



YALE NEW HAVEN HEALTH

Planning
2 Howe Street, 3rd Floor
New Haven, CT 06519
Phone: (203) 863-3908
Fax: (203) 863-4736



Fax Transmission Sheet

TO: Office of Health Care Access – attn.: Kim Martone
Fax: (860) 418-7053

FROM: Nancy Rosenthal, SR. VP Health Systems Development

DATE: September 26, 2014

RE: Notice of Previously Authorized Imaging Equipment Replacement

This message originates from Yale New Haven Health System. The information contained in this message may be privileged and confidential. If you are the intended recipient, you must maintain this message in a secure and confidential manner. If you are not the intended recipient, please notify the sender immediately and destroy this message. Thank you.



September 26, 2014



VIA FACSIMILE & REGULAR MAIL

Ms. Kimberly Martone
Director of Operations
Office of Health Care Access
410 Capitol Avenue, MS #13HCA
P.O. Box 340308
Hartford, CT 06134

RE: Bridgeport Hospital

Dear Ms. Martone:

Please find enclosed a Certificate of Need Equipment Replacement Notification Form for the replacement of a previously authorized CT scanner on the Bridgeport Hospital campus. A hard copy of this notice is also being delivered to OHCA via regular mail.

Please contact me at 203-863-3908 with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nancy Rosenthal'.

Nancy Rosenthal
Sr. VP, Health Systems Development

Enclosures

789 Howard Avenue
New Haven, CT 06519



STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

Certificate of Need Equipment Replacement Notification Form

Pursuant to 19a-638(b)(18), an existing imaging equipment may be replaced, if such equipment was acquired through certificate of need approval or a certificate of need determination, provided a health care facility, provider physician or a person notifies OHCA of the date on which the equipment is replaced and the disposition of the replaced equipment.

Please complete the following:

Provider Name & Address:	Bridgeport Hospital 267 Grant Street Bridgeport, CT 06610
Name and description of the equipment to be replaced:	GE Brightspeed Elite CT
Docket or Report number of the CON authorization of the existing imaging equipment being replaced:	DN 09-31384-WVR
Address of the existing imaging equipment:	267 Grant Street Bridgeport, CT 06610
Name and description of the replacement equipment:	GE Optima 660 CT
Location where replacement equipment will be operated:	267 Grant Street Bridgeport, CT 06610
The date the replaced equipment was replaced:	September 19, 2014
The disposition of the replaced equipment	Returned to GE

Person Completing the form: Michael R. Tatta, Director
 Name Title
Michael R. Tatta 9/2/14
 Signature Date

An Equal Opportunity Employer
 410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
 Telephone: (860) 418-7001 Toll-Free: 1-800-797-9688
 Fax: (860) 418-7053

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 Signature Date