RECEIVED
JUN - 8 2016
Office of
HEALTHCARE ACCESS

State of Connecticut
Office of Health Care Access
CON Determination Form
Form 2020

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed project must complete this Form 2020. The completed form should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

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

	Petitioner	Petitioner
Full Legal Name	Meriden Imaging Center, Inc.	
Doing Business As	Radiology Associates, Inc.	
Name of Parent Corporation	None	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	101 North Plains Industrial Road, Building 1A Wallingford, CT 06492	
What is the Petitioner's Status: P for profit and NP for Nonprofit	P	
Contact Person at Facility, including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	Gary J. Dee, M.D., President of Meriden Imaging Center, Inc.	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	101 North Plains Industrial Road, Building 1A Wallingford, CT 06492	
Contact Person's Telephone Number	203-694-8405	
Contact Person's Fax Number	203-679-8282	
Contact Person's e-mail Address	Gdee54@gmail.com	

SECTION II. GENERAL PROPOSAL INFORMATION

a. Proposal/Project Title:: Acquisition of a General Electric Hispeed Ct/I in May 2005

b. Estimated Total Project Cost: $ $93,548.

c. Location of proposal, identifying Street Address, Town and Zip Code: 991 South Main Street, Southington, CT 06489

d. List each town this project is intended to serve:
Southington, Plainville, Meriden, Plantsville and Wolcott

e. Estimated starting date for the project: The CT machine was acquired in May 2005 and put into operation on May 27, 2005

f.

SECTION IV. PROPOSAL DESCRIPTION

Please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following elements need to be addressed, if applicable:

1. If applicable, identify the types of services currently provided and provide a copy of each Department of Public Health license held by the Petitioner.

2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.

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

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Meriden Imaging Center, Inc.

Project Title: Acquisition of a General Electric Hispeed Ct/I

I, Gary J Dee, M.D. (Name), President (Position – CEO or CFO)

of Meriden Imaging Center, Inc. (Organization Name) being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge.

Signature 5/31/2016 Date

Subscribed and sworn to before me on May 31, 2016

Sandra J Frederick
Notary Public/Commissioner of Superior Court

My commission expires: 2/28/2017

Project Description

Meriden Imaging Center Inc. is seeking a formal CON determination for its existing GE Hispeed Ct/I, which is located at 98 Main Street, Southington, CT. In May of 2005, Meriden Imaging Center, Inc. (Radiology Associates, Inc.) acquired a General Electric Hispeed Ct/I (see Proposal Summary, invoices and proof of payment, attached as Exhibit A.) It was put into service on May 23, 2005. A patient report of a scan performed on May 27, 2005 is attached as Exhibit C. Its cost and associated renovations were under $400,000.00 - therefore a formal CON determination was not required at that time based on state regulations.

The GE Hispeed Ct/I unit was purchased for $84,800 which included delivery, installation and applicable sales tax (Exhibit A). The construction/renovations necessary to site the unit totaled $8,748. (see Timothy Brunet Construction Services Invoices attached as Exhibit B) The total capital cost associates with the acquisition of the CT unit was $93,548.

It is anticipated that the proposed target population will be the same as the existing population. The office previously served the towns of Southington, Plainville, Meriden, Plantsville and Wolcott. It is also estimated that there will be no change to the existing payer mix for this service.

The evidence demonstrates that Meriden Imaging Center, Inc. acquired the GE Hispeed Ct/I before July 1, 2005 for less than $400,000.00. In addition, the evidence shows that the unit became operational before July 1, 2006. Based on the foregoing, Meriden Imaging Center, Inc. respectfully submits that no CON was required for the purchase and asks for a CON Determination to this effect.

GE Healthcare
Technologies

Rachel Del Mauro
Account Manager
Connecticut/W. MA

Exhibit A

GE CT Proposal Summary

Southington Office:

CTi with Performix Tube:	$80,000*
Annual Service (limited coverage/no tube):	$44,560**

*30-day System Warranty applies. Service contract must be signed at time of equipment purchase; please see Purchase Agreement for details
**GE will cover replacement of (1) Performix Tube in the first year after installation.

Groton Office:

CTi with Performix Tube:	$95,000*
Service (Full Coverage):	$72,107

*30-day System Warranty applies. Service contract must be signed at time of equipment purchase; Purchase agreement to follow.

Cheshire:

LightSpeed QXi (H1 Gantry/Xtream Console):	$316,296*	331
Service (Full Coverage):	To follow	

*1-year Warranty applies. Service contract must be signed at time of equipment purchase

General Electric Company
21 Penn Drive
West Hartford, CT 06119
United States of America

T (860) 233-2501
C (860) 922-9698
E Rachel.delmauro@med.ge.com

order management

Common Links : Select

Order Search | Order Summary | Item Management | Order Status | Workflow

Order Details

CH CR CF OTH

Incoming Order Details

Order was Closed on 06-JAN-2007.

Order No	Project Manager	Operating Unit (13)	Customer (132628)	Status	Quote No	Inco Terms	P O No	Contract Amount (USD)
2573656	Groshek, Joseph B	GEMSAM_GSL_GPS_OU	MIDSTATE MEDICAL CENTER	Closed	228670.D	FOB DESTINATION HPG	Quote 228670.D	80000.00

Search

Item Management

All time information is shown in (GMT + 00:00) Casablanca, Monrovia

Details

Links	FSet	Billing Terms	Bill to Address	Date Type	Rev Rec Ship / Delivery	Rev Rec Acceptance	Billing Amount(USD)
	1	10% Down / 70% Delivery / 20% Installation	MID-STATE MEDICAL CENTER ACCOUNTS PAYABLE 435 LEWIS AVENUE MERIDEN , CT US , 06451	Scheduled	13-MAY-2005	03-JUN-2005	80000.00
				Actual	13-MAY-2005	28-JUN-2005	

Links	ESet	PSI Code (Qty) - Description	Ship to Address	Date Type	Shipment	On-site	Install Start	Primary Salesperson	ESet Amount(USD)
	1	CGS003 (1) - CT GOLD SEAL US HISPEED	DO NOT USE SOUTHINGTON DIAGNOSTIC CENTER 991 S MAIN ST SOUTHINGTON , CT US , 06489	Request	09-MAY-2005	13-MAY-2005	13-MAY-2005	Del Mauro, Rachel D	80000.00
Configuration Name		N/A		Scheduled	09-MAY-2005	13-MAY-2005	13-MAY-2005		
				Actual	09-MAY-2005	13-MAY-2005	16-MAY-2005		

Line #	Model Type	Item Type	Item #	Item Description	Pick Status	OM Flow Status	CDO Status	Qty	L.P.	Discount(%)	S.P.
1	SS	I	J0136GC	Gold Xtend CTI - P EXCHANGE AS IS CT SCANNER	C	CLOSED	C	1	125000.00	36.00	80000.00

2	100% at Transfer	MID-STATE MEDICAL CENTER ACCOUNTS PAYABLE 435 LEWIS AVENUE MERIDEN , CT	Scheduled	12-MAY-2005	16-MAY-2005		0.00

			US , 06451							
				Actual	12-MAY-2005		28-JUN-2005			

Links	ESet	PSI Code (Qty) - Description	Ship to Address	Date Type	Shipment	On-site	Install Start	Primary Salesperson	ESet Amount(USD)
	2	CTOTH (-1) - CT OTHER	DO NOT USE SOUTHINGTON DIAGNOSTIC CENTER 991 S MAIN ST SOUTHINGTON , CT US , 06489	Request	10-MAY-2005	12-MAY-2005	12-MAY-2005	Del Mauro, Rachel D	0.00
Configuration Name		N/A		Scheduled	10-MAY-2005	12-MAY-2005	12-MAY-2005		
				Actual	10-MAY-2005	12-MAY-2005	13-MAY-2005		

Line #	Model Type	Item Type	Item #	Item Description	Pick Status	OM Flow Status	CDO Status	Qty	L.P.	Discount(%)	S.P.
2	SS	T	TI_CT_TRADEPRO	SPEED		CLOSED		-1	1.00	0.00	0.00

3	100% at Transfer	MID-STATE MEDICAL CENTER ACCOUNTS PAYABLE 435 LEWIS AVENUE MERIDEN , CT US , 06451	Scheduled	27-JUL-2005		31-JUL-2005			0.00
			Actual	27-JUL-2005		30-DEC-2005			

Links	ESet	PSI Code (Qty) - Description	Ship to Address	Date Type	Shipment	On-site	Install Start	Primary Salesperson	ESet Amount(USD)
	3	CTOTH (1) - CT OTHER	DO NOT USE SOUTHINGTON DIAGNOSTIC CENTER 991 S MAIN ST SOUTHINGTON , CT US , 06489	Request	27-JUL-2005	27-JUL-2005	27-JUL-2005	Del Mauro, Rachel D	0.00
Configuration Name		N/A		Scheduled	27-JUL-2005	27-JUL-2005	27-JUL-2005		
				Actual	27-JUL-2005	27-JUL-2005	24-OCT-2005		

Line #	Model Type	Item Type	Item #	Item Description	Pick Status	OM Flow Status	CDO Status	Qty	L.P.	Discount(%)	S.P.
3	SS	I	M80501VV	AW4.2P VOLUME VIEWER +	C	CLOSED	C	1	75000.00	100.00	0.00
4	SS	I	B79941SE	CARDIQ2 TO CARDIQ3 UPGRADE	C	CLOSED	C	1	15000.00	100.00	0.00

Build eOM/5.6.22/FW20/2016 © 2014 General Electric Company

CT Addtn

GE Healthcare

SHIP TO:
SOUTHINGTON DIAGNOSTIC CENTER
991 S MAIN ST
SOUTHINGTON CT 06489
UNITED STATES

INVOICE NUMBER: 500085808
INVOICE DATE : 28-JUN-05
CUSTOMER ACCT : 132628
GE SALES ORDER : 2573656
GE SERVICE LOC : 024043

REMIT TO:
G.E. MEDICAL SYSTEMS
P.O.Box 640944
PITTSBURGH PA 15264-0944
United States

AMOUNT DUE : (US Dollar)
USD 20,800.00

SOLD TO:
MID-STATE MEDICAL CENTER
ACCOUNTS PAYABLE
435 LEWIS AVENUE
MERIDEN,CT 06451
UNITED STATES

Page 1 Of 1

To ensure proper credit - Detach and return above portion with your remittance

Please do not staple or fold

PURCHASE ORDER:	INVOICE NUMBER:	INVOICE DATE:	AMOUNT DUE:
Quote 228670.D	500085808	28-JUN-05	USD 20,800.00

TRANSPORTATION:	BILLING TERMS:	DATE SHIPPED:
FOB DESTINATION HPG	10% down / 70% delivery / 20% Install	09-MAY-05

QTY	GE IDENTIFIER	DESCRIPTION	TOTAL EXTENDED NET SELLING PRICE	EXTENDED AMOUNT DUE
		Invoice for total amounts due at Final Acceptance(S - 7). This invoice is Due and Payable PO# Quote 228670.D		
1	J0136GC	MEE PLUS GE CTI-P INDIGO		
		TOTAL BILLING	USD 80,000.00	

CT - Southington

$ 80,000
x 1.06
$ 84,800

Include This Invoice Number For Proper Credit: 500085808
Internal Use Only eqprmi9601hq

Tax: USD 4,800.00
Total Amount Billed: USD 20,800.00

Direct Questions On this Invoice to:
Contact GE Healthcare
T# 1-800-581-5600

CUSTOMER INVOICE

Make check payable and remit to:

GE Healthcare
3200 North Grandview Blvd Mail Code WT-897
Waukesha, WI 53188
Attn: Joe Groshek

Healthcare

Charge to Account Number	INVOICE NO.	BS/OCP	Invoice Date	AMOUNT DUE
		CT	5/05/2005	8,000

SOLD TO:
Radiology Associates
101 North Plains Industrial Road
Wallingford, CT 06492
203-949-2700 x220

SHIP TO:
Radiology Associates
991 S. Main Street
Plantsville, CT 06479
860-620-9180

To ensure proper credit—Detach and return above portion with payment

Please do not staple or fold

CUSTOMER INVOICE

Healthcare

INVOICE NO.	BS/OCP	Invoice Date	AMOUNT DUE
	CT	5/05/2005	8,000

PAYMENT TERMS	PURCHASE ORDER NUMBER	INVOICE INQUIRIES	Svc Loc	Page
10% down, 70% due upon delivery, 20% due upon installation		800-561-5600	0070	1

Quantity	GE Identifier	Description	Extended Amount
1		10% Down Payment for CTi with Performix Tube	8,000

May

	Tax	.00
	TOTAL AMOUNT BILLED	8,000

Goods and services or reimbursements associated with the ordered products or services and provided under contract without separately identified charge constitute discounts or other reductions in price under applicable federal law. It is the customer's responsibility to disclose such discounts or other reductions in price in the manner required under and state or federal program which provides reimbursement to the customer for or related to the products or services provided under the contract.

down pymt

SHIP TO:
SOUTHINGTON DIAGNOSTIC CENTER
991 S MAIN ST
SOUTHINGTON CT 06489
UNITED STATES

INVOICE NUMBER: 500080291
INVOICE DATE : 09-MAY-05
CUSTOMER ACCT : 132628
GE SALES ORDER : 2573656
GE SERVICE LOC : 024043

REMIT TO:
G.E. MEDICAL SYSTEMS
P.O.Box 640944
PITTSBURGH PA 15264-0944
United States

AMOUNT DUE : (US Dollar)
USD 56,000.00

SOLD TO:
MID-STATE MEDICAL CENTER
ACCOUNTS PAYABLE
435 LEWIS AVENUE
MERIDEN,CT 06451
UNITED STATES

GE Healthcare

To ensure proper credit - Detach and return above portion with your remittance

Please do not staple or fold

PURCHASE ORDER:	INVOICE NUMBER:	INVOICE DATE:	AMOUNT DUE:
Quote 228670.D	500080291	09-MAY-05	USD 56,000.00

TRANSPORTATION:	BILLING TERMS:	DATE SHIPPED:
FOB DESTINATION HPG	10% down / 70% delivery / 20% install	09-MAY-05

QTY	GE IDENTIFIER	DESCRIPTION	TOTAL EXTENDED NET SELLING PRICE	EXTENDED AMOUNT DUE
		Invoice for total amounts due at Delivery(S - 4). This invoice is Due and Payable		
		PO# Quote 228670.D		
1	J0136GC	MEE PLUS GE CTI-P INDIGO		
		TOTAL BILLING	USD 80,000.00	

Include This Invoice Number For Proper Credit:500080291
Internal Use Only eqprmi9601hq

Tax: USD 0.00
Total Amount Billed: USD 56,000.00

Direct Questions On this Invoice to:
Contact: GE Healthcare
Phone #: 1-800-581-5600

DATE	INVOICE NO.	COMMENT	AMOUNT	DISCOUNT	NET AMOUNT
07/18/2005	500080291		56,000.00	0.00	56,000.00
~~07/18/2005~~	~~500081058~~		~~231,784.07~~	~~0.00~~	~~231,784.07~~
07/18/2005	500085808		20,800.00	0.00	20,800.00
CHECK: 007596	07/19/2005	GE Medical Systems		TOTAL	308,584.07

IF ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER - SEE REVERSE SIDE FOR COMPLETE SECURITY FEATURES

MERIDEN IMAGING CENTER, INC.
DBA RADIOLOGY ASSOCIATES, INC.
101 NORTH PLAINS INDUSTRIAL ROAD
WALLINGFORD, CT 06492

WEBSTER BANK

51-7010/2111

7596

007596

PAY *THREE HUNDRED EIGHT THOUSAND FIVE HUNDRED EIGHTY-FOUR AND 07 / 100

DATE	AMOUNT
07/19/2005	***308,584.07*

TO THE ORDER OF

GE Medical Systems
P.O. Box 640944
Pittsburgh, PA 15264-0944

MP

SAFEGUARD SECURITY

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE - RED IMAGE DISAPPEARS WITH HEAT

⑈007596⑈ ⑆211170101⑆10 00094188 28⑈

Exhibit B

TIMOTHY BRUNET
construction services
P.O. Box 347
Milldale, CT 06467

(860) 314-2674

INVOICE

2423

DATE 5/27/05

CUSTOMER ORDER NO.

SALESPERSON

VIA

TO RADIOLOGY ASSOC.
Re - SOUTH MAIN ST
PLANTSVILLE, CT

TERMS:

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	DEMO OF WALL - REBUILD TAPE + PAINT		
	NEW LEAD LINED WALL		
	REMOVE REWORK + REINSTALL CONTROL ROOM		
	CABINETS - PATCH + PAINT CONTROL ROOM WALL		2,450
	Appl tx incl		

Leasehold Impn

THANK YOU

NEBS To Reorder:
800-225-6380 or nebs.com

TIMOTHY BRUNET
construction services
P.O. Box 347
Milldale, CT 06457

(860) 314-2674

INVOICE

2438

DATE 6/1/05

CUSTOMER ORDER NO.

SALESPERSON

VIA

TO RADIOLOGY ASSOCIATES
Re: 990 S. MAIN ST
PLANTSVILLE, CT

TERMS

QUANTITY	DESCRIPTION	PRICE	AMOUNT	
	MATERIAL + LABOR FOR THE ELECTRICAL INSTALLATION OF A NEW CT MACHINE. TX INC.		6297	62

Paid June

THANK YOU

To Reorder:
800-225-6380 or nebs.com

RADIOLOGY ASSOCIATES, INC.
98 Main Street
Southington, CT 06489

SHERWIN M. BORSUK, M.D.
LAURENCE M. WEISS, M.D.
GARY J. DEE, M.D.
HARRY K. HAJEDEMOS, M.D.
JAMES W. CARROLL, M.D.

LINDA S. DURHAN, M.D.
MARY B. FRIAR, M.D.
HOLLY M. DEY, M.D.
GREG IAFRATE, M.D.
MICHAEL BISCEGLIA, M.D.

Exhibit C

Gina Morgenstein, P.A.
P. O. Box 4259
Wallingford Ct 06492

Dear Doctor:

N01633
Date of Birth: [illegible] Age: 41
Date of Service: 05/27/2005
Mam Barcode:

C.T. SCAN OF THE ABDOMEN AND PELVIS:

Scanning was obtained in 5 mm sections from the hemidiaphragms to the iliac crests with correlation to 04/27/04.

Examination shows the lung bases to be within normal limits. The liver and spleen are of normal size and caliber. The gallbladder is fluid-filled.

Examination shows the right kidney to be of normal size and configuration. There is no hydronephrosis or stones. The left kidney is well-visualized and also of normal size and configuration. There is no hydronephrosis. The pancreas shows a normal noncontrast appearance. There are small nonpathologically sized mesenteric lymph nodes. There are mild vascular calcifications but no evidence of an aneurysm. The aorta appears to be within normal limits. There is moderate constipation. The bladder wall is mildly thickened. The prostate is slightly enlarged for the patient's age. There is again noted a calcification measuring 4.1 mm. It is unchanged in size and configuration since the prior examination suggesting that although it may represent a nonobstructing stone, the possibility of phlebolith cannot be excluded.

CONCLUSION: 4.1 mm calcification which is stable in size and position since the prior examination. There is no suggestion of hydronephrosis of the left kidney and this may represent a small distal stone but the possibility of phlebolith cannot be excluded.

Sincerely,

P: 05/30/16
D: 05/27/05
T: 05/29/05

GJD:N MW

Gary J. Dee, M.D.

The enclosed fax contains a preliminary report and is confidential for the referring physician.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor

Nancy Wyman
Lt. Governor

Office of Health Care Access

June 15, 2016

Gary J. Dee, M.D.
President
Meriden Imaging Center, Inc.
101 North Plains Industrial Road
Building 1A
Wallingford, CT 06492

RE: Certificate of Need Determination Report Number 16-32090-DTR
Acquisition of CT scanner in 2005

Dear Dr. Dee:

On June 8, 2016, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Meriden Imaging Center, Inc. ("Petitioner") with respect to the acquisition of a CT scanner in 2005.

The Petitioner acquired a General Electric Hispeed Ct/l scanner in May of 2005. The total cost of the scanner and necessary construction was $93,548. The Petitioner now seeks a retrospective determination by OHCA that a CON was not required at the time the scanner was acquired.

In 2005, Conn. Gen. Stat. Section 19a-639 stated, in part, that each health care facility or institution proposing to acquire major medical equipment in excess of four hundred thousand dollars ($400,000) requires CON authorization from OHCA. As represented by the Petitioner, the scanner and related construction cost less than $400,000. Consequently, a ***CON was not required*** for the acquisition.

Sincerely,

Kimberly R. Martone
Director of Operations

Connecticut Department of Public Health

Phone: (860) 418-7001 • Fax: (860) 418-7053
410 Capitol Avenue, MS#13HCA
Hartford, Connecticut 06134-0308
www.ct.gov/dph
Affirmative Action/Equal Opportunity Employer

* * * COMMUNICATION RESULT REPORT (JUN. 15. 2016 12:38PM) * * *

FAX HEADER:

TRANSMITTED/STORED : JUN. 15. 2016 12:37PM

FILE MODE	OPTION	ADDRESS	RESULT	PAGE
651 MEMORY TX		912036798282	OK	2/2

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-2) BUSY
E-3) NO ANSWER
E-4) NO FACSIMILE CONNECTION

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: GARY J. DEE M.D.

FAX: 203 679-8282

AGENCY: MERIDEN IMAGING CENTER

FROM: OHCA

DATE: 6/15/16 **Time:**

NUMBER OF PAGES: 2
(including transmittal sheet

Comments:

Attached is the determination for Report Number: 16-32090-DTR for Acquisition of CT Scanner in 2005

PLEASE PHONE Barbara K. Olejarz IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001 ***Fax: (860) 418-7053***

410 Capitol Ave., MS#13HCA
P.O.Box 340308
Hartford, CT 06134

RECEIVED
JUN 23 2016
Office of
HEALTHCARE ACCESS

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:	Meriden Imaging Center, Inc. d/b/a Radiology Associates, Inc. 101 North Plains Industrial Road Wallingford, Ct 06492
Name and description of the equipment to be replaced:	General Electric Hispeed Ct/I Model # 46-296300G4
Docket or Report number of the CON authorization of the existing imaging equipment being replaced:	16-32090-DTR
Address of the existing imaging equipment:	98 Main Street -Southington, CT 06489
Name and description of the replacement equipment:	GE Low Dos 64 slice VCT
Location where replacement equipment will be operated:	462 Queen Street-Southington, CT 06489
The date the replaced equipment was replaced:	04/01/2017
The disposition of the replaced equipment	Trade In

Person Completing the form: Gary J. Dee, M.D. , President
Name Title

[signature] , 6/20/2016
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