



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

February 4, 2021

David French, Consultant to Alliance Healthcare Services
djfrench45@gmail.com

Exempt from Review – Replacement Equipment

Record #: 3477
Date of Request: February 2, 2021
Business Name: Alliance Healthcare Services, Inc.
Business #: 60
Project Description: Replace mobile MRI scanner
County: Wake and Orange

Dear Mr. French:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced project is exempt from certificate of need review in accordance with G.S. 131E-184(a)(7). Therefore, you may proceed to acquire without a certificate of need the GE Voyager (VOYA 1) mobile MRI scanner to temporarily replace the Siemens Symphony (SYM 65) mobile MRI scanner. Also, you may proceed to acquire without a certificate of need the Siemens Symphony (SYM 71) mobile MRI scanner to permanently replace the GE Voyager (VOYA 1) mobile MRI scanner. This determination is based on your representations that the existing unit and temporary replacement will be sold or otherwise disposed of and will not be used again in the State without first obtaining a certificate of need if one is required.

It should be noted that the 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 office and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

[Handwritten signature of Michael J. McKillip]

Michael J. McKillip
Project Analyst

[Handwritten signature of Lisa Pittman]

Lisa Pittman
Assistant Chief, Certificate of Need

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
https://info.ncdhhs.gov/dhsr/ • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

ALLIANCE HEALTHCARE SERVICES

February 2, 2021

Ms. Martha Frisone, Chief
Health Planning and Certificate of Need Section
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Alliance Healthcare Services - Written Notice for Exemption from CON Review for Replacement of Mobile MRI Scanner SYM 65, Serial # 1M9A3A820AHO22801 (Legacy MRI)

Dear Ms. Frisone:

Alliance Healthcare Services (“Alliance”) plans to replace mobile MRI scanner SYM 65 Serial # 1M9A3A820AHO22801 that operates in North Carolina as legacy MRI scanner. A copy of the MRI inventory form for SYM 65 is attached. SYM 65 will be removed from North Carolina in early February 2021. For a brief interim period, the temporary replacement will be VOYA 1, a mobile MRI owned by Alliance. After a few weeks, SYM 71, also owned by Alliance, will be assigned as the permanent replacement unit for SYM 65.

Please accept this notice of exemption to 1) temporarily replace SYM 65 with VOYA 1, Serial # 1S9AC4824FS834446 an existing mobile MRI scanner owned by Alliance and 2) assign SYM 71 Serial # 1M9A3A8244W022381 as the permanent replacement for SYM 65. With the assignment of SYM 71, the temporary unit VOYA 1 will be removed from the state.

This letter provides justification and written notice regarding the replacement equipment in accordance with NCGS 131 E-184. Alliance also provides documentation that the replacement equipment conforms to the Certificate of Need laws and Administrative rules: G.S. 131E-184 (a) (7) Exemptions from review to provide replacement equipment
10A NCAC 14C.0303 Replacement Equipment Administrative Rules

Overview

The existing mobile MRI scanner requires temporary replacement for several reasons:

- The existing SYM 65 is being reassigned to service outside of North Carolina.
- Service to the existing host sites will be disrupted if a temporary replacement mobile MRI scanner is not provided.
- Alliance has no available capacity on other MRI scanners in North Carolina to provide coverage for the unit that needs to be repaired.
- The temporary replacement unit, VOYA 1, has the imaging capabilities to serve the interim needs of the host sites.

- The permanent replacement unit, SYM 71, has advanced capabilities to serve the needs of the host sites on a long-term basis.

The authorized host sites that will be served by the replacement mobile MRI scanners are:

Duke Medical Raleigh Hospital
3000 Rogers Road
Wake Forest, NC 27587

UNC Hospital Imaging & Spine Center
1350 Raleigh Rd
Chapel Hill, NC 27517

Compliance Documentation

Compliance with G.S. 131E-176 (22a) Replacement Equipment Definition is evident because the interim replacement scanner and the permanent MRI scanner each have purchase costs which are far less than the \$2,000,000 threshold. Both units are already owned by Alliance.

The replacement MRI equipment will be used for the same diagnostic purposes as the existing equipment. In addition, Alliance is providing prior written notice to the Department in accordance with G.S. 131E-184 (a) (7) Exemption from Review to provide replacement equipment.

Applicability and Conformance with Administrative Rule 10A NCAC 14C.0303 Replacement Equipment

Alliance Healthcare Services plans to use an existing mobile MRI as a temporary replacement. No equipment will be purchased. The temporary replacement equipment conforms to the rules as follows:

10A NCAC 14C .0303 REPLACEMENT EQUIPMENT

(a) This Rule defines the terms used in the definition of “replacement equipment” set forth in G.S. 131E-176(22a).

Alliance Healthcare Services has reviewed this rule definition.

(b) “Currently in use” means that the equipment to be replaced has been used by the person requesting the exemption at least 10 times to provide a health service during the 12 months prior to the date the written notice required by G.S. 131E-184(a) is submitted to the CON Section.

Alliance Healthcare Services confirms that SYM 65 meets the definition of “currently in use” because this MRI scanner currently serves Duke Raleigh Hospital and UNC Hospital Imaging and Spine Center.

(c) Replacement equipment is not “comparable” if: (1) the replacement equipment to be acquired is capable of providing a health service that the equipment to be replaced cannot provide; or (2) the equipment to be replaced was acquired less than 12 months prior to the date the written notice required by G.S. 131E-184(a) is submitted to the CON Section and it was refurbished or reconditioned when it was acquired by the person requesting the exemption.

The replacement MRI scanners are comparable to the scanner being replaced because the interim replacement equipment and the permanent replacement will be used to acquire the same types of MRI images and data. Alliance Healthcare Services certifies that the replacement mobile MRI equipment will be used for the same diagnostic purposes as the existing MRI unit. The existing equipment to be replaced was acquired in 2011 and was not a refurbished or reconditioned.

Please review the following Equipment Comparison Form that provides information regarding the existing MRI as well as the temporary MRI and long-term replacement scanners.

EQUIPMENT COMPARISON

	EXISTING EQUIPMENT	TEMPORARY REPLACEMENT	PERMANENT REPLACEMENT
Type of Equipment (List Each Component)	MRI	MRI	MRI
Manufacturer of Equipment	Siemens	GE	Siemens
Tesla Rating for MRIs	1.5T	1.5T	1.5T
Model Number	SYMPHONY	VOYAGER	SYMPHONY
Serial Number	1M9A3A820AHO22801	1S9AC4824FS834446	1M9A3A8244W022381
Provider's Method of Identifying Equipment	SYM 65	VOYA 1	SYM 71
Specify if Mobile or Fixed	Mobile	Mobile	Mobile
Mobile Trailer Serial Number/VIN #	1M9A3A820AHO22801	1S9AC4824FS834446	1M9A3A8244W022381
Mobile Tractor Serial Number/VIN #	NA – No changes	NA – No changes	No changes
Date of Acquisition of Each Component	2011	2017	2015
Hold Title or Lease	Holds Title	Holds Title	Holds Title
Specify if Equipment Was/Is New or Used When Acquired	New	New	New
Total Capital Cost of Project (no construction involved)	NA	NA	NA
Total Cost of Equipment	NA	NA	NA
Fair Market Value of Equipment	NA	\$950,000	\$801,442
Net Purchase Price of Equipment	NA	NA	NA
Locations Where Operated Currently	Duke Raleigh Wake Forest UNC Hospital Spine Center	Duke Raleigh Wake Forest UNC Hospital Spine Center	Duke Raleigh Wake Forest UNC Hospital Spine Center
Number Days In Use/To be Used in N.C. Per Year	Up to 365	Temporary	Permanent 365
Percent of Change in Patient Charges (by Procedure)	NA	0%	0%
Percent of Change in Per Procedure Operating Expenses (by Procedure)	NA	0%	0%
Type of Procedures Currently Performed on Existing Equipment	MRI Procedures	MRI Procedures	MRI Procedures
Type of Procedures New Equipment is Capable of Performing	NA	MRI Procedures	MRI Procedures

The current MRI SYM 65 will be removed from North Carolina within a week and its interim replacement unit VOYA 1 will be utilized. Temporary use of replacement VOYA 1 to serve the host sites will be discontinued in approximately three weeks when the permanent replacement unit SYM 71 becomes available for use in North Carolina.

Thank you for your review and consideration of this information. Please call me at 336 432-8308 if you have any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "David J. French".

David J. French

Consultant to Alliance Healthcare Services

P.O. Box 2154
Reidsville, NC 27023
djfrench45@gmail.com

Cc:

Jennifer Freeman
Manager of Operations
Alliance Healthcare Services

Rodney Skelding
Manager of Operations
Alliance Healthcare Services



Registration and Inventory of Medical Equipment Mobile Magnetic Resonance Imaging Scanners January 2021

Instructions

This is the legally required “Registration and Inventory of Medical Equipment” (G.S. 131E-177) for mobile magnetic resonance imaging (MRI) scanners. Please complete all sections of this form and return to Healthcare Planning by **Friday, January 29, 2021**.

1. **Submit one completed Registration and Inventory form per MRI scanner.**
2. Complete and sign the form
3. Return the form by one of two methods:
 - a. Email a scanned copy to DHSR.SMFP.Registration-Inventory@dhhs.nc.gov.
 - b. Mail the form to Trenesse Michael, Healthcare Planning, 2704 Mail Service Center, Raleigh, NC 27699-2704.

If you have questions, call Trenesse Michael in Healthcare Planning at (919) 855-3867 or email DHSR.SMFP.Registration-Inventory@dhhs.nc.gov.

Section 1: Contact Information

1. Full legal name of corporation, partnership, individual, or other legal entity that acquired the equipment by purchase, donation, lease, transfer, or comparable arrangement:

Alliance HealthCare Services
(Legal Name)

2. Address of the corporation, partnership, individual, or other legal entity that acquired the equipment:

18201 Von Karman Ave.
(Street and Number)

Irvine, CA 92612 (800) 544-3215
(City) (State) (Zip) (Phone Number)

3. Chief Executive Officer or approved designee who is certifying the information in this registration form:

Jennifer Freeman Manager Operations
(Name) (Title)

(Street and Number) (City) (State)

704-957-9900 jfreeman@allianceradiology-us.com
(Phone Number) (Email)

4. Information compiled or prepared by: David French
(Name)

(336) 349-6250 djrench45@gmail.com
(Phone Number) (Email)



Section 2: Equipment and Procedures Information

Reporting Period: 10/01/2019 – 9/30/2020 Other time period: _____

Do not make extra copies of this page if the entity has multiple MRIs. Submit a complete, separate R&I form for each scanner.

(Please make additional copies of this page as needed for additional Service Sites.)

For DHSR Planning Use Only:	
Manufacturer/Tesla	Siemens / 1.5T
Model number	Symphony
Open or closed (including open bore) scanner	<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed
Serial or I.D. Number	Serial # 1M9A3A820AHO22801 SYM 65
Date of acquisition	2011
Purchase price (if purchased)	
Certificate of Need Project Legacy)	I.D. # G-7038-04
Certificate holder, as listed on Certificate of Need	<u>Alliance HealthCare Services</u>
If equipment went to only 1 site, is it permanently parked at that site?	<input type="checkbox"/> Parked <input checked="" type="checkbox"/> Not Parked
	Service Site Number 1
Service Site Information: Please include all the information requested for each location.	Service Site <u>Chatham Hospital</u> Address <u>475 Progress Blvd.</u> City: <u>Siler City, NC</u> Zip <u>27344</u> County <u>Chatham</u>
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: <u>12</u> w/out: <u>6</u> Total: <u>18</u> Outpatient: with: <u>161</u> w/out: <u>244</u> Total: <u>405</u>
Total Number of Procedures	Total: <u>423</u>
For each day of the week, enter the number of hours the scanner is in operation.	___ Sunday ___ Thursday ___ Monday ___ Friday Days and hours subject to change ___ Tuesday ___ Saturday ___ Wednesday
Total number of hours in operation for reporting period	380 hrs

*An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom. **The total number of procedures should be equal to or greater than the total number of patients reported on the MRI Patient Origin Table on page 3 of this form.**

Name of entity that acquired the equipment (from page 1) Alliance Healthcare Services



Section 2: Equipment and Procedures Information

Reporting Period: 10/01/2019 – 9/30/2020 Other time period: _____

Do not make extra copies of this page if the entity has multiple MRIs. Submit a complete, separate R&I form for each scanner.

(Please make additional copies of this page as needed for additional Service Sites.)

For DHSR Planning Use Only:													
Manufacturer/Tesla	Siemens / 1.5T												
Model number	Symphony												
Open or closed (including open bore) scanner	<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed												
Serial or I.D. Number	Serial # 1M9A3A820AHO22801 SYM 65												
Date of acquisition	2011												
Purchase price (if purchased)													
Certificate of Need Project Legacy)	I.D. # G-7038-04												
Certificate holder, as listed on Certificate of Need	<u>Alliance HealthCare Services</u>												
If equipment went to only 1 site, is it permanently parked at that site?	<input type="checkbox"/> Parked <input checked="" type="checkbox"/> Not Parked												
	Service Site Number 2												
Service Site Information: Please include all the information requested for each location.	Service Site Duke Medical Raleigh Hospital Address <u>3000 Rogers Road</u> City: <u>Wake Forest , NC</u> Zip <u>27587</u> County <u>Wake</u>												
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Inpatient:</td> <td style="width: 33%;"></td> <td style="width: 33%;">Outpatient:</td> </tr> <tr> <td>with: <u>0</u></td> <td></td> <td>with: <u>114</u></td> </tr> <tr> <td>w/out: <u>0</u></td> <td></td> <td>w/out: <u>144</u></td> </tr> <tr> <td>Total: <u>0</u></td> <td></td> <td>Total: <u>258</u></td> </tr> </table>	Inpatient:		Outpatient:	with: <u>0</u>		with: <u>114</u>	w/out: <u>0</u>		w/out: <u>144</u>	Total: <u>0</u>		Total: <u>258</u>
Inpatient:		Outpatient:											
with: <u>0</u>		with: <u>114</u>											
w/out: <u>0</u>		w/out: <u>144</u>											
Total: <u>0</u>		Total: <u>258</u>											
Total Number of Procedures	Total: <u>258</u>												
For each day of the week, enter the number of hours the scanner is in operation.	<table style="width: 100%; border: none;"> <tr> <td>___ Sunday</td> <td>___ Thursday</td> <td rowspan="4" style="text-align: right;">Days and hours subject to change</td> </tr> <tr> <td>___ Monday</td> <td>___ Friday</td> </tr> <tr> <td>___ Tuesday</td> <td>___ Saturday</td> </tr> <tr> <td>___ Wednesday</td> <td></td> </tr> </table>	___ Sunday	___ Thursday	Days and hours subject to change	___ Monday	___ Friday	___ Tuesday	___ Saturday	___ Wednesday				
___ Sunday	___ Thursday	Days and hours subject to change											
___ Monday	___ Friday												
___ Tuesday	___ Saturday												
___ Wednesday													
Total number of hours in operation for reporting period	208 hrs												

*An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom. **The total number of procedures should be equal to or greater than the total number of patients reported on the MRI Patient Origin Table on page 3 of this form.**

Name of entity that acquired the equipment (from page 1) Alliance Healthcare Services



Section 2: Equipment and Procedures Information

Reporting Period: 10/01/2019 – 9/30/2020 Other time period: _____

Do not make extra copies of this page if the entity has multiple MRIs. Submit a complete, separate R&I form for each scanner.

(Please make additional copies of this page as needed for additional Service Sites.)

For DHSR Planning Use Only:	
Manufacturer/Tesla	Siemens / 1.5T
Model number	Symphony
Open or closed (including open bore) scanner	<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed
Serial or I.D. Number	Serial # 1M9A3A820AHO22801 SYM 65
Date of acquisition	2011
Purchase price (if purchased)	
Certificate of Need Project Legacy)	I.D. # G-7038-04
Certificate holder, as listed on Certificate of Need	<u>Alliance HealthCare Services</u>
If equipment went to only 1 site, is it permanently parked at that site?	<input type="checkbox"/> Parked <input checked="" type="checkbox"/> Not Parked
	Service Site Number 3
Service Site Information: Please include all the information requested for each location.	Service Site <u>UNC Hospital Imaging & Spine Center</u> Address 1350 Raleigh Rd City: <u>Chapel Hill, NC</u> Zip <u>27517</u> County <u>Orange</u>
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: <u>0</u> w/out: <u>0</u> Total: <u>0</u> Outpatient: with: <u>554</u> w/out: <u>309</u> Total: <u>863</u>
Total Number of Procedures	Total: <u>863</u>
For each day of the week, enter the number of hours the scanner is in operation.	___ Sunday ___ Thursday ___ Monday ___ Friday Days and hours subject to change ___ Tuesday ___ Saturday ___ Wednesday
Total number of hours in operation for reporting period	780 hrs

*An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom. **The total number of procedures should be equal to or greater than the total number of patients reported on the MRI Patient Origin Table on page 3 of this form.**

Name of entity that acquired the equipment (from page 1) Alliance Healthcare Services



Section 2: Equipment and Procedures Information

Reporting Period: 10/01/2019 – 9/30/2020 Other time period: _____

Do not make extra copies of this page if the entity has multiple MRIs. Submit a complete, separate R&I form for each scanner.

(Please make additional copies of this page as needed for additional Service Sites.)

For DHSR Planning Use Only:	
Manufacturer/Tesla	Siemens / 1.5T
Model number	Symphony
Open or closed (including open bore) scanner	<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed
Serial or I.D. Number	Serial # 1M9A3A820AHO22801 SYM 65
Date of acquisition	2011
Purchase price (if purchased)	
Certificate of Need Project Legacy)	I.D. # G-7038-04
Certificate holder, as listed on Certificate of Need	<u>Alliance HealthCare Services</u>
If equipment went to only 1 site, is it permanently parked at that site?	<input type="checkbox"/> Parked <input checked="" type="checkbox"/> Not Parked
	Service Site Number 4
Service Site Information: Please include all the information requested for each location.	Service Site <u>Orthopedic Specialist of North</u> Address <u>112000 Governors Manly Way</u> City: <u>Raleigh, NC</u> Zip <u>28614</u> County <u>Wake</u>
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: <u>0</u> w/out: <u>0</u> Total: <u>0</u> Outpatient: with: <u>1</u> w/out: <u>154</u> Total: <u>155</u>
Total Number of Procedures	Total: <u>155</u>
For each day of the week, enter the number of hours the scanner is in operation.	___ Sunday ___ Thursday ___ Monday ___ Friday Days and hours subject to change ___ Tuesday ___ Saturday ___ Wednesday
Total number of hours in operation for reporting period	120 hrs

*An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom. **The total number of procedures should be equal to or greater than the total number of patients reported on the MRI Patient Origin Table on page 3 of this form.**

Name of entity that acquired the equipment (from page 1) Alliance Healthcare Services



Section 3: Patient Origin Data by Service Site

Please provide the county of residence for each patient who received MRI services during the time period of this report. Provide patient origin data separately for each service site. Make additional copies of this page as needed. The total number of patients receiving services should be equal to or less than the total number of procedures reported on page two of this form.

Service Site Number: **1 through 4**

Service Site Name: **Alliance does not obtain patient origin data.**

County in which service was provided: **Wake, Orange, Chatham**

Patient County	Number of Patients	Patient County	Number of Patients	Patient County	Number of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other (specify)	
35. Franklin		71. Pender			
36. Gaston		72. Perquimans		Total Number of Patients	

Name of entity that acquired the equipment (from page 1) Alliance Healthcare Services



Section 4: Certification and Signature

The undersigned Chief Executive Officer or approved designee certifies the accuracy of the information contained on all pages of this form.

Signature Jennifer Freeman

Print Name Jennifer Freeman

Date signed January 29, 2021

Note: Healthcare Planning and Certificate of Need may request CPT codes for MRI procedures if further clarification is needed.



Section 5: COVID-19 Addendum to Registration and Inventory of Medical Equipment

This special section of the 2021 Registration and Inventory Forms seeks information regarding the facility’s experience during the COVID-19 pandemic. This data will assist Healthcare Planning in projecting the need for equipment in the 2022 State Medical Facilities Plan.

The addendum is not asking for procedures performed on patients diagnosed with or suspected of having COVID-19. Rather, it covers all patients seen at each site entered above between April 1, 2020 through September 30, 2020.

(Please make additional copies of this page as needed for additional Service Sites.)

Manufacturer/Tesla	Siemens / 1.5T	
Model number	Symphony	
Serial or I.D. Number	Serial # 1M9A3A820AHO22801 SYM 65	
Certificate of Need Project Legacy)	I.D. # G-7038-04	
	Service Site Number 1	
Service Site Information: Please include all the information requested for each location.	Service Site <u>Chatham Hospital</u> Address <u>475 Progress Blvd.</u> City: <u>Siler City, NC</u> Zip <u>27344</u> County <u>Chatham</u>	
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: <u>3</u> w/out: <u>0</u> Total: <u>3</u>	Outpatient: with: <u>30</u> w/out: <u>22</u> Total: <u>52</u>
Total Number of Procedures	Total: <u>55</u>	



Section 5: COVID-19 Addendum to Registration and Inventory of Medical Equipment

This special section of the 2021 Registration and Inventory Forms seeks information regarding the facility’s experience during the COVID-19 pandemic. This data will assist Healthcare Planning in projecting the need for equipment in the 2022 State Medical Facilities Plan.

The addendum is not asking for procedures performed on patients diagnosed with or suspected of having COVID-19. Rather, it covers all patients seen at each site entered above between April 1, 2020 through September 30, 2020.

(Please make additional copies of this page as needed for additional Service Sites.)

Manufacturer/Tesla	Siemens / 1.5T	
Model number	Symphony	
Serial or I.D. Number	Serial # 1M9A3A820AHO22801 SYM 65	
Certificate of Need Project Legacy)	I.D. # G-7038-04	
	Service Site Number 2	
Service Site Information: Please include all the information requested for each location.	Service Site Duke Medical Raleigh Hospital Address <u>3000 Rogers Road</u> City: <u>Wake Forest , NC</u> Zip <u>27587</u> County <u>Wake</u>	
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: <u>0</u> w/out: <u>0</u> Total: <u>0</u>	Outpatient: with: <u>87</u> w/out: <u>31</u> Total: <u>118</u>
Total Number of Procedures	Total: <u>118</u>	



Section 5: COVID-19 Addendum to Registration and Inventory of Medical Equipment

This special section of the 2021 Registration and Inventory Forms seeks information regarding the facility’s experience during the COVID-19 pandemic. This data will assist Healthcare Planning in projecting the need for equipment in the 2022 State Medical Facilities Plan.

The addendum is not asking for procedures performed on patients diagnosed with or suspected of having COVID-19. Rather, it covers all patients seen at each site entered above between April 1, 2020 through September 30, 2020.

(Please make additional copies of this page as needed for additional Service Sites.)

Manufacturer/Tesla	Siemens / 1.5T	
Model number	Symphony	
Serial or I.D. Number	Serial # 1M9A3A820AHO22801 SYM 65	
Certificate of Need Project Legacy)	I.D. # G-7038-04	
	Service Site Number 3	
Service Site Information: Please include all the information requested for each location	Service Site <u>UNC Hospital Imaging & Spine Center</u> Address 1350 Raleigh Rd City: <u>Chapel Hill, NC</u> Zip <u>27517</u> County <u>Orange</u>	
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: <u>0</u> w/out: <u>0</u> Total: <u>0</u>	Outpatient: with: <u>195</u> w/out: <u>109</u> Total: <u>304</u>
Total Number of Procedures	Total: <u>304</u>	



Section 5: COVID-19 Addendum to Registration and Inventory of Medical Equipment

This special section of the 2021 Registration and Inventory Forms seeks information regarding the facility’s experience during the COVID-19 pandemic. This data will assist Healthcare Planning in projecting the need for equipment in the 2022 State Medical Facilities Plan.

The addendum is not asking for procedures performed on patients diagnosed with or suspected of having COVID-19. Rather, it covers all patients seen at each site entered above between April 1, 2020 through September 30, 2020.

(Please make additional copies of this page as needed for additional Service Sites.)

Manufacturer/Tesla	Siemens / 1.5T	
Model number	Symphony	
Serial or I.D. Number	Serial # 1M9A3A820AHO22801 SYM 65	
Certificate of Need Project Legacy)	I.D. # G-7038-04	
	Service Site Number 4	
Service Site Information: Please include all the information requested for each location.	Service Site <u>Orthopedic Specialist of North</u> Address <u>112000 Governors Manly Way</u> City: <u>Raleigh, NC</u> Zip <u>28614</u> County <u>Wake</u>	
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: <u>0</u> w/out: <u>0</u> Total: <u>0</u>	Outpatient: with: <u>1</u> w/out: <u>137</u> Total: <u>138</u>
Total Number of Procedures	Total: <u>138</u>	



AUTHENTICATING SIGNATURE: The undersigned submits the COVID-19 Addendum as part of the 2021 Registration and Inventory of Medical Equipment and certifies the accuracy of this information.

Signature Jennifer Freeman

Print Name Jennifer Freeman

Date signed January 29, 2021

Please complete all sections of this form and return to Healthcare Planning by **Friday, January 29, 2021**.

1. Complete and sign the form
2. Return the form by one of two methods:
 - a. Email a scanned copy to DHSR.SMFP.Registration-Inventory@dhhs.nc.gov.
 - b. Mail the form to Trenesse Michael in Healthcare Planning, 2704 Mail Service Center, Raleigh, NC 27699-2704.

If you have questions, call Trenesse Michael in Healthcare Planning at (919) 855-3867 or email DHSR.SMFP.Registration-Inventory@dhhs.nc.gov.



Registration and Inventory of Medical Equipment Mobile Magnetic Resonance Imaging Scanners January 2021

Instructions

This is the legally required “Registration and Inventory of Medical Equipment” (G.S. 131E-177) for mobile magnetic resonance imaging (MRI) scanners. Please complete all sections of this form and return to Healthcare Planning by **Friday, January 29, 2021**.

1. **Submit one completed Registration and Inventory form per MRI scanner.**
2. Complete and sign the form
3. Return the form by one of two methods:
 - a. Email a scanned copy to DHSR.SMFP.Registration-Inventory@dhhs.nc.gov.
 - b. Mail the form to Trenesse Michael, Healthcare Planning, 2704 Mail Service Center, Raleigh, NC 27699-2704.

If you have questions, call Trenesse Michael in Healthcare Planning at (919) 855-3867 or email DHSR.SMFP.Registration-Inventory@dhhs.nc.gov.

Section 1: Contact Information

1. Full legal name of corporation, partnership, individual, or other legal entity that acquired the equipment by purchase, donation, lease, transfer, or comparable arrangement:

Alliance HealthCare Services
(Legal Name)

2. Address of the corporation, partnership, individual, or other legal entity that acquired the equipment:

18201 Von Karman Ave.
(Street and Number)

Irvine, CA 92612 (800) 544-3215
(City) (State) (Zip) (Phone Number)

3. Chief Executive Officer or approved designee who is certifying the information in this registration form:

Jennifer Freeman Manager Operations
(Name) (Title)

(Street and Number) (City) (State)

704-957-9900 jfreeman@allianceradiology-us.com
(Phone Number) (Email)

4. Information compiled or prepared by: David French
(Name)

(336) 349-6250 djrench45@gmail.com
(Phone Number) (Email)



Section 2: Equipment and Procedures Information

Reporting Period: 10/01/2019 – 9/30/2020 Other time period: _____

Do not make extra copies of this page if the entity has multiple MRIs. Submit a complete, separate R&I form for each scanner.

(Please make additional copies of this page as needed for additional Service Sites.)

For DHSR Planning Use Only:	
Manufacturer/Tesla	Siemens / 1.5T
Model number	Symphony
Open or closed (including open bore) scanner	<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed
Serial or I.D. Number	Serial # 1M9A3A820AHO22801 SYM 65
Date of acquisition	2011
Purchase price (if purchased)	
Certificate of Need Project Legacy)	I.D. # G-7038-04
Certificate holder, as listed on Certificate of Need	<u>Alliance HealthCare Services</u>
If equipment went to only 1 site, is it permanently parked at that site?	<input type="checkbox"/> Parked <input checked="" type="checkbox"/> Not Parked
	Service Site Number 1
Service Site Information: Please include all the information requested for each location.	Service Site <u>Chatham Hospital</u> Address <u>475 Progress Blvd.</u> City: <u>Siler City, NC</u> Zip <u>27344</u> County <u>Chatham</u>
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: <u>12</u> w/out: <u>6</u> Total: <u>18</u> Outpatient: with: <u>161</u> w/out: <u>244</u> Total: <u>405</u>
Total Number of Procedures	Total: <u>423</u>
For each day of the week, enter the number of hours the scanner is in operation.	___ Sunday ___ Thursday ___ Monday ___ Friday Days and hours subject to change ___ Tuesday ___ Saturday ___ Wednesday
Total number of hours in operation for reporting period	380 hrs

*An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom. **The total number of procedures should be equal to or greater than the total number of patients reported on the MRI Patient Origin Table on page 3 of this form.**

Name of entity that acquired the equipment (from page 1) Alliance Healthcare Services



Section 2: Equipment and Procedures Information

Reporting Period: 10/01/2019 – 9/30/2020 Other time period: _____

Do not make extra copies of this page if the entity has multiple MRIs. Submit a complete, separate R&I form for each scanner.

(Please make additional copies of this page as needed for additional Service Sites.)

For DHSR Planning Use Only:													
Manufacturer/Tesla	Siemens / 1.5T												
Model number	Symphony												
Open or closed (including open bore) scanner	<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed												
Serial or I.D. Number	Serial # 1M9A3A820AHO22801 SYM 65												
Date of acquisition	2011												
Purchase price (if purchased)													
Certificate of Need Project Legacy)	I.D. # G-7038-04												
Certificate holder, as listed on Certificate of Need	<u>Alliance HealthCare Services</u>												
If equipment went to only 1 site, is it permanently parked at that site?	<input type="checkbox"/> Parked <input checked="" type="checkbox"/> Not Parked												
	Service Site Number 2												
Service Site Information: Please include all the information requested for each location.	Service Site Duke Medical Raleigh Hospital Address <u>3000 Rogers Road</u> City: <u>Wake Forest , NC</u> Zip <u>27587</u> County <u>Wake</u>												
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Inpatient:</td> <td style="width: 33%;"></td> <td style="width: 33%;">Outpatient:</td> </tr> <tr> <td>with: <u>0</u></td> <td></td> <td>with: <u>114</u></td> </tr> <tr> <td>w/out: <u>0</u></td> <td></td> <td>w/out: <u>144</u></td> </tr> <tr> <td>Total: <u>0</u></td> <td></td> <td>Total: <u>258</u></td> </tr> </table>	Inpatient:		Outpatient:	with: <u>0</u>		with: <u>114</u>	w/out: <u>0</u>		w/out: <u>144</u>	Total: <u>0</u>		Total: <u>258</u>
Inpatient:		Outpatient:											
with: <u>0</u>		with: <u>114</u>											
w/out: <u>0</u>		w/out: <u>144</u>											
Total: <u>0</u>		Total: <u>258</u>											
Total Number of Procedures	Total: <u>258</u>												
For each day of the week, enter the number of hours the scanner is in operation.	<table style="width: 100%; border: none;"> <tr> <td>___ Sunday</td> <td>___ Thursday</td> <td rowspan="4" style="text-align: right;">Days and hours subject to change</td> </tr> <tr> <td>___ Monday</td> <td>___ Friday</td> </tr> <tr> <td>___ Tuesday</td> <td>___ Saturday</td> </tr> <tr> <td>___ Wednesday</td> <td></td> </tr> </table>	___ Sunday	___ Thursday	Days and hours subject to change	___ Monday	___ Friday	___ Tuesday	___ Saturday	___ Wednesday				
___ Sunday	___ Thursday	Days and hours subject to change											
___ Monday	___ Friday												
___ Tuesday	___ Saturday												
___ Wednesday													
Total number of hours in operation for reporting period	208 hrs												

*An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom. **The total number of procedures should be equal to or greater than the total number of patients reported on the MRI Patient Origin Table on page 3 of this form.**

Name of entity that acquired the equipment (from page 1) Alliance Healthcare Services



Section 2: Equipment and Procedures Information

Reporting Period: 10/01/2019 – 9/30/2020 Other time period: _____

Do not make extra copies of this page if the entity has multiple MRIs. Submit a complete, separate R&I form for each scanner.

(Please make additional copies of this page as needed for additional Service Sites.)

For DHSR Planning Use Only:	
Manufacturer/Tesla	Siemens / 1.5T
Model number	Symphony
Open or closed (including open bore) scanner	<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed
Serial or I.D. Number	Serial # 1M9A3A820AHO22801 SYM 65
Date of acquisition	2011
Purchase price (if purchased)	
Certificate of Need Project Legacy)	I.D. # G-7038-04
Certificate holder, as listed on Certificate of Need	<u>Alliance HealthCare Services</u>
If equipment went to only 1 site, is it permanently parked at that site?	<input type="checkbox"/> Parked <input checked="" type="checkbox"/> Not Parked
	Service Site Number 3
Service Site Information: Please include all the information requested for each location.	Service Site <u>UNC Hospital Imaging & Spine Center</u> Address 1350 Raleigh Rd City: <u>Chapel Hill, NC</u> Zip <u>27517</u> County <u>Orange</u>
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: <u>0</u> w/out: <u>0</u> Total: <u>0</u> Outpatient: with: <u>554</u> w/out: <u>309</u> Total: <u>863</u>
Total Number of Procedures	Total: <u>863</u>
For each day of the week, enter the number of hours the scanner is in operation.	___ Sunday ___ Thursday ___ Monday ___ Friday Days and hours subject to change ___ Tuesday ___ Saturday ___ Wednesday
Total number of hours in operation for reporting period	780 hrs

*An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom. **The total number of procedures should be equal to or greater than the total number of patients reported on the MRI Patient Origin Table on page 3 of this form.**

Name of entity that acquired the equipment (from page 1) Alliance Healthcare Services



Section 2: Equipment and Procedures Information

Reporting Period: 10/01/2019 – 9/30/2020 Other time period: _____

Do not make extra copies of this page if the entity has multiple MRIs. Submit a complete, separate R&I form for each scanner.

(Please make additional copies of this page as needed for additional Service Sites.)

For DHSR Planning Use Only:	
Manufacturer/Tesla	Siemens / 1.5T
Model number	Symphony
Open or closed (including open bore) scanner	<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed
Serial or I.D. Number	Serial # 1M9A3A820AHO22801 SYM 65
Date of acquisition	2011
Purchase price (if purchased)	
Certificate of Need Project Legacy)	I.D. # G-7038-04
Certificate holder, as listed on Certificate of Need	<u>Alliance HealthCare Services</u>
If equipment went to only 1 site, is it permanently parked at that site?	<input type="checkbox"/> Parked <input checked="" type="checkbox"/> Not Parked
	Service Site Number 4
Service Site Information: Please include all the information requested for each location.	Service Site <u>Orthopedic Specialist of North</u> Address <u>112000 Governors Manly Way</u> City: <u>Raleigh, NC</u> Zip <u>28614</u> County <u>Wake</u>
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: <u>0</u> w/out: <u>0</u> Total: <u>0</u> Outpatient: with: <u>1</u> w/out: <u>154</u> Total: <u>155</u>
Total Number of Procedures	Total: <u>155</u>
For each day of the week, enter the number of hours the scanner is in operation.	___ Sunday ___ Thursday ___ Monday ___ Friday Days and hours subject to change ___ Tuesday ___ Saturday ___ Wednesday
Total number of hours in operation for reporting period	120 hrs

*An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom. **The total number of procedures should be equal to or greater than the total number of patients reported on the MRI Patient Origin Table on page 3 of this form.**

Name of entity that acquired the equipment (from page 1) Alliance Healthcare Services



Section 3: Patient Origin Data by Service Site

Please provide the county of residence for each patient who received MRI services during the time period of this report. Provide patient origin data separately for each service site. Make additional copies of this page as needed. The total number of patients receiving services should be equal to or less than the total number of procedures reported on page two of this form.

Service Site Number: **1 through 4**

Service Site Name: **Alliance does not obtain patient origin data.**

County in which service was provided: **Wake, Orange, Chatham**

Patient County	Number of Patients	Patient County	Number of Patients	Patient County	Number of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other (specify)	
35. Franklin		71. Pender			
36. Gaston		72. Perquimans		Total Number of Patients	

Name of entity that acquired the equipment (from page 1) Alliance Healthcare Services



Section 4: Certification and Signature

The undersigned Chief Executive Officer or approved designee certifies the accuracy of the information contained on all pages of this form.

Signature *Jennifer Freeman*

Print Name **Jennifer Freeman**

Date signed **January 29, 2021**

Note: Healthcare Planning and Certificate of Need may request CPT codes for MRI procedures if further clarification is needed.



Section 5: COVID-19 Addendum to Registration and Inventory of Medical Equipment

This special section of the 2021 Registration and Inventory Forms seeks information regarding the facility’s experience during the COVID-19 pandemic. This data will assist Healthcare Planning in projecting the need for equipment in the 2022 State Medical Facilities Plan.

The addendum is not asking for procedures performed on patients diagnosed with or suspected of having COVID-19. Rather, it covers all patients seen at each site entered above between April 1, 2020 through September 30, 2020.

(Please make additional copies of this page as needed for additional Service Sites.)

Manufacturer/Tesla	Siemens / 1.5T	
Model number	Symphony	
Serial or I.D. Number	Serial # 1M9A3A820AHO22801 SYM 65	
Certificate of Need Project Legacy)	I.D. # G-7038-04	
	Service Site Number 1	
Service Site Information: Please include all the information requested for each location.	Service Site <u>Chatham Hospital</u> Address <u>475 Progress Blvd.</u> City: <u>Siler City, NC</u> Zip <u>27344</u> County <u>Chatham</u>	
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: <u>3</u> w/out: <u>0</u> Total: <u>3</u>	Outpatient: with: <u>30</u> w/out: <u>22</u> Total: <u>52</u>
Total Number of Procedures	Total: <u>55</u>	



Section 5: COVID-19 Addendum to Registration and Inventory of Medical Equipment

This special section of the 2021 Registration and Inventory Forms seeks information regarding the facility’s experience during the COVID-19 pandemic. This data will assist Healthcare Planning in projecting the need for equipment in the 2022 State Medical Facilities Plan.

The addendum is not asking for procedures performed on patients diagnosed with or suspected of having COVID-19. Rather, it covers all patients seen at each site entered above between April 1, 2020 through September 30, 2020.

(Please make additional copies of this page as needed for additional Service Sites.)

Manufacturer/Tesla	Siemens / 1.5T	
Model number	Symphony	
Serial or I.D. Number	Serial # 1M9A3A820AHO22801 SYM 65	
Certificate of Need Project Legacy)	I.D. # G-7038-04	
	Service Site Number 2	
Service Site Information: Please include all the information requested for each location.	Service Site Duke Medical Raleigh Hospital Address <u>3000 Rogers Road</u> City: <u>Wake Forest , NC</u> Zip <u>27587</u> County <u>Wake</u>	
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: <u>0</u> w/out: <u>0</u> Total: <u>0</u>	Outpatient: with: <u>87</u> w/out: <u>31</u> Total: <u>118</u>
Total Number of Procedures	Total: <u>118</u>	



Section 5: COVID-19 Addendum to Registration and Inventory of Medical Equipment

This special section of the 2021 Registration and Inventory Forms seeks information regarding the facility’s experience during the COVID-19 pandemic. This data will assist Healthcare Planning in projecting the need for equipment in the 2022 State Medical Facilities Plan.

The addendum is not asking for procedures performed on patients diagnosed with or suspected of having COVID-19. Rather, it covers all patients seen at each site entered above between April 1, 2020 through September 30, 2020.

(Please make additional copies of this page as needed for additional Service Sites.)

Manufacturer/Tesla	Siemens / 1.5T	
Model number	Symphony	
Serial or I.D. Number	Serial # 1M9A3A820AHO22801 SYM 65	
Certificate of Need Project Legacy)	I.D. # G-7038-04	
	Service Site Number 3	
Service Site Information: Please include all the information requested for each location	Service Site <u>UNC Hospital Imaging & Spine Center</u> Address 1350 Raleigh Rd City: <u>Chapel Hill, NC</u> Zip <u>27517</u> County <u>Orange</u>	
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: <u>0</u> w/out: <u>0</u> Total: <u>0</u>	Outpatient: with: <u>195</u> w/out: <u>109</u> Total: <u>304</u>
Total Number of Procedures	Total: <u>304</u>	



Section 5: COVID-19 Addendum to Registration and Inventory of Medical Equipment

This special section of the 2021 Registration and Inventory Forms seeks information regarding the facility’s experience during the COVID-19 pandemic. This data will assist Healthcare Planning in projecting the need for equipment in the 2022 State Medical Facilities Plan.

The addendum is not asking for procedures performed on patients diagnosed with or suspected of having COVID-19. Rather, it covers all patients seen at each site entered above between April 1, 2020 through September 30, 2020.

(Please make additional copies of this page as needed for additional Service Sites.)

Manufacturer/Tesla	Siemens / 1.5T	
Model number	Symphony	
Serial or I.D. Number	Serial # 1M9A3A820AHO22801 SYM 65	
Certificate of Need Project Legacy)	I.D. # G-7038-04	
	Service Site Number 4	
Service Site Information: Please include all the information requested for each location.	Service Site <u>Orthopedic Specialist of North</u> Address <u>112000 Governors Manly Way</u> City: <u>Raleigh, NC</u> Zip <u>28614</u> County <u>Wake</u>	
Procedures*: - with Contrast or Sedation - without Contrast/ Sedation -Total inpatient/outpatient	Inpatient: with: <u>0</u> w/out: <u>0</u> Total: <u>0</u>	Outpatient: with: <u>1</u> w/out: <u>137</u> Total: <u>138</u>
Total Number of Procedures	Total: <u>138</u>	



AUTHENTICATING SIGNATURE: The undersigned submits the COVID-19 Addendum as part of the 2021 Registration and Inventory of Medical Equipment and certifies the accuracy of this information.

Signature Jennifer Freeman

Print Name Jennifer Freeman

Date signed January 29, 2021

Please complete all sections of this form and return to Healthcare Planning by **Friday, January 29, 2021**.

1. Complete and sign the form
2. Return the form by one of two methods:
 - a. Email a scanned copy to DHSR.SMFP.Registration-Inventory@dhhs.nc.gov.
 - b. Mail the form to Trenesse Michael in Healthcare Planning, 2704 Mail Service Center, Raleigh, NC 27699-2704.

If you have questions, call Trenesse Michael in Healthcare Planning at (919) 855-3867 or email DHSR.SMFP.Registration-Inventory@dhhs.nc.gov.