



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

Pat McCrory
Governor

Richard O. Brajer
Secretary DHHS

Mark Payne, Director
Health Service Regulation

December 21, 2016

David French
P.O. Box 2154
Reidsville, NC 27323-2154

No Review	2124
Record #:	Piedmont HealthCare
Facility Name:	031129
FID #:	Piedmont HealthCare, PA
Business Name:	1416
Business #:	Renovations and construction to existing building housing suites 609, 611, 617
Project Description:	and 619 to improve configuration
County:	Iredell

Dear Mr. French:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of November 11, 2016 regarding the above referenced proposal. Based on the CON law **in effect on the date of this response to your request**, the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that if the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

However, you need to contact the Agency's Construction Section to determine if they have any requirements for development of the proposed project.

It should be noted that this determination is binding only for the facts represented in your correspondence. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

Please contact this office if you have any questions. Also, in all future correspondence you should reference the Facility ID # (FID) if the facility is licensed.

Healthcare Planning and Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-715-4413

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

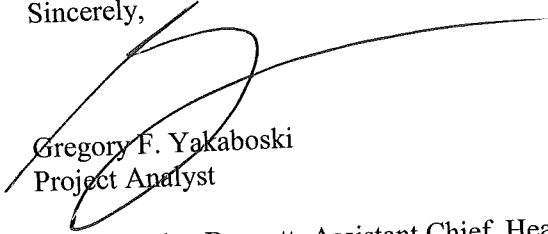
Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

An Equal Opportunity/ Affirmative Action Employer

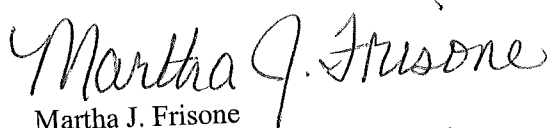


David French
December 21, 2016
Page 2

Sincerely,

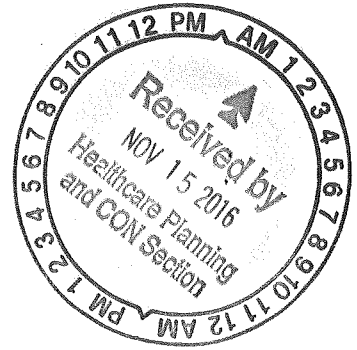


Gregory F. Yakaboski
Project Analyst



Martha J. Frisone
Assistant Chief, Certificate of Need

cc: Paige Bennett, Assistant Chief, Healthcare Planning, DHR



November 11, 2016

Ms. Martha Frisone, Assistant Chief
Mr. Greg Yakaboski, Project Analyst
Health Planning and Certificate of Need Section
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Material Compliance for Piedmont HealthCare PA, Proposed Changes to the Diagnostic Center and Medical Office Building and Diagnostic Equipment
CON Project ID # 6957-03, FID#031129

Dear Ms. Frisone and Mr. Yakaboski,

I am writing on behalf of Piedmont HealthCare PA to seek: (1) a determination that the combined operations and inventory of existing diagnostic equipment located in adjoining suites of the same building location as the CON-approved MRI and Diagnostic Center for Project I.D. # F-6957-03 is in material compliance with the Certificate of Need issued for the project; and (2) confirmation that the proposed renovations and construction costs to the facility do not require Certificate of Need approval because the total capital cost is projected to be far less than \$2,000,000 and no new institutional health service is proposed. Each component of the request is addressed in the following paragraphs.

Overview

Piedmont HealthCare P.A. (MRI scanner lessee) and Alliance HealthCare Services (MRI scanner lessor) obtained Certificate of Need approval for Project I.D. # F-6957-03 to acquire a fixed MRI scanner and establish a diagnostic center at 619 Sullivan Road in Statesville, North Carolina. A copy of the 2016 MRI Inventory Form is provided in Attachment A. The building that houses the Piedmont HealthCare Urgent Care Center and the MRI registration and waiting area is at 619 Sullivan Road. The MRI scanner is a parked full-time fixed MRI scanner that is located in the parking lot at this site. The MRI scanner is provided through an operating lease.

Phone: 336-349-6250
Cell: 336 432-8308

Mailing Address
Post Office Box 2154
Reidsville, NC 27323-2154

In accordance with the CON approval for the project, Alliance Imaging acquired the MRI scanner that is leased to Piedmont Healthcare. The initial capital costs incurred by Piedmont Healthcare P.A. included the MRI pad, and other improvements with a total combined capital cost of \$16,797. In 2015, Piedmont Healthcare P.A. acquired the DynaCad 3.2 Prostate Diagnostic Imaging System for use with the MRI scanner with a total capital cost of \$46,991. Please see Attachment C for copies of invoices and the fixed asset reports for the MRI scanner and other diagnostic equipment.

Since the time that Alliance Imaging Inc. and Piedmont Healthcare PA obtained CON approval to acquire a fixed MRI scanner and obtain the designation as a Diagnostic Center, Piedmont Healthcare has acquired additional diagnostic equipment for use in the same building. The purchase of additional diagnostic equipment by Piedmont Healthcare in the same building did not require subsequent CON-approval because each unit of diagnostic equipment had a total capital cost of less than \$750,000 and did not result in a new institutional health service for major medical equipment as defined by G.S.131E 176 (14o).

The building that houses suite 619 Sullivan Road includes physically separate suites that are leased by Piedmont Healthcare as follows:

- Suite 609 Sullivan Road includes a CT scanner that was acquired by Piedmont HealthCare PA in 2014 that had a total equipment purchase cost of \$262,978. Other capital costs related to the installation of the CT scanner included a laser printer, PACs link, contrast injectors, and software for a total combined capital cost (purchase cost) of \$334,276.
- Suite 611 Sullivan Road includes two ultrasound units (purchased in 2006 and 2016) and accessories including a power table with a total combined purchase cost of \$302,969.
- Suite 617 Sullivan Road includes one mammography unit (purchased in 2014), accessories (purchased in 2015), and software with a total capital purchase cost of \$324,284.
- Also located in Suite 617 is a bone densitometer that was acquired in 2001 with a total capital purchase cost of \$52,800.

Piedmont HealthCare PA currently has separate building lease agreements and separate utilities for the suites that house the diagnostic equipment. Each suite has its own signage, public entrance and patient diagnostic treatment area so that the suites are functionally separate from the patient perspective. Piedmont HealthCare plans to consolidate the individual leases into a single agreement and identify the facility address for all of the diagnostic equipment as 619 Sullivan Road in Statesville, North Carolina.

Piedmont Healthcare PA is the provider that bills patients and payors for the diagnostic services performed throughout the building location. No change in equipment ownership for the diagnostic equipment is planned as seen in the following table.

Diagnostic Equipment Descriptions	Current Ownership Arrangement	Future Ownership Arrangement
MRI Scanner (SIGNA 456)	Operating Lease Alliance Imaging Inc. as lessor and Piedmont Healthcare PA as lessee	Operating Lease Alliance Imaging Inc. as lessor and Piedmont Healthcare PA as lessee
CT Scanner and Accessories	Piedmont Healthcare PA	Piedmont Healthcare PA
Two Ultrasound Units	Piedmont Healthcare PA	Piedmont Healthcare PA
Hologic Mammography	Piedmont Healthcare PA	Piedmont Healthcare PA
Bone Densitometer	Piedmont Healthcare PA	Piedmont Healthcare PA

Combining the Operations of Diagnostic Equipment with the Existing MRI Scanner and Diagnostic Center

Piedmont HealthCare PA (lessee) and Alliance Imaging (MRI equipment lessor) obtained Certificate of Need approval to acquire an MRI scanner and establish a Diagnostic Center at the site of 619 Sullivan Road in Statesville, NC. As an existing Diagnostic Center that has been established at the approved location, Piedmont HealthCare is the operating entity that can acquire and operate additional units of diagnostic equipment that are not subject to Certificate of Need approval because none of the units of equipment are defined as “Major Medical Equipment” in G.S. 131E-176 (14o). Also none of the existing diagnostic equipment located in suites 609, 611 and 617 are of the type of equipment that are specifically regulated by Certificate of Need.

Combining the operations and inventory of the existing CON-approved MRI scanner and Diagnostic Center with the diagnostic equipment in the other suites is feasible in the current building because there is an existing corridor that connects suite 619 to suites 609, 611 and 617. The existing CON-approved MRI scanner is a parked scanner which is installed in a trailer in the parking lot that is accessible to all of the suites in the building.

According to G.S. 131E-181(a) a Certificate of Need is valid only for the defined scope, physical location and person named in the application. Consolidation of operations and diagnostic equipment with the existing MRI and Diagnostic Center in the existing building does not change the scope of the project because Alliance Healthcare remains the MRI lessor and Piedmont HealthCare remains the MRI lessee and medical provider of the services. Consolidation of the diagnostic equipment in the existing building suites 609, 611 and 617 with the CON-approved MRI and Diagnostic Center in suite 619 is not a material change because all of the diagnostic equipment is located on the same site and all of the diagnostic services are provided by Piedmont HealthCare PA on the same “campus” as defined by G.S. 131E-176(2c).

For all of these reasons, Piedmont HealthCare respectfully requests confirmation that the combined operations and inventory of the existing diagnostic equipment located in adjoining suites of the same building location at the CON-approved MRI and Diagnostic Center for Project I.D. # F-6957-03 is in material compliance with the Certificate of Need issued for the project.

Building Renovations and Construction Not Subject to CON Review

Piedmont HealthCare PA requests confirmation that renovations and construction to the existing building that currently houses suites 619, 609, 611 and 617 are not subject to CON review. The proposed changes to the building will improve the configuration of the spaces to enhance patient access and support staff productivity in the physician office building. No additional diagnostic equipment is proposed with the renovations and changes to the building.

As documented in the CON Project I.D. # F-6957-03, the Piedmont HealthCare location at 619 Sullivan Road in Statesville, North Carolina is an existing diagnostic location. The MRI scanner and the imaging services located on the same campus are under the medical supervision of the Piedmont HealthCare physicians.

While the CON-approved MRI scanner and Diagnostic Center are considered an existing health service facility, the changes to the building do not create any new institutional health service as defined by G.S. 131E 176 (a) through (v). As documented by the project architect in Attachment B the renovation and new construction is projected to have a total capital cost of \$730,293 which does not exceed the CON \$2,000,000 threshold

Future Equipment Replacements

Piedmont HealthCare PA and Alliance Imaging anticipate that existing diagnostic equipment may need to be replaced at some future date. Once the information is obtained regarding the type of equipment to be replaced, the appropriate exemption notice and documentation will be provided to the Health Planning and Certificate of Need Section.

Please call me at 336 349-6250 if you have any questions. Contact persons at Piedmont HealthCare PA are Susan Clohecy and Greg Guin. They can be reached at 704 873-4277. Thank you for your time and attention.

Sincerely,

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

David J. French
Consultant

Please call me at 336 349-6250 if you have any questions. Contact persons at Piedmont HealthCare PA are Susan Clohecy and Greg Guin. They can be reached at 704 873-4277. Thank you for your time and attention.

Sincerely,

David J. French
Consultant



A

**Registration and Inventory of Medical Equipment
Fixed Magnetic Resonance Imaging Scanners
January 2016**

Instructions

This is the legally required "Registration and Inventory of Medical Equipment" (G.S. 131E-177) for fixed magnetic resonance imaging (MRI) scanners. Please complete all sections of this form and return to Healthcare Planning by Friday, January 29, 2016.

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 Kelli Fisk, Healthcare Planning, 2704 Mail Service Center, Raleigh, NC 27699-2704.

Note: Fixed equipment operated in a facility licensed under a hospital should be reported on that hospital's license renewal application, and not duplicated on this form.

If you have questions, call Kelli Fisk in Healthcare Planning at (919) 855-3865 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 (Lessor) and Piedmont Healthcare P.A. (Lessee)
(Legal Name)

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

100 Bayview Circle, Suite 400
(Street and Number)

650 Signal Hill Drive Extension
(Street and Number)

Newport Beach CA 92660
(City) (State) (Zip)

Statesville NC 28625
(City) (State) (Zip)

(800) 544-3215
(Phone Number)

(704) 873-4277
(Phone Number)

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

Gregory S. Guin
(Name)

Chief Financial Officer - Piedmont Healthcare P.A.
(Title)

650 Signal Hill Drive Extension
(Street and Number)

Statesville NC 28625
(City) (State) (Zip)

(704) 873-4277
(Phone Number)

greg.guin@piedmonthealthcare.com
(Email)

4. Information Compiled or Prepared by: Gregory S. Guin

(Name)

(704) 873-4277
(Phone Number)

greg.guin@piedmonthealthcare.com
(Email)

Section 2: Equipment and Procedures Information

Time Period for Report: 10/01/2014 – 9/30/2015 Other time period: _____

(Please make additional copies of pages of this form as needed.)

	Scanner Number	Scanner Number
Manufacturer/Tesla	G.E. 1.5T	
Model Number	Horizon Infinity ES LX	
Open or Closed Scanner	Closed	
Serial or I.D. Number	1S9FA482481183226 SIGNA456	
Date of acquisition	08/2004	
Purchase price (if purchased)	Previously submitted to DHSR	
Certificate of Need Project ID	F-6957-03	
Certificate Holder, as listed on Certificate of Need	Alliance Imaging Inc. and Piedmont Healthcare P.A.	
If Leased or Rented, Name Owner of Equipment	Alliance Healthcare Services	
Service Site Information: Please include all of the information requested for each location.	Piedmont Healthcare P.A. 619 Sullivan Road Statesville, NC 28677 Iredell	Service Site _____ Address _____ City, State, Zip _____ County _____
Inpatient Procedures*: - with Contrast or Sedation - without Contrast or Sedation Outpatient Procedures*: with Contrast or Sedation - without Contrast or Sedation	Inpatient: with: 0 w/out: 0 Total: 0 Outpatient: with: 952 w/out: 2,699 Total: 3,651	Inpatient: with: _____ w/out: _____ Total: _____ Outpatient: with: _____ w/out: _____ Total: _____
Total Number of Procedures	Total: 3,651	Total: _____
Put a check by the days per week, and write in the number of hours per day, the scanner is in operation.	Sun: _____ hours x Mon: 10 hours x Tue: 10 hours x Wed: 10 hours x Thu: 10 hours x Fri: 10 hours x Sat: 10 hours	Sun: _____ hours Mon: _____ hours Tue: _____ hours Wed: _____ hours Thu: _____ hours Fri: _____ hours Sat: _____ hours
Total number of hours in operation for report period	3,050	

*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 more than the total number of patients reported on the MRI Patient Origin Table on page 5 of this form.

Name of entity that acquired the equipment (from page 1) Alliance HealthCare Services and Piedmont HealthCare, P.A.



Section 3: MRI Procedures by CPT Code by Service Site

Please write the number of procedures provided by CPT Code during the time period of this report. Report separately for each service site. Make additional copies of pages 3 and 4 as needed. The total number of procedures should equal the total number of procedures reported on page 2 of this form.

Service Site Name: Piedmont HealthCare MRI Sullivan Road Statesville

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)			
70540	MRI Orbit/Face/Neck w/o		1	1
70542	MRI Orbit/Face/Neck with contrast			
70543	MRI Orbit/Face/Neck w/o & with		13	13
70544	MRA Head w/o		45	45
70545	MRA Head with contrast			
70546	MRA Head w/o & with			
70547	MRA Neck w/o		3	3
70548	MRA Neck with contrast			
70549	MRA Neck w/o & with		16	16
70551	MRI Brain w/o		447	447
70552	MRI Brain with contrast		2	2
70553	MRI Brain w/o & with		479	479
70554	MR functional imaging, w/o physician admin			
70555	MR functional imaging, with physician admin			
71550	MRI Chest w/o			
71551	MRI Chest with contrast			
71552	MRI Chest w/o & with		4	4
71555	MRA Chest with OR without contrast			
72141	MRI Cervical Spine w/o		434	434
72142	MRI Cervical Spine with contrast		1	1
72156	MRI Cervical Spine w/o & with		89	89
72146	MRI Thoracic Spine w/o		109	109
72147	MRI Thoracic Spine with contrast			
72157	MRI Thoracic Spine w/o & with		19	19
72148	MRI Lumbar Spine w/o		898	898
72149	MRI Lumbar Spine with contrast		1	1
72158	MRI Lumbar Spine w/o & with		104	104
72159	MRA Spinal Canal w/o OR with contrast			
72195	MRI Pelvis w/o		45	45
72196	MRI Pelvis with contrast			
72197	MRI Pelvis w/o & with		54	54
72198	MRA Pelvis w/o OR with contrast			
73218	MRI Upper Ext, other than joint w/o		16	16
73219	MRI Upper Ext, other than joint with contrast			
Subtotals for this page			2,780	2,780

Name of entity that acquired the equipment (from page 1) Alliance HealthCare Services and Piedmont HealthCare, P.A.

Section 4: 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 2 of this form.

Service Site Name: Piedmont HealthCare MRI Sullivan Road Statesville

County in which service was provided: Iredell

Patient County	Number of Patients	Patient County	Number of Patients	Patient County	Number of Patients
1. Alamance	1	37. Gates		73. Person	
2. Alexander	302	38. Graham		74. Pitt	
3. Alleghany	1	39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe	2	41. Guilford	3	77. Richmond	
6. Avery	1	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett	2	79. Rockingham	2
8. Bertie		44. Haywood		80. Rowan	101
9. Bladen		45. Henderson		81. Rutherford	2
10. Brunswick	2	46. Hertford		82. Sampson	
11. Buncombe	1	47. Hoke		83. Scotland	
12. Burke	9	48. Hyde		84. Stanly	1
13. Cabarrus	3	49. Iredell	2,469	85. Stokes	
14. Caldwell	8	50. Jackson	1	86. Surry	14
15. Caswell		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	98	54. Lenoir		90. Union	
19. Chatham		55. Lincoln	12	91. Vance	
20. Cherokee		56. Macon		92. Wake	1
21. Chowan		57. Madison		93. Warren	1
22. Clay		58. Martin		94. Washington	
23. Cleveland	1	59. McDowell	1	95. Watauga	4
24. Columbus		60. Mecklenburg	24	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	77
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	38
28. Dare		64. Nash		100. Yancey	1
29. Davidson	7	65. New Hanover	2		
30. Davie	85	66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	6
32. Durham	2	68. Orange	1	103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	14
34. Forsyth	22	70. Pasquotank		105. Other (specify)	5
35. Franklin		71. Pender		AK-1, FL-1, IL-1, MA-1, WV-1	
36. Gaston	3	72. Perquimans		Total Number of Patients	3,331

Name of entity that acquired the equipment (from page 1) Alliance HealthCare Services and Piedmont HealthCare, P.A.

Section 5: Reimbursement/Payment Source

Please provide the source of reimbursement/payment for MRI procedures. Total procedures should equal the total number of procedures reported on page 2 of this form.

Primary Payer Source	Number of MRI Procedures
Self Pay	11
Medicare & Medicare Managed Care	1,448
Medicaid	285
Commercial Insurance	1,872
Managed Care - no capitation, all FFS included above in Commercial Insurance	See above Commercial
Unreimbursed Care (Indigent/Charity) - See self pay above	Included in Self Pay
Other (Specify) Workers Comp 7, Occupation Medicine 3 Tricare 25	35
Total	3,651

Section 6: 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 Gregory S. Guin
 Print Name Gregory S. Guin, CFO
 Date signed 1/12/16

Please complete all sections of this form and return to Healthcare Planning by Friday, January 29, 2016.

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 Kelli Fisk in Healthcare Planning, 2704 Mail Service Center, Raleigh, NC 27699-2704.

If you have questions, call Kelli Fisk in Healthcare Planning at (919) 855-3865 or email DHSR.SMFP.Registration-Inventory@dhhs.nc.gov.

Name of entity that acquired the equipment (from page 1) Alliance HealthCare Services and Piedmont HealthCare, P.A.



**PEIDMONT HEALTH CARE
IMAGING CENTER
PROGRAM AND BUDGET**

Date: 6/20/2016

PROGRAM

Majority of the building interior is renovated
Renovate building exterior
Sitework associated with MRI
Minor sitework for parking and landscaping

BUDGET

	Estimate
INTERIOR DEMO COST	\$6,500
BUILDING INTERIOR RENOVATION COST	\$424,589
BUILDING EXTERIOR COST	\$116,651
BUILDING COST SUBTOTAL	\$547,739
SITE IMPROVMENTS FOR MRI UNIT	\$22,400
SITE IMPROVMENTS FOR PARKING AND LANDSCAPING	\$45,000
SITE COST SUBTOTAL	\$67,400
TOTAL CONSTRUCTION COST	\$615,139
CONTENGENCY	\$36,908
SUBTOTAL	\$652,048
NON-CONSTRUCTION COST	\$78,246
TOTAL	\$730,293

Adams + Associates Architecture

Larry J Schaeffer

Stokesville MRI

PIEDMONT HEALTHCARE
 Fixed Asset Summary Report
 For the period ended March 31, 2016

Book = Internal
 FYE Month = December

G/L Expense Acct No	Sys No	Acq Date	Acquired Value	Disposed/Trans-Out	Ending Cost	Depreciation This Run	Curr YTD Expense	Total Accum Depr	Rem Life	Net Book Value
G/L Expense Acct No = 6750048000										
000376		8/19/1998	\$ 12,450.00	0.00	12,450.00	\$ 0.00	0.00	12,450.00	00 00	\$ 0.00
6750048000 SLAB FOR MRI										
000386		9/2/1998	4,347.00	0.00	4,347.00	0.00	0.00	4,347.00	00 00	0.00
6750048000 MR SYSTEM MOBILE UNIT										
001661		1/16/2015	46,991.35	0.00	46,991.35	763.19	2,349.57	1,747.84	03 09	35,243.51
6750048000 Dynacord 3.2 Prostate Diagnostic Imaging for MRI										
G/L Expense Acct No = 6750048000										
			\$ 63,786.35	0.00	63,786.35	\$ 763.19	2,349.57	28,544.84		\$ 35,243.51
Less Remaining Values										
Count = 0										
			\$ 63,786.35	0.00	63,786.35	\$ 763.19	2,349.57	28,544.84		\$ 35,243.51
Net Total										
Count = 3										

PIEDMONT HEALTHCARE

Fixed Asset Summary Report
For the period ended March 31, 2016

Shutterstock
CT

Book = Internal
FYE Month = December

G/L Expense Acct No	Sys No	Acq Date	Acquired Value	Disposed/Trans-Out	Ending Cost	Depreciation This Run	Curr YTD Expense	Total Accum Depr	Rem Life	Net Book Value
G/L Expense Acct No = 6750064000										
000943		BONDV PACS Link - for CT Unit								
6750064000		2/2/2005	\$ 15,274.26	0.00	15,274.26	\$ 0.00	0.00	15,274.26	00 00	\$ 0.00
001581		HP M4555F Multifunction Laser Printer SN MXDCFCCT13J								
6750064000		1/22/2014	3,735.18	0.00	3,735.18	103.76	311.27	2,801.39	00 09	933.79
001644		Flooring for NeuViz 16 Slice CT								
6750064000		11/19/2014	6,006.47	0.00	6,006.47	166.85	500.54	2,896.39	01 07	3,170.08
001645		Floor Mounted Contrast Injectors								
6750064000		11/21/2014	23,330.21	0.00	23,330.21	388.84	1,166.51	6,610.22	03 07	16,719.99
001646		NeuViz 16 Slice CT								
6750064000		11/21/2014	262,978.62	0.00	262,978.62	4,382.98	13,146.93	74,510.60	03 07	188,468.02
001748		Perlung Software (think it's not 3 years, but 1)								
6750064000		9/18/2016	22,951.25	0.00	22,951.25	637.54	637.54	637.54	02 11	22,313.71
G/L Expense Acct No = 6750064000										
			\$ 334,275.99	0.00	334,275.99	\$ 5,679.97	15,764.79	102,670.40		\$ 231,605.59
Less Remaining Values										
			\$ 334,275.99	0.00	334,275.99	\$ 5,679.97	15,764.79	102,670.40		\$ 231,605.59
Count = 0										
Net Total										
Count = 6										

PIEDMONT HEALTHCARE
Fixed Asset Summary Report
For the period ended March 31, 2016

*Stokesville
 Ultrasound*

Book = Internal
 FYE Month = December

G/L Expense Acct No	Sys No	Acq Date	Acquired Value	Disposed/Trans-Out	Ending Cost	Depreciation This Run	Curr YTD Expense	Total Accum Depr	Rem Life	Net Book Value
G/L Expense Acct No = 6750038000										
001100	UJ22	11/1/2006	\$ 138,089.79	0.00	138,089.79	\$ 0.00	0.00	138,089.79	00 00	\$ 0.00
6750038000 UJ22 Ultrasound System										
001476	UJ22	7/20/2012	18,228.37	0.00	18,228.37	0.00	0.00	18,228.37	00 00	0.00
6750038000 UJ22 Upgrade - L17-5 Broadband Linear Array										
001735	Acuson	1/29/2016	144,112.51	0.00	144,112.51	2,401.88	7,205.63	7,205.63	04 09	156,508.89
6750038000 Acuson S2000 Ultrasound										
001736	Power	1/8/2016	2,588.17	0.00	2,588.17	70.51	211.52	211.52	02 09	2,325.65
6750038000 Power Table										
G/L Expense Acct No = 6750038000										
			\$ 302,968.84	0.00	302,968.84	\$ 2,472.39	7,417.15	169,735.31		\$ 139,233.53
Less Remaining Values										
			\$ 302,968.84	0.00	302,968.84	\$ 2,472.39	7,417.15	169,735.31		\$ 139,233.53
Count = 0										
Net Total										
Count = 4										

HOLOGIC®

HOLOGIC, INC.
35 Crosby Drive
Bedford, MA 01730

Tel: 781-899-7570
Email: Joy.Connearney@hologic.com

Invoice

Number	Date	Page
7371501	23-DEC-14	1 of 1
PO Number		Account Number
QUOTE#124209.2		23461
Sales Order Number		Currency
2471539		USD
Waybill Number		
038034- CERT/ATLAS		

BILL TO: ATTN: Accounts Payable
844 1 MB 0.435 E0270 J0526 D1186016704 P2334330 0002:0802



PIEDMONT HEALTHCARE
PO BOX 1845
STATESVILLE NC 28687-1845

RECEIVED

DEC 29 2014

Item No.	Part Number / Description	Quantity		Unit Price	Extension
		Ordered	Shipped		
1	SDM-05000-2AC:SELENIA DIMENSIONS FFDN SYSTEM, 2D AVIA, FIXED HEIGHT 8000, W/ZMP COLOR Serial: 81007143656A	1	1	205,000.00	205,000.00
2	ASY-05885:ACCESSORY KIT, SEL DIM SYS, 2D SCREENING	1	1	0.00	0.00
3	ASY-06073:KIT, SEL DIM SYS, 2D SCREENING DIAGNOSTIC ACCESSORY	1	1	7,750.00	7,750.00
4	ASY-04662:RACK, PADDLE STORAGE	2	2	200.00	400.00
5	ASY-04194:KIT, DIAGNOSTIC PADDLES	1	1	2,000.00	2,000.00
6	ASY-06709:ASSY., SELENIA DIMENSIONS FOOTSWITCH	1	1	800.00	800.00
7	SW-03147:LICENSE KEY, DIMENSIONS 1.7 SYSTEM LICENSE	1	1	0.00	0.00
8	SVC-INSTALL:SERVICE FLAG, INSTALLATION	1	1	0.00	0.00
9	SDM-TRAIN-INIT-01:DIMENSIONS 2D TRAINING, INITIAL, 3 DAYS, 1 SITE, MAX 5 TECHS	1	1	0.00	0.00
10	ASY-04587:MANUAL PKG, SEL DIMENSIONS 2D/3D (USA)	1	1	0.00	0.00
11	FREIGHT:FREIGHT ITEM	1	1	1,425.00	1,425.00
<p>Notes: ATTN: KIMBERLY HARRELL 704-430-6911</p> <p>WARRANTY: 12 MONTHS PARTS AND LABOR</p> <p>Notes: THANK YOU FOR YOUR ORDER - WE APPRECIATE YOUR BUSINESS! PLEASE DIRECT ANY INQUIRIES TO SALES SUPPORT AT DANBURYORDERS@HOLOGIC.COM</p> <p>HOLOGIC FIELD SERVICE WILL CONTACT YOU DIRECTLY TO ARRANGE DELIVERY AND INSTALLATION OF YOUR EQUIPMENT.</p> <p style="text-align: center; font-size: 2em;">1711-00</p>					
Special Instructions		SUBTOTAL	TAX	SEH	TOTAL
		217,375.00	14,872.82	0.00	232,047.82

Unless otherwise agreed to in writing by Hologic, all orders are subject to the Hologic Master Sales Terms and Conditions, which is available on Hologic's website under the Product Support section at <http://www.hologic.com/en/product-support-link/overview>.

REMIT TO:
Hologic Inc.
24506 Network Place
Chicago, IL 60673-1245

ELECTRONIC WIRE INSTRUCTIONS
Hologic Bank Account #: 323869386
ABA Routing: 021-000021
SWIFT CODE: CHASUS33

FEDERAL ID: 04-2902449

HOLOGIC®

HOLOGIC, INC.
35 Crosby Drive
Bedford, MA 01730

Tel: 781-938-7570
Email: Joy.Connearsy@hologic.com

Invoice

Number	Date	Page
7382831	05-JAN-15	1 of 1
PO Number		Account Number
QUOTE#124209.2		23461
Sales Order Number		Currency
2471539		USD
Waybill Number		
BOS40955 Crane WW		

BILL TO: ATTN: Accounts Payable
3277 1MB L435 E0211X 10277 D1186048532 P2356538 0001:0001



PIEDMONT HEALTHCARE
PO BOX 1845
STATESVILLE NC 28687-1845

RECEIVED
JAN 09 2015

Item No.	Part Number / Description	Quantity		Unit Price	Extension
		Ordered	Shipped		
1	SVDX-00200:SECURVIEW-DX 200 (STD/CLNT) Serial: 6881214B0759	1	1	55,000.00	55,000.00
2	WS-ACC-1003:UPS FOR SVDX, SVRT, OR MANAGERS - US	1	1	0.00	0.00
3	WS-ACC-1007:SVDX LICENSE & ACCESSORY KIT - US Serial: 9-283218D3	1	1	0.00	0.00
4	ASY-02724:KIT, SVDX-00200 DOMESTIC	1	1	0.00	0.00
5	WS-ACC-1001:SVDX ERGONOMIC KEYPAD	1	1	1,000.00	1,000.00
6	R2SYS-2200:GENOVA 2D TOWER SYSTEM Serial: C5388	1	1	5,000.00	5,000.00
7	R2LIC-2111:IMAGECHECKER CAD (10.0) LICENSE FOR ONE FFDM Serial: 73723	1	1	25,000.00	25,000.00
8	WS-TRAIN-INIT-01:SECURVIEW DX TRAINING, INITIAL, 3 DAYS, 1 SITE, MAX 5 RADS	1	1	0.00	0.00
9	R2-TRAIN-INIT-01:CAD TRAINING, INITIAL, 1 DAY, 1 SITE, MAX 10 RADS	1	1	0.00	0.00
10	FREIGHT:FREIGHT ITEM	1	1	405.00	405.00
Notes: ATTN: KIMBERLY HARRELL 704-430-8911 WARRANTY: 12 MONTHS PARTS AND LABOR Notes: THANK YOU FOR YOUR ORDER - WE APPRECIATE YOUR BUSINESS! PLEASE DIRECT ANY INQUIRIES TO SALES SUPPORT AT DANBURYORDERS@HOLOGIC.COM HOLOGIC FIELD SERVICE WILL CONTACT YOU DIRECTLY TO ARRANGE DELIVERY AND INSTALLATION OF YOUR EQUIPMENT.					
Special Instructions		SUBTOTAL	TAX	SHI	TOTAL
		86,405.00	5,832.34	0.00	92,237.34

1711-00

Unless otherwise agreed to in writing by Hologic, all orders are subject to the Hologic Master Sales Terms and Conditions, which is available on Hologic's website under the Product Support section at <http://www.hologic.com/en/product-support-link/overview>.

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Hologic Inc.
24508 Network Place
Chicago, IL 60673-1245

ELECTRONIC WIRE INSTRUCTIONS
Hologic Bank Account #: 323969386
ABA Routing: 021-000021
SWIFT CODE: CHASUS33

FEDERAL ID: 04-2902449