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CONNECTICUT OFFICE OF HEALTH CARE ACCESS

State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this 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 there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Scott H. Faro, M.D.	
Doing Business As	University Standing Open MRI at Stamford	
Name of Parent Corporation	University Standing Open MRI	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	117-25 N 8th St Philadelphia, PA 19106	
Applicant type (e.g., profit/non-profit)	Profit	
Contact person, including title or position	Scott H. Faro, M.D. President	
Contact person's street mailing address	Same	
Contact person's phone #, fax # and e-mail address	(P) 215-923-0900 (F) 215-923-0426 SHFaro@aol.com	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

University Standing Open MRI at Stamford

b. Type of Proposal, please check all that apply:

☒ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

☒ New (F, S, Fnc) ☐ Replacement ☐ Additional (F, S, Fnc)

☐ Expansion (F, S, Fnc) ☐ Relocation ☐ Service Termination

☐ Bed Addition` ☐ Bed Reduction ☐ Change in Ownership/Control

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost cost greater than $ 1,000,000

☒ Equipment Acquisition greater than $ 400,000

☒ New ☐ Replacement ☐ Major Medical

☐ Imaging ☐ Linear Accelerator

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over $1,000,000

c. Location of proposal (Town including street address):

1351 Washington Blvd. Stamford, CT 06901

d. List all the municipalities this project is intended to serve:

Greenwich, Stamford, Glenville, Darien, Norwalk, New Canaan, North Stamford

e. Estimated starting date for the project: 10/4

f. Type of project: 19 **(Fill in the appropriate number(s) from page 7 of this form)**

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

a. Estimated Total Capital Expenditure: 1,900,000

b. Please provide the following breakdown as appropriate:

Construction/Renovations	400,000
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	1,500,000
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	$0.00
Fair Market Value of Leased Equipment	
Total Capital Cost	$0.00

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
Standing MRI	Fonar	0.6T	1	1,500,000

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☐ Applicant's Equity
- ☐ Lease Financing
- ☒ Conventional Loan
- ☐ Charitable Contributions
- ☐ CHEFA Financing
- ☐ Grant Funding
- ☐ Funded Depreciation
- ☐ Other (specify):

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

Proposal/Project Title: University Standing Open MRI at Stamford

Section IV. Project Description

1. The anticipated payer sources are Medicade/Medicare (10%); Commercial Insurers/ HMO (60%); and Workers Compensation (30%).

2. University Standing Open MRI at Stamford will provide unique multi-positional MRI services to the patients in the Stamford CT area. The Standing MRI is a multi-positional system that provides an unrestricted range of motion for flexion and extension studies. The MRI can scan spines and joints in the weight bearing state or in the conventional recumbent position.

3. This project will have a positive effect on the healthcare delivery system in the state of CT. In addition to the unique multi-positional MRI services to the patients in the Stamford CT area there is an anticipated significant increase in MRI demand over the next 5 to 10 years. The market analysis estimates that there will be a 22.1% increase in the Connecticut MRI volumes between 2000-2005. The analysis also anticipates an overall increase of 48% during the ten year period of 2000-2010. These estimates are based on a market analysis from the Yale-New Haven Hospital and the Yale University School of Medicine.

4. There are no similar existing providers in the proposed geographic area.

5. University Standing Open MRI at Stamford will provide unique MRI services to the patients in the proposed geographic area that will improve patient care. The center will be a state-of-the-art MRI facility that will also provide diagnostic MRI services for the anticipated significant increase in MRI scans. The proposal will be financially feasible and cost- effective. University Standing Open MRI at Stamford has sufficient technical and managerial competence to provide efficient and high quality services to the public in the Stamford CT area.

6. Stamford Radiological Associates, P.C. is interested in providing the professional services for the new MRI center.

7. The target population includes all ages and sexes of patients. There will be a focus on the spine and joints, however due to the unique multi-positional capabilities of the Fonar Standing MRI all body parts can be scanned on this state-of-the-art MRI.

Scott H. Faro MD
2/27/04

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following: (Please check all that apply)

This request is for Replacement Equipment.

The original equipment was authorized by the Commission/OHCA in Docket Number: _____.

The cost of the equipment is not to exceed $2,000,000.

The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

Applicant: Scott H. Faro, M.D.

Project Title: University Standing Open MRI at Stamford

I, Scott H. Faro, M.D., CEO
(Name) (Position – CEO or CFO)
of University Standing Open MRI at Stamford being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that University Standing Open MRI at Stamford 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.
(Facility Name)

Scott H. Faro
Signature

2/26/04
Date

Subscribed and sworn to before me on February 26, 2004

Notary Public/Commissioner of Superior Court
CHRISTOPHER P. LEISE, Attorney at Law, State of New Jersey

My commission expires: _____