



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

March 17, 2021

David French  
[Djfrench45@gmail.com](mailto:Djfrench45@gmail.com)

**Exempt from Review – Replacement Equipment**

**Record #:** 3502  
**Date of Request:** March 9, 2021  
**Business Name:** Alliance Healthcare Services, Inc.  
**Business #:** 60  
**Project Description:** Temporarily replace existing mobile MRI scanner serving OrthoCarolina sites in multiple counties  
**County:** Cleveland, Gaston, Iredell, Mecklenburg, Scotland, and Union

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 Signa HD (Signa 261) first, and then subsequently replace it with the GE Signa HD (Signa 492), to temporarily replace the GE Signa ES LX until the previously approved GE Signa Excite HD permanently replaces the GE Signa ES LX. This determination is based on your representations that the GE Signa ES LX has already been removed from the State and the two temporary replacement GE Signa HDs 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,

Julie M. Faenza  
Project Analyst

Lisa Pittman  
Acting 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

March 9, 2021

Ms. Lisa Pittman, Assistant Chief  
Health Planning and Certificate of Need Section  
2704 Mail Service Center  
Raleigh, NC 27699-2704

[Lisa.Pittman@dhhs.nc.gov](mailto:Lisa.Pittman@dhhs.nc.gov)

[disraeliza.flores@dhhs.nc.gov](mailto:disraeliza.flores@dhhs.nc.gov)

RE: Alliance Healthcare Services - Written Notice for Exemption from CON Review for Replacement of Mobile MRI Scanner SIGNA 432, Serial # 1S9FA482061182880 (Legacy MRI)

Dear Ms. Pittman:

In February 2021, Alliance Healthcare Services submitted and obtained an exemption for the replacement of SIGNA 432, Serial # 1S9FA482061182880 (Legacy MRI). The replacement MRI unit that was identified is SIGNA 425, Serial # [1S9FA482X61182854](#) a mobile MRI owned by Alliance. This permanent replacement is still planned. However, prior to when SIGNA 425 can be made ready and be delivered to North Carolina, SIGNA 432 experienced a mechanical issue with the trailer and cannot be used. Consequently SIGNA 432 has already been removed from service in North Carolina.

In order to prevent disruption of services, Alliance intends to utilize two temporary replacements mobile MRI units that it owns as follows:

Temporary Replacement Signa 261-# 1S9FA482X21182525 will be put into service in NC on Wednesday 3/10 to service OrthoCarolina Monroe for a single day and then removed from North Carolina.

Temporary Replacement Signa 492-# 1KKVA4828JL226990 will be put into services in NC beginning on Thursday 3/11 to replace Signa 432's route until Signa 425 can be put into service.

As previously discussed, the permanent replacement will be SIGNA 425, Serial # [1S9FA482X61182854](#), a mobile MRI owned by Alliance.

This letter provides 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 replacement due to the malfunction of the air conditioning and cooling system for the MRI magnet. It has already been removed from service. The two temporary replacement units, SIGNA 461 and SIGNA 492 have very similar imaging capabilities to serve the needs of the host sites on the interim basis. SIGNA 425, the permanent replacement unit, has very similar imaging capabilities to serve the needs of the host sites on a long-term basis.

The host sites that will be served by the temporary and permanent replacement Legacy mobile MRI scanner are:

OrthoCarolina (Miller Orthopedic-Shelby)  
101 Delta Park Drive  
Shelby, NC 28150      Cleveland

OrthoCarolina, P.A.  
9848 North Tryon  
Charlotte, NC 28262      Mecklenburg

OrthoCarolina P.A.  
1604 Medical Drive  
Laurinburg, NC 28352      Scotland

OrthoCarolina Randolph Spine Center  
2001 Randolph Road  
Charlotte, NC 28207      Mecklenburg

Ortho Carolina-Mooresville  
124 Welton Way  
Mooresville, NC 28117      Iredell

OrthoCarolina, P.A.  
703 Comfort Lane  
Monroe, NC 28112      Union

OrthoCarolina, P.A.  
870 Summit Crossing Place  
Gastonia, NC 28040      Gaston

## **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 temporary and permanent 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 existing mobile MRI units already owned by Alliance as the temporary and permanent replacements. No additional equipment will be purchased. The temporary and permanent 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 SIGNA 432 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 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 2006 and was not a refurbished or reconditioned scanner.

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 | Temporary Replacement | PERMANENT REPLACEMENT        |
|--|------------------------------|-----------------------|-----------------------|------------------------------|
| Type of Equipment (List Each Component)                              | MRI                          | MRI                   | MRI                   | MRI                          |
| Manufacturer of Equipment  | GE                           | GE                    | GE                    | GE                           |
| Tesla Rating for MRIs  | 1.5T                         | 1.5T                  | 1.5T                  | 1.5T                         |
| Model Number   | SIGNA ES LX                  | SIGNA HD              | SIGNA HD              | SIGNA Excite HD              |
| Serial Number  | 1S9FA482061182880            | 1S9FA482X21182525     | 1KKVA4828JL226990     | 1S9FA482X61182854            |
| Provider's Method of Identifying Equipment                           | SIGNA 432                    | SIGNA 261             | SIGNA 492             | SIGNA 425                    |
| Specify if Mobile or Fixed   | Mobile                       | Mobile                | Mobile                | Mobile                       |
| Mobile Trailer Serial Number/VIN #                                   | 1S9FA482061182880            | 1S9FA482X21182525     | 1KKVA4828JL226990     | 1S9FA482X61182854            |
| Mobile Tractor Serial Number/VIN #                                   | NA – No changes              | NA – No changes       | NA – No changes       | No changes                   |
| Date of Acquisition of Each Component                                | 2006                         | 2004                  | 2010                  | 2005                         |
| Hold Title or Lease  | Holds Title                  | Holds Title           | Holds Title           | Holds Title                  |
| Specify if Equipment Was/Is New or Used When Acquired                | New                          | New                   | New                   | New                          |
| Total Capital Cost of Project (no construction involved)             | NA                           | NA                    | NA                    | NA                           |
| Total Cost of Equipment  | NA                           | NA                    | NA                    | NA                           |
| Fair Market Value of Equipment                                       | NA                           | \$250,000             | \$350,000             | \$250,000 see FMV            |
| Net Purchase Price of Equipment                                      | NA                           | NA                    | NA                    | NA                           |
| Locations Where Operated Currently                                   | OrthoCarolina Sites see list | OrthoCarolina Monroe  | OrthoCarolina sites   | OrthoCarolina Sites see list |
| Number Days In Use/To be Used in N.C. Per Year                       | Up to 365                    | 1 Day                 | Interim               | Permanent 365                |
| Percent of Change in Patient Charges (by Procedure)                  | NA                           | NA                    | NA                    | 0%                           |
| Percent of Change in Per Procedure Operating Expenses (by Procedure) | NA                           | NA                    | NA                    | 0%                           |
| Type of Procedures Currently Performed on Existing Equipment         | MRI Procedures               | MRI Procedures        | MRI Procedures        | MRI Procedures               |
| Type of Procedures New Equipment is Capable of Performing            | NA                           | MRI Procedures        | MRI Procedures        | MRI Procedures               |

The current MRI SIGNA 432 has been removed from North Carolina.

The temporary replacement MRI scanners will not be used simultaneously and each will be removed from North Carolina when the permanent replacement unit SIGNA 425 is implemented.

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

Sincerely,

A handwritten signature in black ink, appearing to read "David J. French". The signature is written in a cursive style with a horizontal line underneath.

David J. French

Consultant to Alliance Healthcare Services

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

Cc:

Tina Hinshaw  
RVP, Operations Southeast Region  
805.325.3078

Jennifer Freeman  
Manager of Operations  
Alliance Healthcare Services

Rodney Skelding  
Manager of Operations  
Alliance Healthcare Services



PHONE 517-668-8800  
TOLL-FREE 888-694-6478  
FAX 517-668-8899

## **MARKET VALUATION FOR ALLIANCE HEALTHCARE RADIOLOGY**

*Block Imaging International, Inc. a Michigan corporation having its office at 1845 Cedar St., Holt, MI 48842 has prepared this Market Valuation for Alliance Healthcare Radiology.*

*Date: February 18, 2021*

*Prepared for: Alliance Healthcare Radiology  
18201 Von Karman Avenue, Suite 600  
Irvine, California 92612  
Cathy Weinhold*

### **Profile of Equipment- Signa 425**

*Siemens 1.5T GE Signa Excite HD MRI*

*Software version: 12.0*

*Channels: 8*

*Features: Echo Planar Imaging, Fast Gradient Echo, Cine, Fast Spin Echo & Flair, Time of Flight, Phase Contrast Vascular Imaging, SGD Echospeed, DW EPI, Flair EPI, Special, Smart Prep, SSFSE, Three Plane Localizer, Modality Worklist, E3DTOF, FSE\_XL, Bloodsupp, Fastcine, Sgdperf, iDrive Pro, iDrive, Smartprep 2000 upgrade, Functool 2, Vxtool, Interactive Vascular Imaging, Clairview, iDrive Pro Plus, Ultrashort TR, T2 Breathhold, SSFSE MRCP, T1 Breathhold, ACGD PLUS, Fluoro-triggered MRA, MRCP3, Dynamic R1, Fiesta 2d, Fiesta 3D, Asset, 3DFRFSE, Asset PLUS, Fiesta-c, Breat2, 3DFat Sat Fiesta, 2DFat Sat Fiesta*

*Table weight limit: 350 lbs.*

*60 cm bore*

*Coils: Body Array, CTL Array, Breast, Head, QD Knee, Neurovascular Array, Split Head, Lg & Sm Shoulder, Flex (2)*

*Accessory: MedRad Solaris Injector*

*Trailer Manufacturer: AK Specialty*

*Trailer VIN: 1S9FA482X61182854*

*FMV: \$200,000 – \$250,000*





PHONE 517-668-8800  
TOLL-FREE 888-694-6478  
FAX 517-668-8899

*The Fair Market Value represented is what Block Imaging considers the median range for an “in-place” asset provided the information presented. Other factors must be considered in valuing what the unit is worth to Alliance Healthcare Radiology or via orderly liquidation. The replacement value of this unit would include the following items not accounted for in this FMV – site preparation, delivery, installation and service agreements.*

Prepared By:

Emily Jones

Title:

Executive Assistant to the President

Date:

February 18, 2021

*Block Imaging International, Inc. makes every effort to evaluate and produce the most current and accurate information possible, however, NO WARRANTIES, EXPRESS OR IMPLIED ARE PROVIDED FOR THE DATA HEREIN, ITS USE OR INTERPRITATION. Block Imaging International, Inc. is not a licensed appraiser and Buyer's acceptance of this Agreement shall act as an acknowledgment of that fact and that Block Imaging International, Inc. shall have no liability for the quality, completeness, accuracy, or adequacy of the data.*



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 26, 2021

David J. French  
Dj french45@gmail.com

**Exempt from Review – Replacement Equipment**

**Record #:** 3491  
**Date of Request:** February 19, 2021  
**Business Name:** Alliance Healthcare Services, Inc.  
**Business #:** 60  
**Project Description:** Replace existing mobile MRI scanner serving OrthoCarolina sites in multiple counties  
**County:** Cleveland, Gaston, Iredell, Mecklenburg, Scotland, and Union

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 SIGNA Excite HD mobile MRI scanner to replace the GE SIGNA ES LX mobile MRI scanner. This determination is based on your representations that the existing unit 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 Julie M. Faenza in black ink.

Julie M. Faenza  
Project Analyst

Handwritten signature of Lisa Pittman in blue ink.

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 18, 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 SIGNA 432, Serial # 1S9FA482061182880 (Legacy MRI)

SIG 425

Year of manufacture [2005](#)

VIN #

Dear Ms. Frisone:

Alliance Healthcare Services (“Alliance”) plans to replace mobile MRI scanner SIGNA 432, Serial # 1S9FA482061182880 that operates in North Carolina as CON-approved MRI scanner. A copy of the MRI inventory form for SIGNA 432 is attached. SIGNA 432 will be removed from North Carolina in late February 2021. The replacement will be SIGNA 425, Serial # [1S9FA482X61182854](#) a mobile MRI owned by Alliance.

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 replacement due to the malfunction of the air conditioning and cooling system for the MRI magnet.

The permanent replacement unit, SIGNA 425, has very similar imaging capabilities to serve the needs of the host sites on a long-term basis.

The host sites that will be served by the replacement Legacy mobile MRI scanner are:

OrthoCarolina (Miller Orthopedic-Shelby)  
101 Delta Park Drive  
Shelby, NC 28150      Cleveland

OrthoCarolina, P.A.  
9848 North Tryon  
Charlotte, NC 28262      Mecklenburg

OrthoCarolina P.A.  
1604 Medical Drive  
Laurinburg, NC 28352      Scotland

OrthoCarolina Randolph Spine Center  
2001 Randolph Road  
Charlotte, NC 28207      Mecklenburg

Ortho Carolina-Mooresville  
124 Welton Way  
Mooresville, NC 28117      Iredell

OrthoCarolina, P.A.  
703 Comfort Lane  
Monroe, NC 28112      Union

OrthoCarolina, P.A.  
870 Summit Crossing Place  
Gastonia, NC 28040      Gaston

### **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 permanent 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 SIGNA 432 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 scanner is comparable to the scanner being replaced because 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 2005 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              | PERMANENT REPLACEMENT           |
|--|---------------------------------|---------------------------------|
| Type of Equipment (List Each Component)                              | MRI                             | MRI                             |
| Manufacturer of Equipment  | GE                              | GE                              |
| Tesla Rating for MRIs  | 1.5T                            | 1.5T                            |
| Model Number   | SIGNA ES LX                     | SIGNA Excite HD                 |
| Serial Number  | 1S9FA482061182880               | 1S9FA482X61182854               |
| Provider's Method of Identifying Equipment                           | SIGNA 432                       | SIGNA 425                       |
| Specify if Mobile or Fixed   | Mobile                          | Mobile                          |
| Mobile Trailer Serial Number/VIN #                                   | 1S9FA482061182880               | 1S9FA482X61182854               |
| Mobile Tractor Serial Number/VIN #                                   | NA – No changes                 | No changes                      |
| Date of Acquisition of Each Component                                | 2006                            | 2005                            |
| Hold Title or Lease  | Holds Title                     | Holds Title                     |
| Specify if Equipment Was/Is New or Used When Acquired                | New                             | New                             |
| Total Capital Cost of Project (no construction involved)             | NA                              | NA                              |
| Total Cost of Equipment  | NA                              | NA                              |
| Fair Market Value of Equipment                                       | NA                              | \$250,000 see FMV               |
| Net Purchase Price of Equipment                                      | NA                              | NA                              |
| Locations Where Operated Currently                                   | OrthoCarolina Sites<br>see list | OrthoCarolina Sites<br>see list |
| Number Days In Use/To be Used in N.C. Per Year                       | Up to 365                       | Permanent 365                   |
| Percent of Change in Patient Charges (by Procedure)                  | NA                              | 0%                              |
| Percent of Change in Per Procedure Operating Expenses (by Procedure) | NA                              | 0%                              |
| Type of Procedures Currently Performed on Existing Equipment         | MRI Procedures                  | MRI Procedures                  |
| Type of Procedures New Equipment is Capable of Performing            | NA                              | MRI Procedures                  |

The current MRI SIGNA 432 will be removed from North Carolina within a week and its permanent replacement unit SIGNA 425 will be utilized.

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

Sincerely,

A handwritten signature in black ink, appearing to read "David J. French". The signature is written in a cursive style with a horizontal line underneath.

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



PHONE 517-668-8800  
TOLL-FREE 888-694-6478  
FAX 517-668-8899

## **MARKET VALUATION FOR ALLIANCE HEALTHCARE RADIOLOGY**

*Block Imaging International, Inc. a Michigan corporation having its office at 1845 Cedar St., Holt, MI 48842 has prepared this Market Valuation for Alliance Healthcare Radiology.*

*Date: February 18, 2021*

*Prepared for: Alliance Healthcare Radiology  
18201 Von Karman Avenue, Suite 600  
Irvine, California 92612  
Cathy Weinhold*

### **Profile of Equipment- Signa 425**

*Siemens 1.5T GE Signa Excite HD MRI*

*Software version: 12.0*

*Channels: 8*

*Features: Echo Planar Imaging, Fast Gradient Echo, Cine, Fast Spin Echo & Flair, Time of Flight, Phase Contrast Vascular Imaging, SGD Echospeed, DW EPI, Flair EPI, Special, Smart Prep, SSFSE, Three Plane Localizer, Modality Worklist, E3DTOF, FSE\_XL, Bloodsupp, Fastcine, Sgdperf, iDrive Pro, iDrive, Smartprep 2000 upgrade, Functool 2, Vxtool, Interactive Vascular Imaging, Clairview, iDrive Pro Plus, Ultrashort TR, T2 Breathhold, SSFSE MRCP, T1 Breathhold, ACGD PLUS, Fluoro-triggered MRA, MRCP3, Dynamic R1, Fiesta 2d, Fiesta 3D, Asset, 3DFRFSE, Asset PLUS, Fiesta-c, Breat2, 3DFat Sat Fiesta, 2DFat Sat Fiesta*

*Table weight limit: 350 lbs.*

*60 cm bore*

*Coils: Body Array, CTL Array, Breast, Head, QD Knee, Neurovascular Array, Split Head, Lg & Sm Shoulder, Flex (2)*

*Accessory: MedRad Solaris Injector*

*Trailer Manufacturer: AK Specialty*

*Trailer VIN: 1S9FA482X61182854*

*FMV: \$200,000 – \$250,000*





PHONE 517-668-8800  
TOLL-FREE 888-694-6478  
FAX 517-668-8899

*The Fair Market Value represented is what Block Imaging considers the median range for an “in-place” asset provided the information presented. Other factors must be considered in valuing what the unit is worth to Alliance Healthcare Radiology or via orderly liquidation. The replacement value of this unit would include the following items not accounted for in this FMV – site preparation, delivery, installation and service agreements.*

Prepared By:

Emily Jones

Title:

Executive Assistant to the President

Date:

February 18, 2021

*Block Imaging International, Inc. makes every effort to evaluate and produce the most current and accurate information possible, however, NO WARRANTIES, EXPRESS OR IMPLIED ARE PROVIDED FOR THE DATA HEREIN, ITS USE OR INTERPRITATION. Block Imaging International, Inc. is not a licensed appraiser and Buyer's acceptance of this Agreement shall act as an acknowledgment of that fact and that Block Imaging International, Inc. shall have no liability for the quality, completeness, accuracy, or adequacy of the data.*



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

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### 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](mailto: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](mailto: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:

Rodney Skelding Manager Operations  
(Name) (Title)

\_\_\_\_\_  
(Street and Number) (City) (State)

(336) 580-9061 rskelding@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   | <b>GE / 1.5T</b>  |
| Model number   | <b>Signa Horizon ES LX</b>  |
| Open or closed (including open bore) scanner   | <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed  |
| Serial or I.D. Number  | <b>1S9FA482061182880    SIGNA 432</b>   |
| Date of acquisition  | <b>2006</b>   |
| Purchase price (if purchased)  |   |
| Certificate of Need Project ID (or Legacy)   | <input checked="" type="checkbox"/> Legacy  |
| Certificate holder, as listed on Certificate of Need   | <b>Alliance HealthCare Services</b>   |
| If equipment went to only 1 site, is it permanently parked at that site?                                   | <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Not Parked  |
|  | <b>Service Site Number 1</b>  |
| Service Site Information:<br>Please include <b>all</b> the information requested for each location.        | <b>OrthoCarolina (Miller Orthopedic-Shelby)</b><br><b>101 Delta Park Drive</b><br><b>Shelby, NC 28150                      Cleveland</b>  |
| Procedures*:<br>- with Contrast or Sedation<br>- without Contrast/ Sedation<br>-Total inpatient/outpatient | <b>Inpatient:</b><br>with: 0<br>w/out: 0<br>Total: 0<br><br><b>Outpatient:</b><br>with: <u>0</u><br>w/out: <u>803</u><br>Total: <u>803</u>  |
| <b>Total Number of Procedures</b>  | <b>Total: <u>803</u></b>  |
| For each day of the week, enter the <b>number of hours</b> the scanner is in operation.                    | ___ Sunday                      ___ Thursday    Days and hours subject to change<br>___ Monday                     ___ Friday<br>___ Tuesday                    ___ Saturday<br>___ Wednesday |
| Total number of hours in operation for reporting period  | <b><u>710 hrs</u></b>   |

\*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   | <b>GE / 1.5T</b>   |
| Model number   | <b>Signa Horizon ES LX</b>   |
| Open or closed (including open bore) scanner   | <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed   |
| Serial or I.D. Number  | <b>1S9FA482061182880    SIGNA 432</b>  |
| Date of acquisition  | <b>2006</b>  |
| Purchase price (if purchased)  |  |
| Certificate of Need Project ID (or Legacy)   | <input checked="" type="checkbox"/> Legacy   |
| Certificate holder, as listed on Certificate of Need   | <b>Alliance HealthCare Services</b>  |
| If equipment went to only 1 site, is it permanently parked at that site?                                   | <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Not Parked   |
|  | <b>Service Site Number 2</b>   |
| Service Site Information:<br>Please include <b>all</b> the information requested for each location.        | OrthoCarolina, P.A.<br>9848 North Tryon<br>Charlotte, NC 28262                      Mecklenburg  |
| Procedures*:<br>- with Contrast or Sedation<br>- without Contrast/ Sedation<br>-Total inpatient/outpatient | <b>Inpatient:</b><br>with: 0<br>w/out: 0<br>Total: 0<br><br><b>Outpatient:</b><br>with: <u>0</u><br>w/out: <u>990</u><br>Total: <u>990</u>   |
| <b>Total Number of Procedures</b>  | <b>Total: <u>990</u></b>   |
| For each day of the week, enter the <b>number of hours</b> the scanner is in operation.                    | ___ Sunday                      ___ Thursday    Days and hours subject to change<br>___ Monday                      ___ Friday<br>___ Tuesday                      ___ Saturday<br>___ Wednesday |
| Total number of hours in operation for reporting period  | <b><u>900 hrs</u></b>  |

\*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   | <b>GE / 1.5T</b>   |
| Model number   | <b>Signa Horizon ES LX</b>   |
| Open or closed (including open bore) scanner   | <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed   |
| Serial or I.D. Number  | <b>1S9FA482061182880    SIGNA 432</b>  |
| Date of acquisition  | <b>2006</b>  |
| Purchase price (if purchased)  |  |
| Certificate of Need Project ID (or Legacy)   | <input checked="" type="checkbox"/> Legacy   |
| Certificate holder, as listed on Certificate of Need   | <b>Alliance HealthCare Services</b>  |
| If equipment went to only 1 site, is it permanently parked at that site?                                   | <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Not Parked   |
|  | <b>Service Site Number 3</b>   |
| Service Site Information:<br>Please include <b>all</b> the information requested for each location.        | <b>OrthoCarolina P.A.</b><br><b>1604 Medical Drive</b><br><b>Laurinburg, NC 28352                      Scotland</b>  |
| Procedures*:<br>- with Contrast or Sedation<br>- without Contrast/ Sedation<br>-Total inpatient/outpatient | <b>Inpatient:</b><br>with: 0<br>w/out: 0<br>Total: 0<br><br><b>Outpatient:</b><br>with: <u>0</u><br>w/out: <u>834</u><br>Total: <u>834</u>   |
| <b>Total Number of Procedures</b>  | <b>Total: <u>834</u></b>   |
| For each day of the week, enter the <b>number of hours</b> the scanner is in operation.                    | ___ Sunday                      ___ Thursday    Days and hours subject to change<br>___ Monday                      ___ Friday<br>___ Tuesday                      ___ Saturday<br>___ Wednesday |
| Total number of hours in operation for reporting period  | <b><u>760 hrs</u></b>  |

\*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   | <b>GE / 1.5T</b>  |
| Model number   | <b>Signa Horizon ES LX</b>  |
| Open or closed (including open bore) scanner   | <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed  |
| Serial or I.D. Number  | <b>1S9FA482061182880    SIGNA 432</b>   |
| Date of acquisition  | <b>2006</b>   |
| Purchase price (if purchased)  |   |
| Certificate of Need Project ID (or Legacy)   | <input checked="" type="checkbox"/> Legacy  |
| Certificate holder, as listed on Certificate of Need   | <b>Alliance HealthCare Services</b>   |
| If equipment went to only 1 site, is it permanently parked at that site?                                   | <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Not Parked  |
|  | <b>Service Site Number 4</b>  |
| Service Site Information:<br>Please include <b>all</b> the information requested for each location.        | <b>OrthoCarolina Randolph Spine Center</b><br><b>2001 Randolph Road</b><br><b>Charlotte, NC 28207                      Mecklenburg</b>  |
| Procedures*:<br>- with Contrast or Sedation<br>- without Contrast/ Sedation<br>-Total inpatient/outpatient | <b>Inpatient:</b><br>with: 0<br>w/out: 0<br>Total: 0<br><br><b>Outpatient:</b><br>with: <u>95</u><br>w/out: <u>495</u><br>Total: <u>590</u>   |
| <b>Total Number of Procedures</b>  | <b>Total: <u>590</u></b>  |
| For each day of the week, enter the <b>number of hours</b> the scanner is in operation.                    | ___ Sunday                      ___ Thursday    Days and hours subject to change<br>___ Monday                     ___ Friday<br>___ Tuesday                    ___ Saturday<br>___ Wednesday |
| Total number of hours in operation for reporting period  | <b><u>528 hrs</u></b>   |

\*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   | <b>GE / 1.5T</b>   |
| Model number   | <b>Signa Horizon ES LX</b>   |
| Open or closed (including open bore) scanner   | <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed   |
| Serial or I.D. Number  | <b>1S9FA482061182880    SIGNA 432</b>  |
| Date of acquisition  | <b>2006</b>  |
| Purchase price (if purchased)  |  |
| Certificate of Need Project ID (or Legacy)   | <input checked="" type="checkbox"/> Legacy   |
| Certificate holder, as listed on Certificate of Need   | <b>Alliance HealthCare Services</b>  |
| If equipment went to only 1 site, is it permanently parked at that site?                                   | <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Not Parked   |
|  | <b>Service Site Number 5</b>   |
| Service Site Information:<br>Please include <b>all</b> the information requested for each location.        | <b>Ortho Carolina-Mooresville</b><br><b>124 Welton Way</b><br><b>Mooresville, NC 28117                  Iredell</b>  |
| Procedures*:<br>- with Contrast or Sedation<br>- without Contrast/ Sedation<br>-Total inpatient/outpatient | <b>Inpatient:</b><br>with: 0<br>w/out: 0<br>Total: 0<br><br><b>Outpatient:</b><br>with: <u>0</u><br>w/out: <u>221</u><br>Total: <u>221</u>                                       |
| <b>Total Number of Procedures</b>  | <b>Total: <u>221</u></b>   |
| For each day of the week, enter the <b>number of hours</b> the scanner is in operation.                    | ___ Sunday                  ___ Thursday    Days and hours subject to change<br>___ Monday                ___ Friday<br>___ Tuesday                ___ Saturday<br>___ Wednesday |
| Total number of hours in operation for reporting period  | <b><u>188 hrs</u></b>  |

\*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   | <b>GE / 1.5T</b>   |
| Model number   | <b>Signa Horizon ES LX</b>   |
| Open or closed (including open bore) scanner   | <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed   |
| Serial or I.D. Number  | <b>1S9FA482061182880    SIGNA 432</b>  |
| Date of acquisition  | <b>2006</b>  |
| Purchase price (if purchased)  |  |
| Certificate of Need Project ID (or Legacy)   | <input checked="" type="checkbox"/> Legacy   |
| Certificate holder, as listed on Certificate of Need   | <b>Alliance HealthCare Services</b>  |
| If equipment went to only 1 site, is it permanently parked at that site?                                   | <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Not Parked   |
|  | <b>Service Site Number 6</b>   |
| Service Site Information:<br>Please include <b>all</b> the information requested for each location.        | <b>OrthoCarolina, P.A.</b><br><b>703 Comfort Lane</b><br><b>Monroe, NC 28112    Union</b>  |
| Procedures*:<br>- with Contrast or Sedation<br>- without Contrast/ Sedation<br>-Total inpatient/outpatient | <b>Inpatient:</b><br>with: 0<br>w/out: 0<br>Total: 0<br><br><b>Outpatient:</b><br>with: <u>42</u><br>w/out: <u>528</u><br>Total: <u>570</u>    |
| <b>Total Number of Procedures</b>  | <b>Total: <u>570</u></b>   |
| For each day of the week, enter the <b>number of hours</b> the scanner is in operation.                    | ___ Sunday    ___ Thursday <b>Days and hours subject to change</b><br>___ Monday    ___ Friday<br>___ Tuesday    ___ Saturday<br>___ Wednesday |
| Total number of hours in operation for reporting period  | <b><u>510 hrs</u></b>  |

\*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   | <b>GE / 1.5T</b>  |
| Model number   | <b>Signa Horizon ES LX</b>  |
| Open or closed (including open bore) scanner   | <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed  |
| Serial or I.D. Number  | <b>1S9FA482061182880    SIGNA 432</b>   |
| Date of acquisition  | <b>2006</b>   |
| Purchase price (if purchased)  |   |
| Certificate of Need Project ID (or Legacy)   | <input checked="" type="checkbox"/> Legacy  |
| Certificate holder, as listed on Certificate of Need   | <b>Alliance HealthCare Services</b>   |
| If equipment went to only 1 site, is it permanently parked at that site?                                   | <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Not Parked  |
|  | <b>Service Site Number 7</b>  |
| Service Site Information:<br>Please include <b>all</b> the information requested for each location.        | <b>OrthoCarolina, P.A.</b><br><b>870 Summit Crossing Place</b><br><b>Gastonia, NC 28040                      Gaston</b>   |
| Procedures*:<br>- with Contrast or Sedation<br>- without Contrast/ Sedation<br>-Total inpatient/outpatient | <b>Inpatient:</b><br>with: 0<br>w/out: 0<br>Total: 0<br><br><b>Outpatient:</b><br>with: <u>10</u><br>w/out: <u>224</u><br>Total: <u>234</u>   |
| <b>Total Number of Procedures</b>  | <b>Total: <u>234</u></b>  |
| For each day of the week, enter the <b>number of hours</b> the scanner is in operation.                    | ___ Sunday                      ___ Thursday <b>Days and hours subject to change</b><br>___ Monday                     ___ Friday<br>___ Tuesday                    ___ Saturday<br>___ Wednesday |
| Total number of hours in operation for reporting period  | <b><u>190 hrs</u></b>   |

\*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 7**

Service Site Name: **Alliance does not collect patient origin data**

County in which service was provided:

| 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  |                    | <b>Total Number of Patients</b> |                    |

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 

Print Name **Rodney Skelding**

Date signed **January 25, 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   | <b>GE / 1.5T</b>  |  |
| Model number   | <b>Signa Horizon ES LX</b>  |  |
| Open or closed (including open bore) scanner   | <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed  |  |
| Serial or I.D. Number  | <b>1S9FA482061182880    SIGNA 432</b>   |  |
| Certificate of Need Project ID (or Legacy)   | <input checked="" type="checkbox"/> Legacy  |  |
|  | <b>Service Site Number 1</b>  |  |
| Service Site Information:<br>Please include <b>all</b> the information requested for each location.        | OrthoCarolina (Miller Orthopedic-Shelby)<br>101 Delta Park Drive<br>Shelby, NC 28150                  Cleveland |  |
| Procedures*:<br>- with Contrast or Sedation<br>- without Contrast/ Sedation<br>-Total inpatient/outpatient | <b>Inpatient:</b><br>with: 0<br>w/out: 0<br>Total: 0  | <b>Outpatient:</b><br>with: <u>0</u><br>w/out: <u>359</u><br>Total: <u>359</u> |
| <b>Total Number of Procedures</b>  | <b>Total: <u>359</u></b>  |  |

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



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

|  |  |  |
|--|--|--|
| Manufacturer/Tesla   | <b>GE / 1.5T</b>   |  |
| Model number   | <b>Signa Horizon ES LX</b>   |  |
| Open or closed (including open bore) scanner   | <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed   |  |
| Serial or I.D. Number  | <b>1S9FA482061182880    SIGNA 432</b>  |  |
| Certificate of Need Project ID (or Legacy)   | <input checked="" type="checkbox"/> Legacy   |  |
|  | <b>Service Site Number 2</b>   |  |
| Service Site Information:<br>Please include <b>all</b> the information requested for each location.        | <b>OrthoCarolina, P.A.</b><br><b>9848 North Tryon</b><br><b>Charlotte, NC 28262                      Mecklenburg</b> |  |
| Procedures*:<br>- with Contrast or Sedation<br>- without Contrast/ Sedation<br>-Total inpatient/outpatient | <b>Inpatient:</b><br>with: 0<br>w/out: 0<br>Total: 0   | <b>Outpatient:</b><br>with: <u>0</u><br>w/out: <u>425</u><br>Total: <u>425</u> |
| <b>Total Number of Procedures</b>  | <b>Total: <u>425</u></b>   |  |



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

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

|  |   |  |
|--|---|--|
| Manufacturer/Tesla   | <b>GE / 1.5T</b>  |  |
| Model number   | <b>Signa Horizon ES LX</b>  |  |
| Open or closed (including open bore) scanner   | <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed  |  |
| Serial or I.D. Number  | <b>1S9FA482061182880    SIGNA 432</b>   |  |
| Certificate of Need Project ID (or Legacy)   | <input checked="" type="checkbox"/> Legacy  |  |
|  | <b>Service Site Number 3</b>  |  |
| Service Site Information:<br>Please include <b>all</b> the information requested for each location.        | <b>OrthoCarolina P.A.</b><br><b>1604 Medical Drive</b><br><b>Laurinburg, NC 28352                      Scotland</b> |  |
| Procedures*:<br>- with Contrast or Sedation<br>- without Contrast/ Sedation<br>-Total inpatient/outpatient | <b>Inpatient:</b><br>with: 0<br>w/out: 0<br>Total: 0  | <b>Outpatient:</b><br>with: <u>0</u><br>w/out: <u>466</u><br>Total: <u>466</u> |
| <b>Total Number of Procedures</b>  | <b>Total: <u>466</u></b>  |  |



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

|  |  |  |
|--|--|--|
| Manufacturer/Tesla   | <b>GE / 1.5T</b>   |  |
| Model number   | <b>Signa Horizon ES LX</b>   |  |
| Open or closed (including open bore) scanner   | <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed   |  |
| Serial or I.D. Number  | <b>1S9FA482061182880    SIGNA 432</b>  |  |
| Certificate of Need Project ID (or Legacy)   | <input checked="" type="checkbox"/> Legacy   |  |
|  | <b>Service Site Number 4</b>   |  |
| Service Site Information:<br>Please include <b>all</b> the information requested for each location.        | <b>OrthoCarolina Randolph Spine Center</b><br><b>2001 Randolph Road</b><br><b>Charlotte, NC 28207                      Mecklenburg</b> |  |
| Procedures*:<br>- with Contrast or Sedation<br>- without Contrast/ Sedation<br>-Total inpatient/outpatient | <b>Inpatient:</b><br>with: 0<br>w/out: 0<br>Total: 0   | <b>Outpatient:</b><br>with: <b><u>31</u></b><br>w/out: <b><u>169</u></b><br>Total: <b><u>200</u></b> |
| <b>Total Number of Procedures</b>  | <b>Total: <u>200</u></b>   |  |

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



**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   | <b>GE / 1.5T</b>  |  |
| Model number   | <b>Signa Horizon ES LX</b>  |  |
| Open or closed (including open bore) scanner   | <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed  |  |
| Serial or I.D. Number  | <b>1S9FA482061182880    SIGNA 432</b>   |  |
| Certificate of Need Project ID (or Legacy)   | <input checked="" type="checkbox"/> Legacy  |  |
|  | <b>Service Site Number 5</b>  |  |
| Service Site Information:<br>Please include <b>all</b> the information requested for each location.        | <b>Ortho Carolina-Mooresville</b><br><b>124 Welton Way</b><br><b>Mooresville, NC 28117                      Iredell</b> |  |
| Procedures*:<br>- with Contrast or Sedation<br>- without Contrast/ Sedation<br>-Total inpatient/outpatient | <b>Inpatient:</b><br>with: 0<br>w/out: 0<br>Total: 0  | <b>Outpatient:</b><br>with: <u>0</u><br>w/out: <u>17</u><br>Total: <u>17</u> |
| <b>Total Number of Procedures</b>  | <b>Total: <u>17</u></b>   |  |





**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   | <b>GE / 1.5T</b>  |  |
| Model number   | <b>Signa Horizon ES LX</b>  |  |
| Open or closed (including open bore) scanner   | <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed                    |  |
| Serial or I.D. Number  | <b>1S9FA482061182880    SIGNA 432</b>   |  |
| Certificate of Need Project ID (or Legacy)   | <input checked="" type="checkbox"/> Legacy  |  |
|  | <b>Service Site Number 6</b>  |  |
| Service Site Information:<br>Please include <b>all</b> the information requested for each location.        | <b>OrthoCarolina, P.A.</b><br><b>703 Comfort Lane</b><br><b>Monroe, NC 28112      Union</b> |  |
| Procedures*:<br>- with Contrast or Sedation<br>- without Contrast/ Sedation<br>-Total inpatient/outpatient | <b>Inpatient:</b><br>with: 0<br>w/out: 0<br>Total: 0  | <b>Outpatient:</b><br>with: <u>3</u><br>w/out: <u>309</u><br>Total: <u>312</u> |
| <b>Total Number of Procedures</b>  | <b>Total: <u>312</u></b>  |  |



**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   | <b>GE / 1.5T</b>  |  |
| Model number   | <b>Signa Horizon ES LX</b>  |  |
| Open or closed (including open bore) scanner   | <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed  |  |
| Serial or I.D. Number  | <b>1S9FA482061182880    SIGNA 432</b>   |  |
| Certificate of Need Project ID (or Legacy)   | <input checked="" type="checkbox"/> Legacy  |  |
|  | <b>Service Site Number 7</b>  |  |
| Service Site Information:<br>Please include <b>all</b> the information requested for each location.        | <b>OrthoCarolina, P.A.</b><br><b>870 Summit Crossing Place</b><br><b>Gastonia, NC 28040                      Gaston</b> |  |
| Procedures*:<br>- with Contrast or Sedation<br>- without Contrast/ Sedation<br>-Total inpatient/outpatient | <b>Inpatient:</b><br>with: 0<br>w/out: 0<br>Total: 0  | <b>Outpatient:</b><br>with: <u><b>8</b></u><br>w/out: <u><b>2</b></u><br>Total: <u><b>10</b></u> |
| <b>Total Number of Procedures</b>  | <b>Total: <u>10</u></b>   |  |



**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 

Print Name **Rodney Skelding**

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](mailto:DHSR.SMFP.Registration-Inventory@dhhs.nc.gov).
  - b. Mail the form to Trensese Michael in Healthcare Planning, 2704 Mail Service Center, Raleigh, NC 27699-2704.

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

## Faenza, Julie M

---

**From:** Flores, Disraeliza  
**Sent:** Wednesday, March 10, 2021 8:49 AM  
**To:** Faenza, Julie M  
**Subject:** FW: [External] Alliance Equipment Replacement Exemption  
**Attachments:** SIGNA 432 Exemption with Temporary Units and Permanent SIGNA 425 3\_9\_21.pdf;  
3491 Multiple Counties Alliance Healthcare Services Exemption Copy.pdf

This is logged and ready for review.

Disraeliza Flores  
Administrative Assistant  
Division of Health Service Regulation  
North Carolina Department of Health and Human Services

919-855-3872 office  
[disraeliza.flores@dhhs.nc.gov](mailto:disraeliza.flores@dhhs.nc.gov)

809 Ruggles Drive  
Raleigh NC, 27603

2704 Mail Service Center  
Raleigh, NC 27699-2704

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**From:** David French <djfrench45@gmail.com>  
**Sent:** Tuesday, March 9, 2021 10:28 AM  
**To:** Pittman, Lisa <lisa.pittman@dhhs.nc.gov>; Flores, Disraeliza <Disraeliza.Flores@dhhs.nc.gov>  
**Cc:** Tina Hinshaw <thinshaw@allianceradiology-us.com>; Rodney Skelding <rskelding@allianceradiology-us.com>; Jennifer Freeman <jfreeman@allianceradiology-us.com>  
**Subject:** [External] Alliance Equipment Replacement Exemption

**CAUTION:** External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

Good morning,

Please see the attached updated exemption request for an Alliance MRI scanner. This is an existing Legacy MRI scanner that obtained a previous exemption for replacement that is also attached (3491 Multiple Counties Alliance).

If you have any questions please call or email me.

Thanks

David French  
336 432-8308