

# JEFFERSON RADIOLOGY

Avon Bloomfield Enfield Farmington Glastonbury Granby Hartford West Hartford Wethersfield Windsor

February 4, 2015



**VIA FedEx**

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

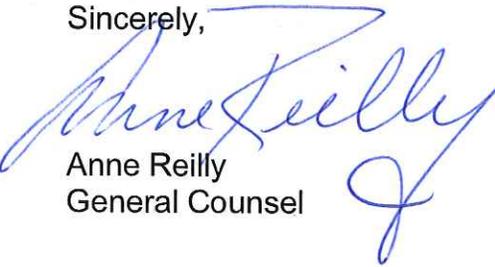
**Re: Replacement of existing imaging equipment acquired through a CON pursuant to Conn. Gen. Stat. § 19a-638(b)(18)**

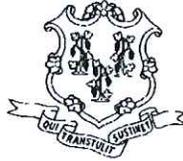
Dear Ms. Martone:

Enclosed you will find a Certificate of Need Equipment Replacement Notification Form for the replacement of a previously authorized MRI machine located in Jefferson Radiology, P.C.'s Bloomfield location.

If you have any questions, please do not hesitate to contact me at 860-291-6560.

Sincerely,

  
Anne Reilly  
General Counsel



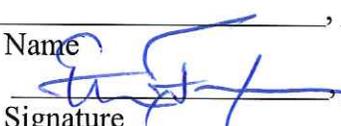
**STATE OF CONNECTICUT**  
 DEPARTMENT OF PUBLIC HEALTH  
*Office of Health Care Access*

**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:	Jefferson Radiology, P.C. 111 Founders Plaza, Suite 400 East Hartford, CT 06108 (main administrative office location)
Name and description of the equipment to be replaced:	Toshiba Vantage Excelart 1.5T MRI
Docket or Report number of the CON authorization of the existing imaging equipment being replaced:	Docket # 09-31322-CON
Address of the existing imaging equipment:	6 Northwestern Drive Bloomfield, CT 06002
Name and description of the replacement equipment:	Hitachi Oasis XP High-Field Bore-Less 1.2T MRI
Location where replacement equipment will be operated:	6 Northwestern Drive Bloomfield, CT 06002
The date the replaced equipment was replaced:	February 2, 2015
The disposition of the replaced equipment	Sold out of the country.

Person Completing the form: \_\_\_\_\_, \_\_\_\_\_  
 Name Title  
 Signature  Date 2/4/15

*An Equal Opportunity Employer*  
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