Day MR TiP Onsite Signa HDxt Family Training This program instructs MR technologists in the start-up and advanced operation of a Signa HDx MR system. This training is designed for a core group of 4 technologists dedicated to the entire program. Key Radiologists will assist protocol development, direct patient scanning and review images. The patient schedule should be modified to allow contact hours listed in the curriculum description. The 8 day program is delivered in 2 visits, four consecutive days each.Includes T&L expenses This training program must be scheduled and completed within 12 months after the date of product delivery.
16	1	W0012MR	TiP Applications Onsite MR Training 2 Days per year over 3 Years Two consecutive days of TiP Applications Onsite MR training presented during the 2nd, 3rd, and 4th year after system purchase. Onsite training provided from 8AM to 5PM, Monday through Friday. Includes T&L expenses.

Quote Summary:

Total Quote Net Selling Price **$509,279.95**

(Quoted prices do not reflect state and local taxes if applicable. Total Net Selling Price Includes Trade In allowance, if applicable.)

GE Healthcare

QUOTATION

Quotation Number: PR8-C3763 V 1

GE Healthcare

QUOTATION

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Options

(These items are not included in the total quotation amount)

Item No.	Qty	Catalog No.	Description	Ext Sell Price
17	1	M3033ND	HD VIBRANT VIBRANT (Volume Imaged BReast AssessmeNT) is a 3D gradient echo technique optimized for multi phasic sagital or axial breast imaging. VIBRANT uses ASSET acceleration to accelerate data acquisition without compromising spatial detail. VIBRANT enables either direct sagittal or axial acquisition with high temporal and high spatial resolution. For sagittal imaging, VIBRANT uses ASSET (up to 2X) in the slice direction to acquire both breasts in the scan time of one. For axial imaging, VIBRANT uses in-plane ASSET (up to 3X) to enable higher matrix selection to offset the larger FOV. VIBRANT also uses an optimized inversion pulse and dual shimming that yields enhanced image contrast and robust, uniform fat suppression. Auto-subtraction is also available to further optimize background suppression. As a result, VIBRANT enables reliable, high quality breast imaging.	$75,800.00
18	1	S7505EF	Signa HDxt 1.5T Extremity Coil Pak for Upgrades The HDxt Extremity Coil package includes the following: • 3-channel Shoulder Array • 8-channel T/R Knee Array • 8-channel Foot and Ankle Array • 8-channel Wrist Array The 1.5T 3-channel Shoulder Array offers the increased signal-to-noise characteristic of phased-array technology, along with a unique sleeve design that delivers exceptional joint-imaging capabilities. The coil provides clear definition of the shoulder joint, specifically the head of the humerus, clavicle, acromion, supraspinatus muscle and ligaments. Patient comfort pads and restraining straps are included. The 1.5T T/R Knee Array is designed for high definition MR imaging of the knee. This array uses unique hybrid technology using separate birdcage coils for transmit and receive functions. Designed uniquely for GE, the 8-element receive coil delivers 30% to 100% more SNR than the standard extremity coil. The array is compatible with PURE for uniform signal intensity and ASSET for accelerated	$125,000.00

Item No.	Qty	Catalog No.	Description	Ext Sell Price
			imaging speed. The 1.5T compatible foot/ankle coil produces high-resolution images of the foot and ankle by incorporating an 8-channel phased array design in a unique "ski" boot design. The unique coil design has excellent distal coverage and supports multiple foot positions for optimizing studies. Parallel imaging is supported to reduce acquisition times. The 8-Channel Wrist Array generates high definition MR wrist images. The one-piece, ovoid hinged design is optimal for small-FOV imaging and provides 12-cm S/I coverage. The coil can be positioned overhead or at the patient's side, vertically or horizontally. The coil is optimized for ASSET imaging to improve acquisition times. Not compatible with forward production HDxt systems.	
19	1	M3340CY	1.5T HDxt Vanguard Breast MRI Tabletop Coil Installed Base The Vanguard Breast MRI Tabletop Coil for the 1.5T HDxt System includes an 8-channel receive-only, high-density RF coil designed to produce images with optimal signal to noise ratio and uniform coverage for breast imaging. The Variable Coil Geometry of this product allows imaging coils to be customized for each breast of every patient, improving signal-to-noise ratio over fixed coils. This results in the ability to resolve detail in morphology which can lead to better breast cancer management and treatment options. The open design of the Vanguard patient support allows maximum access to the breast for ease of positioning and intervention, while coils can be adjusted for different sized breasts and different areas for intervention. The coils can easily be moved medially and laterally, as well as anteriorly and posteriorly, providing the greatest flexibility in coil and grid placement. This permits optimal access for targeting in all quadrants of the breast. The Sentinelle Vanguard for GE is universally compatible with leading biopsy devices and localization needles. The Sentinelle Vanguard for GE offers a detachable table with comprehensive features storage drawers, tray tables, biopsy grids, padding, safety rails, movable sternum supports and integrated lighting - that work together to improve workflow. Patients can be prepared outside the MRI suite before and after imaging and	$149,995.00

Item No.	Qty	Catalog No.	Description	Ext Sell Price
			intervention. The coil is compatible with software release HD16.0 V02 SP1 platform release, or later. For HD16.0 users, HD16.0 V02 SP1 will be installed as part of FMI67816.	
20	1	M3087JG	1.5T 8-Ch Breast Array-GE Coils - with Biopsy Grids The 1.5T Breast Array is designed for high definition MR imaging of the breast. The 8-element quadrature phased array coil is optimized for use with ASSET and VIBRANT for up to 3X acceleration enabling high temporal and high spatial resolution imaging of the breast. The array is also compatible with Fast Spin Echo, Fast Gradient Echo, and Diffusion imaging sequences, and includes lateral and medial biopsy access. Not compatible with CRM or 55cm magnets.	$50,500.00
21	1	E8801W	Sentinelle MR 1.5T Breast Imaging Table The Sentinelle MR Breast Imaging Table transforms the standard MRI system into a specialized breast imaging system offering, and is compatible with the Signa HDx 1.5T, Signa HDi 1.5T and Signa VIBRANT 1.5T. The Sentinelle system provides improved imaging, intervention and patient workflow by allowing the table to be prepared outside the MR suite. Variable coil positioning puts coil close to breast for improved signal-to-noise. Anterior access to breast provides optimum positioning. FEATURES AND BENEFITS • Lateral and Medial access for Intervention • Bilateral Interventional capabilities • Arms may be positioned both forward and back • Integrated LED Lighting System • Adjustable Head Rest • Plus storage drawers, positioning mirrors and accessory table SPECIFICATIONS • Operating Frequency: 63.86 MHz • Patient Weight Capacity: 350 lbs. • Number of Channels in Coil Array: 8 • Variable Coil Geometry: Yes • Parallel Imaging Enable: Yes • Distance from Sternum to Bore: 30 cm	$187,500.00

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Item No.	Qty	Catalog No.	Description	Ext Sell Price
			• Volume Per Breast: 6350cc Not compatible with 55cm bore CRM systems. *Includes 2 days applications training COMPATIBILITY • For use with 1.5T HDxt 16.0 M3 V2 MR Systems *NOT FOR USE WITH EXCITE, HD, LX or OPTIMA MR450w SYSTEMS NOTES: • Does not include biopsy grids. Please order biopsy grids part # 5000137-51 by contacting Hologic at 1-877-887-8767	

(Quoted prices do not reflect state and local taxes if applicable. Total Net Selling Price Includes Trade In allowance, if applicable.)

Exhibit B

PROPOSED CAPITAL COSTS

Project Name: MRI Upgrade to MQ 19 Mobile MRI Unit (no change in MRI Serial Number)
Proponent: Foundation Health Mobile Imaging, LLC

A.	Site Costs			
	(1)	Full purchase price of land		$ N/A
	(2)	Acres _____ Price per Acre $_____		
	(3)	Closing costs		$_____
	(4)	Site Inspection and Survey		$_____
	(5)	Legal fees and subsoil investigation		$_____
		Site Preparation Costs		
		Soil Borings		$_____
		Clearing-Earthwork		$_____
		Fine Grade For Slab		$_____
		Roads-Paving		$_____
		Concrete Sidewalks		$_____
		Water and Sewer		$_____
		Footing Excavation		$_____
		Footing Backfill		$_____
		Termite Treatment		$_____
		Other (Specify)		$_____
		Sub-Total Site Preparation Costs		$_____
	(6)	Other (Specify)		$_____
	(7)	Sub-Total Site Costs		$N/A
B.	Construction Contract			
	(8)	Cost of Materials		
		General Requirements		
		Concrete/Masonry		
		Woods/Doors & Windows/Finishes		
		Thermal & Moisture Protection		
		Equipment/Specialty Items		
		Mechanical/Electrical		
		Other (Specify)		
		Sub-Total Cost of Materials		$N/A
	(9)	Cost of Labor		$_____
	(10)	Other (Specify)		$_____
	(11)	Sub-Total Construction Contract	$_____	
C.	Miscellaneous Project Costs			
	(12)	Building Purchase	$N/A	
	(13)	Fixed Equipment Purchase/Lease	$_____	
	(14)	Movable Equipment Purchase/Lease	$_____	
	(15)	Furniture	$_____	
	(16)	Landscaping	$_____	
	(17)	Consultant Fees		
		Architect and Engineering Fees	$	
		Legal Fees	$_____	
		Market Analysis	$_____	
		Other (Specify)	$_____	
		Sub-Total Consultant Fees	$_____	
	(18)	Financing Costs (e.g. Bond, Loan, etc.)		$_____
	(19)	Interest During Construction		$_____
	(20)	Other (Specify): Upgrade of MRI from a 9X to a 23X and associated costs		$509,279.95
	(21)	Sub-Total Miscellaneous		$
	(22)	Total Capital Cost of Project (Sum A-C above) $509,279.95		

I certify that, to the best of my knowledge, the above construction related costs of the proposed project named above are complete and correct.

N/A
(Signature of Licensed Architect or Engineer)

I assure that, to the best of my knowledge, the above capital costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

[signature]
(Proponent – signature of officer)

VP, Dev. General Counsel
(Title of officer)

Exhibit C
p. 1

EQUIPMENT COMPARISON

	EXISTING EQUIPMENT (MQ-19)	***TEMPORARY* REPLACEMENT EQUIPMENT (MQ-12)**
Type of Equipment (List Each Component)	MRI Scanner	MRI Scanner
Manufacturer of Equipment	General Electric	General Electric
Tesla Rating of MRI's	GE 1.5T	GE 1.5T
Model Number	Hispeed	HDi
Serial Number	R1542	EM 174
Provider's Method of Identifying Equipment	Serial ID, MQ19 or VIN# 1S9FA482711182447	Serial ID, MQ12 or VIN# 1JJV482WXYL679061
Specify if Mobile or Fixed	Mobile	Mobile
Date of Acquisition of Each Component	2009	N/A Temporary Replacement
Does Provider Hold Title to Equipment or Have a Capital Lease?	Hold Title	Hold Title
Specify if Equipment Was/Is New or Used When Acquired	Used	N/A Temporary Replacement
Total Capital Cost of Project (Including Construction, etc)	$509,279 (for upgrade of MQ 19)	N/A Temporary Replacement
Total Cost of Equipment	N/A	N/A Temporary Replacement
Fair Market Value of Equipment	$200,000	$750,000
Net Purchase Price of Equipment	N/A	N/A

Locations Where Operated	Southern Pines Diagnostic Imaging – Southern Pines Carolina Imaging – Fayetteville Carolina Imaging – Ramsey (Fayetteville)	
Number of Days in Use/To be Used in N.C. Per Year	365	
Percent Change in Patient Charges (by Procedure)	N/A	Foundation Health Mobile Imaging, LLC, agrees to adhere to the requirements of 10A NCAC 14C.0303(d)(3)
Percent Change in Per Procedure Operating Expenses	N/A	Foundation Health Mobile Imaging, LLC, agrees to adhere to the requirements of 10A NCAC 14C.0303(d)(3)
Type of Procedures Currently Performed on Existing Equipment	MRI Scans	MRI Scans
Type of Procedures New Equipment is Capable of Performing	MRI Scans	MRI Scans