

**MANDELL & BLAU, M.D.'s, P.C.**

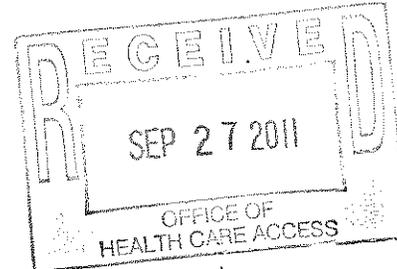
40 Hart Street - Building B  
New Britain, CT 06052  
(860) 229-2059  
Fax # (860) 229-8495

JEFFREY S. BLAU, M.D.  
M. LEE WALLACE, M.D.  
JEAN M. WEIGERT, M.D., F.A.C.R.  
NEAL D. BARKOFF, M.D.  
ALISA S. SIEGFELD, M.D.  
JULIE S. GERSHON, M.D.  
RICHARD D. GLISSON, D.O.  
HENRY H. JANSSEN, JR., MD  
JAY R. DUXIN, MD  
ERIK M. STIEN, MD  
DENA L. MILLER, MD

MRI of New Britain  
100 Grand St., New Britain  
Open MRI at Buckland Hills  
491 Buckland Rd. #3, S. Windsor  
Open MRI of Glastonbury  
124 Hebron Ave. #1B, Glastonbury  
Open MRI of Enfield  
15 Palomba Dr., Enfield  
Open MRI of Middletown  
140 Main St., Middletown  
Southington Radiology  
81 Meriden Ave., Southington  
Buckland Hills Imaging  
491 Buckland Rd. #1, S. Windsor  
Imaging Centre of W. Hartford  
65 Memorial Rd., W. Hartford

November 17, 2010

Norma Gyle  
Deputy Commissioner Department of Health  
Office of Health Care Access  
410 Capital Avenue, MS#13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308



Dear Commissioner Gyle:

Mandell & Blau, M.D.'s, P.C. (dba Open MRI of Enfield) received authorization on March 5, 2002 (attached) to install and operate a Picker Open MRI system at 15 Palomba Drive, Enfield, CT 06082. We are requesting permission to replace the existing Picker Open .23 Tesla MRI Scanner with a Philips Panorama .6 Tesla Open MRI Scanner. In order to continue providing Open MRI services to our patients in the Enfield area, we are seeking approval to relocate a new facility at 137 Hazard Avenue, Enfield. The new location is approximately 1 mile from the existing facility. The total cost associated with this project, including construction and MRI, is one million two hundred thousand dollars (\$1,200,000), which remains in compliance with public act 10-179 & 87 (B) (18). When the MRI is installed and operational, we will promptly remove the existing MRI and close that facility.

We believe the Panorama Open MRI will aid Mandell and Blau, M.D.'s, P.C. in the treatment of its patients, particularly those patients who are claustrophobic. Thank you for your considerations on this matter. Should you have any questions regarding this change, please don't hesitate to contact me at (860) 229-2059.

Sincerely,

*Jeffrey Blau M.D.*  
Jeffrey Blau, M.D.

*Location is correct*



**State of Connecticut  
Office of Health Care Access  
CON Waiver of Replacement Equipment Request  
Form  
Form 2040**

All Applicants involved with the proposal must be listed for identification purposes. Complete Form 2040 and submit the completed form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

**SECTION I. APPLICANT INFORMATION**

If this proposal has more than two Applicants, please attach a separate sheet, supplying the same information for each additional Applicant in the format presented in the following table.

	Applicant One	Applicant Two
Full Legal Name	Mandell and Blau M.D.'s P.C.	
Doing Business As	Open MRI of Enfield	
Name of Parent Corporation		
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	40 Hart Street New Britain Ct 06052	
What is the Applicant's Status: P for Profit or NP for Nonprofit	P	
Does the Applicant have Tax Exempt Status?	Yes                      X No	Yes                      No
Contact Person, including Title/Position; This individual will be the Applicant's Designee to receive all correspondence in this matter.	Jeffrey Blau M.D. President	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	40 Hart Street New Britain Ct 06052	

**Note:** Each criterion above must be met (checked off) for the proposal to qualify for waiver of replacement equipment from the Certificate of Need process.

**b. Existing and the Proposed Major Medical and/or Imaging Equipment:**

Equipment Type	Name/Model	Existing/Proposed	Date of Acquisition	Cost per unit	Description (i.e. tesla, # of slices, etc.)
MRI	Picker	Outlook	3/1/2002		.23 tesla
MRI	Philips	Panorama	11/1/2010		.6 tesla

**Note:** The Applicant must provide a copy of a valid (not expired) vendor contract or quote for the proposed equipment.

**c. Complete the following table for the existing and the proposed equipment:**

Days of service per week (existing equipment)	Hours of Operation (existing equipment)	Days of service per week (proposed equipment)	Hours of operation (proposed equipment)
Monday- Friday	7AM to 7 PM	Monday- Friday	7AM to 7 PM

**SECTION IV. ESTIMATED CAPITAL EXPENDITURE INFORMATION**

a. Estimated Total Project Cost: \$ 1,200,000

b. Please provide the following tentative capital expenditure/costs related to the proposal:

Medical Equipment Purchases	1,050,000
Major Medical Equipment Purchases	
Non-Medical Equipment Purchases*	
Land/Building/Asset Purchases	
Construction/Renovation	150,000
Other (Non-Construction) Specify: _____	
<b>Total Capital Expenditure</b>	<b>1,200,000</b>
Medical Equipment - Fair Market Value of Leases	
Major Medical Equipment - Fair Market Value of Leases	

2002. The practice is seeking CON Waiver for the replacement of the existing Low field Picker MRI, with a Panorama High Field Open MRI system. The High Field Open MRI system will provide a more open environment for those patients requiring High Field Imaging in a patient friendly environment.

2. List the types of services, examinations or procedures that will be provided by the proposed replacement equipment.

*Open MRI offers only MRI services at its location. No other imaging modalities or services are offered. The proposed equipment can perform additional scans that the existing equipment cannot. These scans include: MRA (Magnetic Resonance Angiography), Peripheral Angiography and enhanced imaging of particular spine sections including the cervical and thoracic spine areas and improved imaging of the chest, abdomen, pelvis etc.*

*The existing facility services both patients who, (due to body size or claustrophobia) require or prefer an open MRI scanner and traditional MRI patients.*

3. Identify the current population served and who is the target population to be served.

*Its is anticipated that the same patient population will be served with the new scanner, but that the image quality and range of available scans will also allow additional patients to utilize the facility. The majority of patients (94%) are from the immediate geographic area including zip codes beginning with 060, with patients from Enfield, Suffield and Windsor Locks making up over 50% of the patient population. The practice will continue to serve the population in the immediate geographic area as well as those patients from surrounding geographic areas who require an open MRI procedure.*

4. Explain the reasons why the existing equipment needs to be replaced.

The existing Picker Outlook MRI system due to its age is experiencing greater down time. Parts procurement has been a problem. In addition the referring physicians are requiring High Field Open MRI systems with the imaging capability of the Closed High Field Scanners for their claustrophobic patients.

5. Identify the benefits of replacing the existing equipment with the proposed replacement equipment?

*The practice is seeking CON waiver for the replacement of the existing MRI equipment with a, state of the art, High field Open MRI machine with*

SECTION VI. AFFIDAVIT

To be completed by each Applicant

Applicant: Mandell and Blau MD's P.C

Project Title: Open MRI of Enfield

I, Jeffrey Blau  
President of Mandell & Blau MD's P.C  
(Name) (Position – CEO or CFO)

of Mandell & Blau MD's P.C being duly sworn, depose and state that  
the (Organization Name)

information provided in this CON Waiver Form (2040) is true and accurate to  
the best of my knowledge, and that  
Open MRI of Enfield  
(Facility Name)

complies with the appropriate and applicable criteria as set forth in the Sections  
19a-630,

19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General  
Statutes.

Jeffrey Blau M.D.  
Signature

Date 11/17/2010

Subscribed and sworn to before me  
on 11/17/2010

# Office of Health Care Access

## CERTIFICATES OF NEED (CON)

### ACTIONS AND DETERMINATIONS

For the Period 03/04/02 through 03/15/02

PROJECT	APPLICANT	TOWN	SUBJECT	DECISION	DECISION DATE	TOTAL CAPITAL COST
<b>COPIPLICATE OF NEED</b>						
01-1004	Jefferson X-Ray	Gleebury	Acquisition of 1.5 Tesla MRI (Walter app)	Approved	03/07/2002	\$2,887,500
01-1012	Jefferson X-Ray	West Hartford	Acquire 1.5 Tesla MRI (Walter app)	Approved	03/07/2002	\$2,780,500
02-1301	New Milford Hospital	New Milford	Replacement of CT Scanner	Approved	03/07/2002	\$1,025,000
02-1302	St Vincent's Med. Ctr.	Bridgport	Request to waive EGD requirement for replacement of cardiac cath lab	Approved	03/08/2002	\$1,745,100
01-536	Middlesex Hospital	Middlesex	Laboratory Relocation and Surgical Services Renovation	Approved	03/14/2002	\$20,204,000
<b>CON DETERMINATIONS</b>						
02-1	Mancoff & Steu, M.D. P.C.	Enfield	Open MRI at Enfield	No CON Required	03/05/2002	\$392,255
02-14	Ins Engleman	Vernon	Mobile Office for the provision of orthotic and ambulatory services	No CON Required	03/14/2002	\$300,000
<b>MODIFICATION OF CON</b>						
02-508R	Walden Hosp & Health Corp.	Waldenbury	Modify 00-507 to add WGA Hospital Rockville/Harrison West building for e-	Approved	03/05/2002	\$0

Thursday, April 25, 2002