



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

November 2, 2020

Tony Freeman
tfreeman@dermpathsolutions.com

No Review

Record #: 3397
Business Name: Interstate Dermatopathology Solutions, LLC
Business #: 3288
Project Description: Develop a new pathology laboratory in Gaston or Mecklenburg County
County: Gaston or Mecklenburg

Dear Mr. Freeman:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence 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 that correspondence is not governed by, and therefore, does not currently require a certificate of need. 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.

This determination is binding only for the facts represented in your correspondence. If changes are made in the project or in the facts provided in the correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office.

Please do not hesitate to contact this office if you have any questions.

Sincerely,

Handwritten signature of Julie M. Faenza

Julie M. Faenza
Project Analyst

Handwritten signature of Martha J. Frisone

Martha J. Frisone
Chief

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

From: [Frisone, Martha](#)
To: [Waller, Martha K](#)
Subject: Fwd: [External] Certificate of Need for a New Pathology Laboratory
Date: Tuesday, October 20, 2020 1:52:09 PM

Assign to Julie, thanks
Get [Outlook for iOS](#)

From: TONY FREEMAN <tfreeman@dermpathsolutions.com>
Sent: Tuesday, October 20, 2020 1:37:38 PM
To: Frisone, Martha <martha.frisone@dhhs.nc.gov>
Subject: RE: [External] Certificate of Need for a New Pathology Laboratory

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to report.spam@nc.gov

Good Afternoon Ms. Frisone,

We are in the initial fact-finding phase of this venture and our histopathology processing laboratory site location will either be in Gaston or Mecklenburg county. The location will be a leased build-out space, approximately 2,000 SF or less with a total capital cost of approximately \$58,000. I have attached the projected capital cost form draft for you review.

Thanks for your assistance with this matter.

Tony F. Freeman, BS, HT(ASCP)
Founder/CEO
Interstate Dermatopathology Solutions, LLP
Charlotte, NC Area
O: (864) 507-4814
C: (513) 571-6551
www.dermpathsolutions.com

From: Frisone, Martha <martha.frisone@dhhs.nc.gov>
Sent: Tuesday, October 20, 2020 9:20 AM
To: TONY FREEMAN <tfreeman@dermpathsolutions.com>
Cc: Pittman, Lisa <lisa.pittman@dhhs.nc.gov>; Wilson, Fatimah <fatimah.wilson@dhhs.nc.gov>; Hale, Gloria <gloria.hale@dhhs.nc.gov>; Faenza, Julie M <Julie.Faenza@dhhs.nc.gov>; Inman, Celia C <celia.inman@dhhs.nc.gov>; Lightbourne, Ena <ena.lightbourne@dhhs.nc.gov>; Mckillip, Mike <mike.mckillip@dhhs.nc.gov>; Meymandi, Kimberly <kim.meymandi@dhhs.nc.gov>; Piekaar, Misty L <Misty.Piekaar@dhhs.nc.gov>; Tanya, Saporito <tanya.saporito@dhhs.nc.gov>; Yakaboski, Greg <greg.yakaboski@dhhs.nc.gov>
Subject: RE: [External] Certificate of Need for a New Pathology Laboratory

Where in the state would this lab be located? If you could provide the site address or a least the county. Also, please complete the attached form. Thanks.

Martha J. Frisone

Chief

[Division of Health Service Regulation](#), Healthcare Planning and Certificate of Need
[NC Department of Health and Human Services](#)

Help protect your family and neighbors from COVID-19.

[Know the 3 Ws. Wear. Wait. Wash.](#)

#StayStrongNC and get the latest at nc.gov/covid19.

Office: 919-855-3879

martha.frisone@dhhs.nc.gov

809 Ruggles, Edgerton
2704 Mail Service Center
Raleigh, NC 27699-2704

[Twitter](#) | [Facebook](#) | [Instagram](#) | [YouTube](#) | [LinkedIn](#)

From: TONY FREEMAN <tfreeman@dermpathsolutions.com>

Sent: Monday, October 19, 2020 11:39 AM

To: Frisone, Martha <martha.frisone@dhhs.nc.gov>

Subject: [External] Certificate of Need for a New Pathology Laboratory

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to report.spam@nc.gov

Dear Ms. Frisone,

Could you please assist us with a general question about the North Carolina Certificate of Need Law for a new startup pathology laboratory with the total cost for utilized medical equipment being under \$60,000. Is this pathology laboratory classified as a Diagnostic Center and is a CON required?

Thank you for your assistance with this matter.

Tony F. Freeman, BS, HT(ASCP)

Founder/CEO

Interstate Dermatopathology Solutions, LLP

O: (864) 507-4814

C: (513) 571-6551

www.dermpathsolutions.com

error, please notify the sender immediately and delete all records of this email.

Projected Capital Cost Form

Building Purchase Price	Leased
Purchase Price of Land	\$0
Closing Costs	\$0
Site Preparation	\$0
Construction/Renovation Contract(s)	\$5,000
Landscaping	\$0
Architect / Engineering Fees	\$3,000
Medical Equipment	\$45,000
Non-Medical Equipment	\$3,000
Furniture	\$2,000
Consultant Fees (specify)	\$0
Financing Costs	\$0
Interest during Construction	\$0
Other (specify)	\$0
Total Capital Cost	\$58,000

CERTIFICATION BY A LICENSED ARCHITECT OR ENGINEER


I certify that, to the best of my knowledge, the projected capital cost for the proposed project is complete and correct.

Signature of Licensed Architect or Engineer

Date Signed: _____

CERTIFICATION BY AN OFFICER OR AGENT FOR THE PROPONENT

I certify that, to the best of my knowledge, the projected total capital cost for the proposed project is complete and correct and that it is our intent to carry out the proposed project as described.



Signature of Officer/Agent

Date Signed: 10/20/2020

Owner

Title of Officer/Agent