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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

APPEAL FROM THE ADMINISTRATIVE LAW COURT
The Honorable S. Phillip Lenski, Administrative Law Judge

Appellate Case No. 2015-000056
Lower Court Docket No. 11-ALJ-07-0575-CC

Amisub of South Carolina, Inc. d/b/a Piedmont Medical Center
d/b/a Fort Mill Medical Center ..... Respondent,

v.

South Carolina Department of Health and Environmental Control
and The Charlotte-Mecklenburg Hospital Authority, d/b/a Carolinas
Medical Center-Fort Mill ..... Respondents,

Of whom The Charlotte-Mecklenburg Hospital Authority, d/b/a Carolinas
Medical Center-Fort Mill, is ..... Appellant.

RECORD ON APPEAL – VOLUME XI OF XVII

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315 FAMILY COMPOSITION CHART

RELATIONSHIP TO THE APPLICANT	WHERE LIVING	INCLUDED AS FAMILY MEMBER	VERIFICATION
Spouse (Includes common law)	In the home.	Yes	Applicant's Statement
Spouse	Separated and living out of the home for 30 days from effective date of the application.	No	Collateral statement from two (2) non-related family members. Example: Landlord or Neighbor
Minor Child	In the home.	Yes	Applicant's Statement
Minor Child (Applicant)	Out of the home.	Yes, unless all parental rights are terminated by court order.	Parental statement, if yes. Court order, if no.
Child over 18 years of age.	In the home or attending school.	Yes, if both parties agree that one is financially dependent on the other.	Written statement from both parties and case notes which verify that one could claim the other as a dependent for income tax purposes.
Other Relatives	In the home.	Yes, if both parties agree that one is financially dependent on the other.	Written statement from both parties and case notes which verify that one could claim the other as a dependent for income tax purposes
Non-Relatives	In the home.	No, refer to Page 3 of this chapter for treatment.	Applicant's statement
Unmarried couple with common child	In the home.	Yes	Applicant's statement or birth record.

PMC.2012.00000468
PET-EX017D.0048
RECORD 004851

Table I UNISEX LIFE ESTATE OR REMAINDER TABLE

AGE	LIFE ESTATE	REMAINDER
0	.97188	.02812
1	.98988	.01012
2	.99017	.00983
3	.99008	.00992
4	.98981	.01019
5	.98938	.01062
6	.98884	.01116
7	.98822	.01178
8	.98748	.01252
9	.98663	.01337
10	.98565	.01435
11	.98453	.01547
12	.98329	.01671
13	.98198	.01802
14	.98066	.01934
15	.97937	.02063
16	.97815	.02185
17	.97700	.02300
18	.97590	.02410
19	.97480	.0252
20	.97365	.02635
21	.97245	.02755
22	.97120	.02880
23	.96986	.03014
24	.96841	.03159
25	.96678	.03322
26	.96495	.03505
27	.96290	.03710
28	.96062	.03938
29	.95813	.04187
30	95543	04457
33	.95254	.04746
32	.94942	.05058
33	.94608	.05392
34	.94250	.05750

PMC.2012.00000469
PET-EX017D.0049
RECORD 004852

AGE	LIFE ESTATE	REMAINDER
36	.93460	.06540
37	.93026	.06974
38	.92567	.07433
39	.92083	.07917
40	.91571	.08429
41	.91030	.08970
42	.90457	.09543
43	.89855	.10145
44	.89221	.10779
45	.88558	.11442
46	.87863	.12137
47	.87137	.12863
48	.86374	.13626
49	.85578	.14422
50	.84743	.15257
51	.83674	.16126
52	.82969	.17031
53	.82028	.17972
54	.8105	.18946
55	.80046	.19954
56	.79006	.20994
57	.77931	.22069
58	.76822	.23178
59	.75675	.24325
60	.74491	.25509
61	.73267	.26733
62	.72002	.27998
63	.70696	.29304
64	.69352	.30648
65	.67970	.32030
66	.66551	.33449
67	.65098	.34902
68	.63610	.36390
69	.62086	.37914

	LIFE ESTATE	REMAINDER
75	.52149	.47851
76	.50441	.49559
77	.48742	.51258
78	.47049	.52951
79	.45357	.54643
80	.43659	.56341
81	.41967	.58033
82	.40295	.59705
83	.38642	.61358
84	.36998	.63002
85	.35359	.64641
86	.33764	.66236
87	.32262	.67738
88	.30859	.69141
89	.29526	.70474
90	.28221	.71779
91	.26955	.73045
92	.25771	.74229
93	.24692	.75308
94	.23728	.76272
95	.22887	.77113
96	.22181	.77819
97	.21550	.78450
98	.21000	.79000
99	.20486	.79514
100	.19975	.80025
101	.19532	.80468
102	.19054	.80946
103	.18437	.81563
104	.17856	.82144
105	.16962	.83038
106	.15488	.84512
107	.13409	.86591
108	.10068	.89932
109	.04545	.95455

Table II:

Use this table when processing MIAP applications for hospital admissions on January 1, 1986 through April 30, 1986.

POVERTY SCALE		
Family Size	**100% Gross Annual Income**	**200% Gross Annual Income**
One (1)	$ 5,250.00	$ 10,500.00
Two (2)	$ 7,050.00	$ 14,100.00
Three (3)	$ 8,850.00	$ 17,700.00
Four (4)	$ 10,650.00	$ 21,300.00
Five (5)	$ 12,450.00	$ 24,900.00
Six (6)	$ 14,250.00	$ 28,500.00
Seven (7)	$ 16,050.00	$ 32,100.00
Eight (8)	$ 17,850.00*	$ 35,700.00
For families with more than eight (8) persons, add $1,800 for each additional family member.		

Table III:

Use this table when processing MIAP applications for hospital admissions on or after May 1, 1986.

POVERTY SCALE		
Family Size	**100% Gross Annual Income**	**200% Gross Annual Income**
One (1)	$ 5,380.00	$ 10,760.00
Two (2)	$ 7,240.00	$ 14,480.00
Three (3)	$ 9,120.00	$ 18,240.00
Four (4)	$ 11,000.00	$ 22,000.00
Five (5)	$ 12,880.00	$ 25,760.00
Six (6)	$ 14,760.00	$ 29,520.00
Seven (7)	$ 16,640.00	$ 33,280.00
Eight (8)	$ 18,520.00*	$ 37,040.00
For families with more than eight (8) persons, add $1,880 for each additional family member.		

PMC.2012.00000472

PET-EX017D.0052

RECORD 004855

Table IV:

Use this table when processing MIAP applications for hospital admissions after May 1, 1987.

POVERTY SCALE		
Family Size	**100% Gross Annual Income**	**200% Gross Annual Income**
One (1)	$ 5,500.00	$ 11,000.00
Two (2)	$ 7,400.00	$ 14,800.00
Three (3)	$ 9,300.00	$ 18,600.00
Four (4)	$ 11,200.00	$ 22,400.00
Five (5)	$ 13,100.00	$ 26,200.00
Six (6)	$ 15,000.00	$ 30,000.00
Seven (7)	$ 16,900.00	$ 33,800.00
Eight (8)	$ 18,800.00*	$ 37,600.00
For families with more than eight (8) persons, add $1,900 for each additional family member.		

Table V:

Use this table when processing MIAP applications for hospital admissions on or after May 1, 1988.

POVERTY SCALE		
Family Size	**100% Gross Annual Income**	**200% Gross Annual Income**
One (1)	$ 5,770.00	$ 11,540.00
Two (2)	$ 7,730.00	$ 15,460.00
Three (3)	$ 9,690.00	$ 19,380.00
Four (4)	$ 11,650.00	$ 23,300.00
Five (5)	$ 13,610.00	$ 27,220.00
Six (6)	$ 15,570.00	$ 31,140.00
Seven (7)	$ 17,530.00	$ 35,060.00
Eight (8)	$ 19,490.00*	$ 38,980.00
For families with more than eight (8) persons, add $1,960 for each additional family member.		

PMC.2012.00000473

PET-EX017D.0053

RECORD 004856

Table VI:

Use this table when processing MIAP applications for hospital admissions on or after May 1, 1989.

POVERTY SCALE		
Family Size	**100% Gross Annual Income**	**200% Gross Annual Income**
One (1)	$ 5,980.00	$ 11,960.00
Two (2)	$ 8,020.00	$ 16,040.00
Three (3)	$ 10,060.00	$ 20,120.00
Four (4)	$ 12,100.00	$ 24,200.00
Five (5)	$ 14,140.00	$ 28,280.00
Six (6)	$ 16,180.00	$ 32,360.00
Seven (7)	$ 18,220.00	$ 36,440.00
Eight (8)	$ 20,260.00*	$ 40,520.00
For families with more than eight (8) persons, add $2,040 for each additional family member.		

Table VII:

Use this table when processing MIAP applications for hospital admissions on or after May 1, 1990

POVERTY SCALE		
Family Size	**100% Gross Annual Income**	**200% Gross Annual Income**
One (1)	$ 6,280.00	$ 12,560.00
Two (2)	$ 8,420.00	$ 16,840.00
Three (3)	$ 10,560.00	$ 21,120.00
Four (4)	$ 12,700.00	$ 25,400.00
Five (5)	$ 14,840.00	$ 29,680.00
Six (6)	$ 16,980.00	$ 33,960.00
Seven (7)	$ 19,120.00	$ 38,240.00
Eight (8)	$ 21,260.00*	$ 42,520.00
For families with more than eight (8) persons, add $2,140 for each additional family member.		

Table VIII:

Use this table when processing MIAP applications for hospital admissions on or after April 1, 1991.

POVERTY SCALE		
Family Size	**100% Gross Annual Income**	**200% Gross Annual Income**
One (1)	$ 6,620.00	$ 13,240.00
Two (2)	$ 8,880.00	$ 17,760.00
Three (3)	$ 11,140.00	$ 22,280.00
Four (4)	$ 13,400.00	$ 26,800.00
Five (5)	$ 15,660.00	$ 31,320.00
Six (6)	$ 17,920.00	$ 35,840.00
Seven (7)	$ 20,180.00	$ 40,360.00
Eight (8)	$ 22,440.00*	$ 44,880.00
For families with more than eight (8) persons, add $2,260 for each additional family member.		

Table IX:

Use this table when processing MIAP applications for hospital admissions on or after April 1, 1992.

POVERTY SCALE		
Family Size	**100% Gross Annual Income**	**200% Gross Annual Income**
One (1)	$ 6,810.00	$ 13,620.00
Two (2)	$ 9,190.00	$ 18,380.00
Three (3)	$ 11,570.00	$ 23,140.00
Four (4)	$ 13,950.00	$ 27,900.00
Five (5)	$ 16,330.00	$ 32,660.00
Six (6)	$ 18,710.00	$ 37,420.00
Seven (7)	$ 21,090.00	$ 42,180.00
Eight (8)	$ 23,470.00*	$ 46,940.00
For families with more than eight (8) persons, add $2,380 for each additional family member.		

PMC.2012.00000475

PET-EX017D.0055

RECORD 004858

Table X:

Use this table when processing MIAP applications for hospital admissions on or after April 1, 1993.

POVERTY SCALE		
Family Size	**100% Gross Annual Income**	**200% Gross Annual Income**
One (1)	$ 6,970.00	$ 13,940.00
Two (2)	$ 9,430.00	$ 18,860.00
Three (3)	$ 11,890.00	$ 23,780.00
Four (4)	$ 14,350.00	$ 28,700.00
Five (5)	$ 16,810.00	$ 33,620.00
Six (6)	$ 19,270.00	$ 38,540.00
Seven (7)	$ 21,730.00	$ 43,460.00
Eight (8)	$ 24,190.00*	$ 48,380.00
For families with more than eight (8) persons, add $2,460 for each additional family member.		

Table XI:

Use this table when processing MIAP applications for hospital admissions on or after April 1, 1994.

POVERTY SCALE		
Family Size	**100% Gross Annual Income**	**200% Gross Annual Income**
One (1)	$ 7,360.00	$ 14,720.00
Two (2)	$ 9,840.00	$ 19,680.00
Three (3)	$ 12,360.00	$ 24,720.00
Four (4)	$ 14,800.00	$ 29,600.00
Five (5)	$ 17,280.00	$ 34,560.00
Six (6)	$ 19,760.00	$ 39,520.00
Seven (7)	$ 22,240.00	$ 44,480.00
Eight (8)	$ 24,720.00*	$ 49,440.00
For families with more than eight (8) persons, add $2,480 for each additional family member.		

PMC.2012.00000476

PET-EX017D.0056

RECORD 004859

Table XII:

Use this table when processing MIAP applications for hospital admissions on or after April 1, 1995.

POVERTY SCALE		
Family Size	**100% Gross Annual Income**	**200% Gross Annual Income**
One (1)	$ 7,470.00	$ 14,940.00
Two (2)	$ 10,030.00	$ 20,060.00
Three (3)	$ 12,590.00	$ 25,180.00
Four (4)	$ 15,150.00	$ 30,130.00
Five (5)	$ 17,710.00	$ 35,420.00
Six (6)	$ 20,270.00	$ 40,540.00
Seven (7)	$ 22,830.00	$ 45,660.00
Eight (8)	$ 25,390.00*	$ 50,780.00
For families with more than eight (8) persons, add $2,560 for each additional family member.		

Table XIII:

Use this table when processing MIAP applications for hospital admissions on or after May 1, 1996.

POVERTY SCALE		
Family Size	**100% Gross Annual Income**	**200% Gross Annual Income**
One (1)	$ 7,740.00	$ 15,480.00
Two (2)	$ 10,360.00	$ 20,720.00
Three (3)	$ 12,980.00	$ 25,960.00
Four (4)	$ 15,600.00	$ 31,200.00
Five (5)	$ 18,220.00	$ 36,440.00
Six (6)	$ 20,840.00	$ 41,680.00
Seven (7)	$ 23,460.00	$ 46,920.00
Eight (8)	$ 26,080.00*	$ 52,160.00
For families with more than eight (8) persons, add $2,620 for each additional family member.		

PMC.2012.00000477

PET-EX017D.0057

RECORD 004860

Table XIV:

Use this table when processing MIAP applications for hospital admissions on or after May 1, 1997

POVERTY SCALE		
Family Size	**100% Gross Annual Income**	**200% Gross Annual Income**
One (1)	$ 7,890.00	$ 15,780.00
Two (2)	$ 10,610.00	$ 21,220.00
Three (3)	$ 13,330.00	$ 26,660.00
Four (4)	$ 16,050.00	$ 32,100.00
Five (5)	$ 18,770.00	$ 37,540.00
Six (6)	$ 21,490.00	$ 42,980.00
Seven (7)	$ 24,210.00	$ 48,420.00
Eight (8)	$ 26,930.00*	$ 53,860.00
For families with more than eight (8) persons, add $2,720 for each additional family member.		

Table XV:

Use this table when processing MIAP applications for hospital admissions on or after May 1, 1998.

POVERTY SCALE		
Family Size	**100% Gross Annual Income**	**200% Gross Annual Income**
One (1)	$ 8,050.00	$ 16,100.00
Two (2)	$ 10,850.00	$ 21,700.00
Three (3)	$ 13,650.00	$ 27,300.00
Four (4)	$ 16,450.00	$ 32,900.00
Five (5)	$ 19,250.00	$ 38,500.00
Six (6)	$ 22,050.00	$ 44,100.00
Seven (7)	$ 24,850.00	$ 49,700.00
Eight (8)	$ 27,650.00*	$ 55,300.00
For families with more than eight (8) persons, add $2,800 for each additional family member.		

PMC.2012.00000478

PET-EX017D.0058

RECORD 004861

Table XVI:

Use this table when processing MIAP applications for hospital admissions on or after May 1, 1999.

POVERTY SCALE		
Family Size	**100% Gross Annual Income**	**200% Gross Annual Income**
One (1)	$ 8,240.00	$ 16,480.00
Two (2)	$ 11,250.00	$ 22,120.00
Three (3)	$ 13,880.00	$ 27,760.00
Four (4)	$ 16,700.00	$ 33,400.00
Five (5)	$ 19,520.00	$ 39,040.00
Six (6)	$ 22,340.00	$ 44,680.00
Seven (7)	$ 25,160.00	$ 50,320.00
Eight (8)	$ 27,980.00*	$ 55,960.00
For families with more than eight (8) persons, add $2,820 for each additional family member.		

Table XVII:

Use this table when processing MIAP applications for hospital admissions on or after May 1, 2000.

POVERTY SCALE		
Family Size	**100% Gross Annual Income**	**200% Gross Annual Income**
One (1)	$ 8,350.00	$ 16,700.00
Two (2)	$ 11,250.00	$ 22,500.00
Three (3)	$ 14,150.00	$ 28,300.00
Four (4)	$ 17,050.00	$ 34,100.00
Five (5)	$ 19,950.00	$ 39,900.00
Six (6)	$ 22,850.00	$ 45,700.00
Seven (7)	$ 25,750.00	$ 51,500.00
Eight (8)	$ 28,650.00*	$ 57,300.00
For families with more than eight (8) persons, add $2,900 for each additional family member.		

PMC.2012.00000479

PET-EX017D.0059

RECORD 004862

Table XVIII:

Use this table when processing MIAP applications for hospital admissions on or after May 1, 2001.

POVERTY SCALE		
Family Size	**100% Gross Annual Income**	**200% Gross Annual Income**
One (1)	$ 8,590.00	$ 17,180.00
Two (2)	$ 11,610.00	$ 23,220.00
Three (3)	$ 14,360.00	$ 29,260.00
Four (4)	$ 17,650.00	$ 35,300.00
Five (5)	$ 20,670.00	$ 41,340.00
Six (6)	$ 23,690.00	$ 47,380.00
Seven (7)	$ 26,710.00	$ 53,420.00
Eight (8)	$ 29,730.00*	$ 59,460.00
For families with more than eight (8) persons, add $3,020 for each additional family member.		

Table XIX:

Use this table when processing MIAP applications for hospital admissions on or after May 1, 2002.

POVERTY SCALE		
Family Size	**100% Gross Annual Income**	**200% Gross Annual Income**
One (1)	$ 8,860.00	$ 17,720.00
Two (2)	$ 11,940.00	$ 23,880.00
Three (3)	$ 15,020.00	$ 30,040.00
Four (4)	$ 18,100.00	$ 36,200.00
Five (5)	$ 21,180.00	$ 42,360.00
Six (6)	$ 24,250.00	$ 48,520.00
Seven (7)	$ 27,340.00	$ 54,680.00
Eight (8)	$ 30,420.00*	$ 60,840.00
For families with more than eight (8) persons, add $3,080 for each additional family member.		

Table XX

Use this table when processing MIAP applications for hospital admissions on or after May 1, 2003.

Poverty Scale

Family Size	100% Gross Annual Income	200% Gross Annual Income
1	$ 8,980.00	$ 17,960.00
2	$ 12,120.00	$ 24,240.00
3	$ 15,260.00	$ 30,520.00
4	$ 18,400.00	$ 36,800.00
5	$ 21,540.00	$ 43,080.00
6	$ 24,680.00	$ 49,360.00
7	$ 27,820.00	$ 55,640.00
8	$ 30,960.00	$ 61,920.00

For families with more than 8 persons, add $3,140 for each additional member.

Table XXI

Use this table when processing MIAP applications for hospital admissions on or after May 1, 2004.

Poverty Scale

Family Size	100% Gross Annual Income	200% Gross Annual Income
1	$ 9,310.00	$ 18,620.00
2	$ 12,490.00	$ 24,980.00
3	$ 15,670.00	$ 31,340.00
4	$ 18,850.00	$ 37,700.00
5	$ 22,030.00	$ 44,060.00
6	$ 25,210.00	$ 50,420.00
7	$ 28,390.00	$ 56,780.00
8	$ 31,570.00	$ 63,140.00

For families with more than 8 persons, add $3,180 for each additional member.

Table XXII

Use this table when processing MIAP applications for hospital admissions on or after May 1, 2005.

Poverty Scale

Family Size	100% Gross Annual Income	200% Gross Annual Income
1	$ 9,570.00	$ 19,140.00
2	$ 12,830.00	$ 25,660.00
3	$ 16,090.00	$ 32,180.00
4	$ 19,350.00	$ 38,700.00
5	$ 22,610.00	$ 45,220.00
6	$ 25,870.00	$ 51,740.00
7	$ 29,130.00	$ 58,260.00
8	$ 32,390.00	$ 64,780.00

For families with more than 8 persons, add $3,260 for each additional member.

Table XXIII

Use this table when processing MIAP applications for hospital admissions on or after May 1, 2006.

Poverty Scale

Family Size	100% Gross Annual Income	200% Gross Annual Income
1	$ 9,800	$ 19,600
2	$ 13,200	$ 26,400
3	$ 16,600	$ 33,200
4	$ 20,000	$ 40,000
5	$ 23,400	$ 46,800
6	$ 26,800	$ 53,600
7	$ 30,200	$ 60,400
8	$ 33,600	$ 67,200

For families with more than 8 persons, add $2,600 for each additional member.

PMC.2012.00000482

PET-EX017D.0062

RECORD 004865

Table XXIV

Use this table when processing MIAP applications for hospital admissions on or after March 1, 2007.

	Poverty Scale	
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	$ 10,210	$ 20,420
2	$ 13,690	$ 27,380
3	$ 17,170	$ 34,340
4	$ 20,650	$ 41,300
5	$ 24,130	$ 48,260
6	$ 27,610	$ 55,220
7	$ 31,090	$ 62,180
8	$ 34,570	$ 69,140

For families with more than 8 persons, add $3,480 for each additional member.

Table XXV

Use this table when processing MIAP applications for hospital admissions on or after March 1, 2008.

	Poverty Scale	
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	$ 10,400	$ 20,800
2	$ 14,000	$ 28,000
3	$ 17,600	$ 35,200
4	$ 21,200	$ 42,400
5	$ 24,800	$ 49,600
6	$ 28,400	$ 56,800
7	$ 32,000	$ 64,000
8	$ 35,600	$ 71,200

For families with more than 8 persons, add $3,600 for each additional member.

PMC.2012.00000483

PET-EX017D.0063

RECORD 004866

Table XXVI

Use this table when processing MIAP applications for hospital admissions on or after March 1, 2009.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	$ 10,830	$ 21,660
2	$ 14,570	$ 29,140
3	$ 18,310	$ 36,620
4	$ 22,050	$ 44,100
5	$ 25,790	$ 51,580
6	$ 29,530	$ 59,060
7	$ 33,270	$ 66,540
8	$ 37,010	$ 74,020

For families with more than 8 persons, add $3,740 for each additional member.

Table XXVII

Use this table when processing MIAP applications for hospital admissions on or after March 1, 2011.

Poverty Scale		
Family Size	100% Gross Annual Income	200% Gross Annual Income
1	$ 10,890	$ 21,780
2	$ 14,710	$ 29,424
3	$ 18,530	$ 37,068
4	$ 22,350	$ 44,700
5	$ 26,170	$ 52,344
6	$ 29,990	$ 59,988
7	$ 33,810	$ 67,620
8	$ 37,630	$ 75,264

For families with more than 8 persons, add $3,820 for each additional member.

BAXTER HEALTH CAMPUS

REQUEST FOR PROPOSAL

ClearSprings.0287
PET-EX018
Petitioner's Trial Exhibit 018

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ClearSprings.0288
PET-EX018.0002

RECORD 004869

RECORD 004870

INTRODUCTION & PROJECT OVERVIEW

ClearSprings.0289
PET-EX018.0003



BAXTER

A FAMILY VILLAGE

Clear Springs Development Co., L.L.C.

EQUAL HOUSING OPPORTUNITY

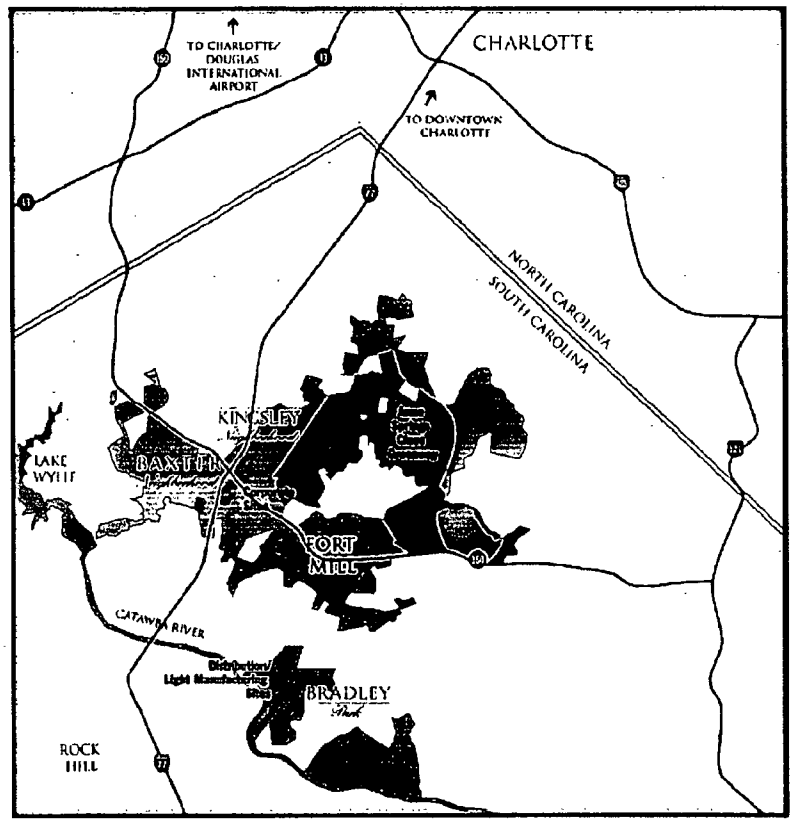
BAXTER HEALTH CAMPUS
REQUEST FOR PROPOSAL

CELEBRATION ASSOCIATES, INC.
APRIL 15, 1999

ClearSprings.0290
PET-EX018.0004

The Clear Springs Plan

Baxter is the first Village within a 6,200-acre master plan referred to as Clear Springs, in northern York County, South Carolina. The long-term buildout of Clear Springs may ultimately consist of up to six mixed-use villages centered around small retail and commercial areas. It may take up to 20 years to develop all six villages and when complete could add 18,000 residents to the area surrounding Fort Mill.



Location

Baxter is located about 10 minutes south of the South Carolina and North Carolina state line, at the crossroads of Interstate 77 and Highway 160. The Charlotte / Douglas International Airport is about 15 miles and downtown Charlotte is about 20 miles away.

ClearSprings.0291
PET-EX018.0005

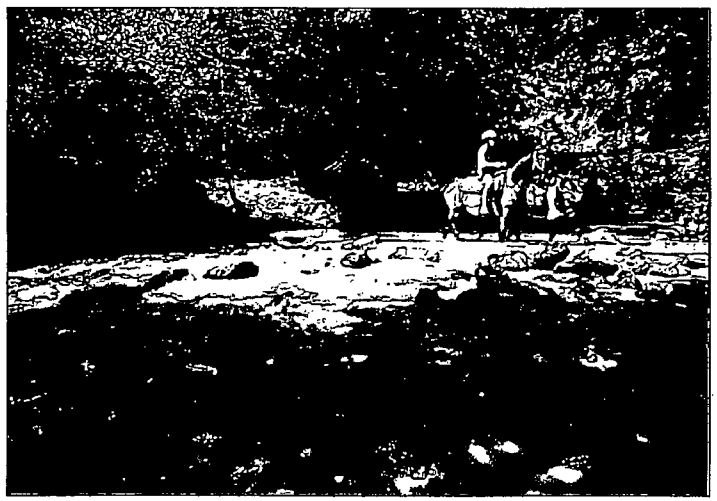
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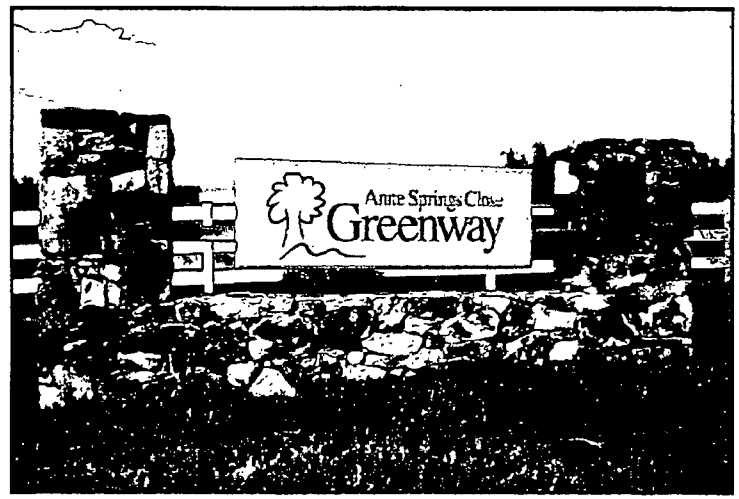
Fort Mill Historic District

Both restful and vibrant, Fort Mill is a town where citizens place strong value on the heritage of their past and their plans for the future. Surprisingly progressive for a small town, Fort Mill offers all the business advantages of the Charlotte Region blended with a quality of life that harkens back to simple pleasures and community values.

Traditional Neighborhood District

In keeping with the York County code for development standards, the Baxter master plan follows the guidelines for creating a Traditional Neighborhood District (TND). The district's purpose is to encourage a mix of uses and housing types and create the sense of community common in neighborhoods planned using traditional design principles.





ClearSprings.0292
PET-EX018.0006

RECORD 004873

Developer

Clear Springs Development Company is based in Fort Mill and is a wholly owned subsidiary of The Springs Company. The Springs Company is a holding company owned by the Close Family of Fort Mill, South Carolina.

Project Team

- Project Manager: James Traynor, Clear Springs Development Company LLC
- Master Planner: Land Design, Inc.
- Architectural Guidelines: Urban Design Associates
- Engineering: Land Design Engineering Services, Inc.
- Development Consultants: Celebration Associates, Inc.
- Construction Management: Charter Properties, Inc.
- Commercial Development: Childress-Klein Properties, Inc.
- Community Associations: Hyatt and Stubblefield P.A.
- Legal Counsel: Kennedy, Covington, Lobdell & Hickman, LLP



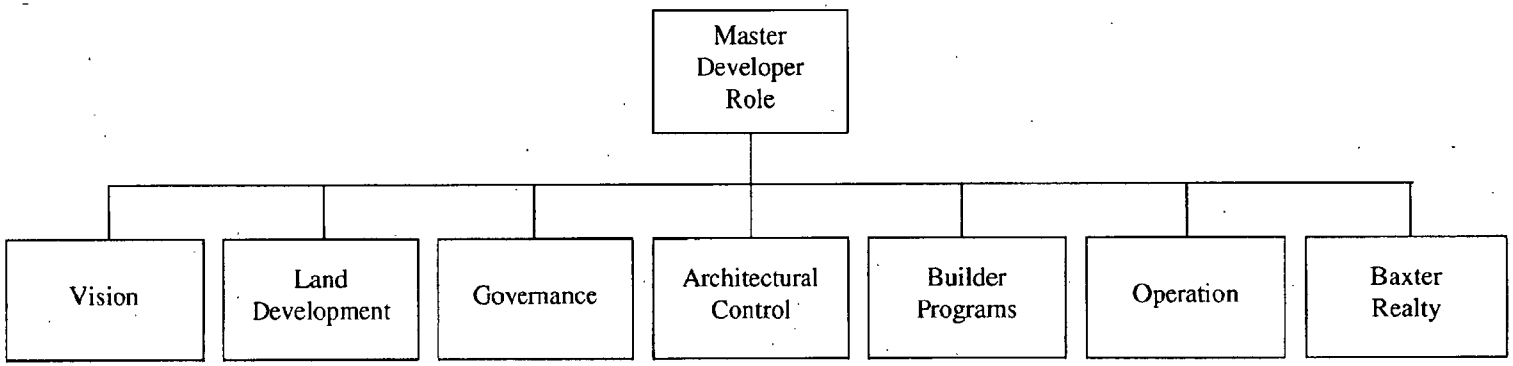


ClearSprings.0293
PET-EX018.0007

RECORD 004874

The Master Developer

The role of Clear Springs Development Company is that of master developer:



The role consists of:

- Planning complimentary land uses, obtaining development entitlements and developing community infrastructure.
- Establishing the community governance structure and the protective covenants, conditions, and restrictions (CCR's).
- Selecting builders who will deliver the high quality product in the manner they promise.
- Managing the community association which will provide various community services, i.e. landscape, common area, facility and recreation area maintenance.

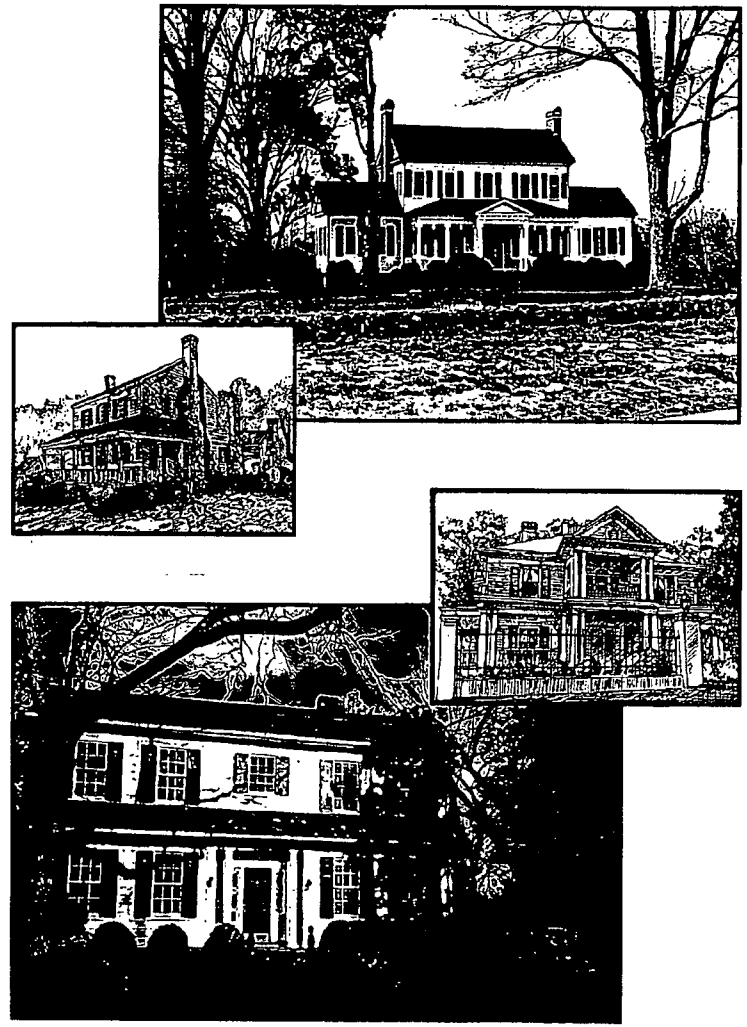
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PET-EX018.0008

RECORD 004875

- Maintaining coherent community image through controlling dissemination of consistent messages from all parties involved with the community.
- Establishing and enforcing specific design standards to maintain selected themes and compatibility of residential product.
- Coordinating sales and marketing effort

Development Objectives

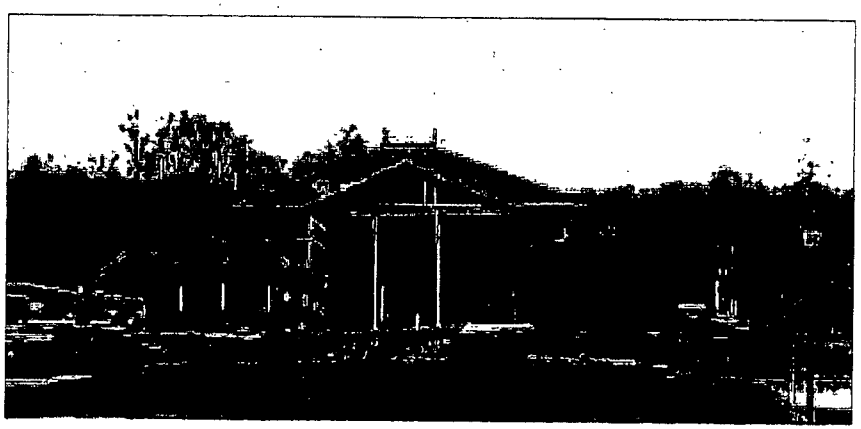
- Develop responsibly and profitably while preserving the environment and the quality of life in Fort Mill. Builders will be encouraged to use "Green" approaches and energy efficient materials and processes.
- Develop a community which will integrate key principles of traditional town planning, including "inward oriented" neighborhoods, alleys, and parks.
- Develop a wide range of residential and commercial product types and densities. Upcountry architecture found in South Carolina will serve as the main architectural vocabulary. Designing a neighborhood with this architecture while remaining affordable to the consumer is a key objective.

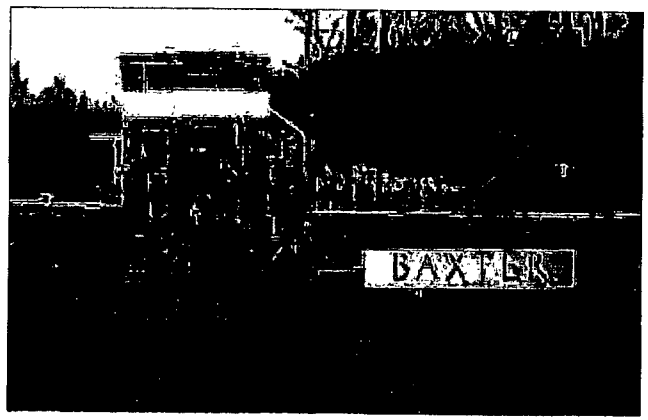


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PET-EX018.0009

RECORD 004876

- Create a pedestrian-oriented community where bike paths, hiking trails and jogging paths connect the numerous parks and civic spaces.
- Include **indigenous plants** and traditional landscape treatments found in historic upcountry towns.
- Build a community where activities at the health campus and programs offered by Leroy Springs enhance the quality of life.
- Permanently preserve a major portion of the land within Baxter, land that could have been developed if the owner desired.
- Achieve a reasonable return on investment.



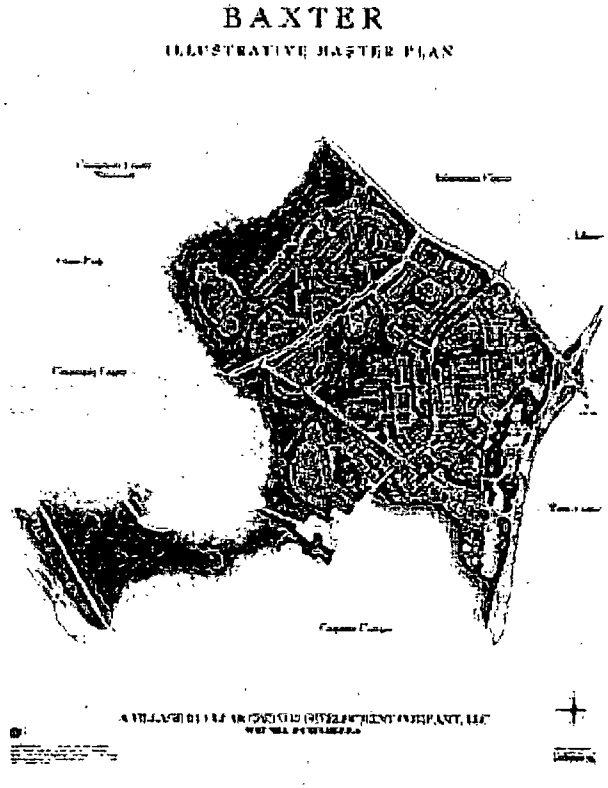


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PET-EX018.0010

RECORD 004877

Village of Baxter

Baxter is located on the southwest quadrant of the Interstate 77 and Highway 160 interchange. It is the first residential village to be built in Clear Springs. Baxter's master plan includes a broad mix of residential and commercial land uses.



The overall concept for Baxter is based upon "livability". This term expresses what the Close family and the design team feel to be the most important goal of all future development – to develop *livable* communities for people of all ages and income levels. Valuable lessons have been learned by studying the negative results of growth in other areas; conversely, there is much to be learned by studying successful small towns in order to understand what makes them good places in which to live. The best small towns have a real sense of place and contribute to a larger, regional identity. They have a sustainable, interdependent economy. Community ties are strengthened and promoted through frequent contacts in a centrally located, pedestrian-oriented commercial and civic town center. A variety of housing types is provided, allowing people of different lifestyles and income levels to participate equally in the town's community life. Workplaces and shopping areas are within walking distance of one another, and residential neighborhoods are integrated into these retail and workplace areas. Thus, children, the elderly, and other non-drivers are not denied access to shops, parks and other community amenities. The need for frequent automobile trips is

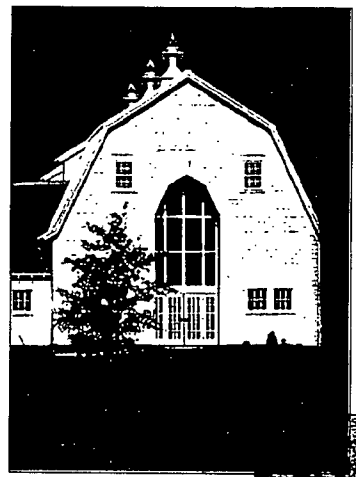
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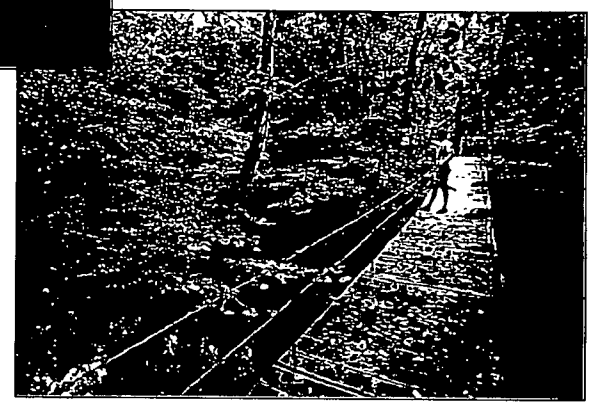
lessened, and traffic congestion and pollution are reduced. Also contributing to lessened traffic and a walkable community is the use of a grid of smaller connecting streets.

The Vision

- Blend preservation and progress
- Create traditional neighborhood
- Family-focused
- Pedestrian-oriented
- Easy access to educational opportunities
- Outdoor recreation
- Build true sense of community







Community Partnerships

- Leroy Springs & Co., Inc.
- The Fort Mill Branch of the York County Library
- Fort Mill Telephone Company
- Info Avenue
- Palmetto Cable Company
- York County Electric Cooperative, Inc.
- York County Natural Gas Authority

ClearSprings.0298
PET-EX018.0012

RECORD 004879

Corporations Recruited (Through 1st Quarter 1999)

Company	$ Million Invested	Employees	S.F.	Type
US Foodservice	$55	1,000	555,000	Distribution/Office
Northern Hydraulics	$11	300	385,000	Distribution
*Current Expansion	$10	100	315,000	
Willamette Industries	$10	130	76,000	Office
*Planned Expansion	$20	260	150,000	
Belden, Inc.	$20	300	250,000	Manufacturing
Allegiance Corp.	$15	600	230,000	Manufacturing/Distribution
Totals	$141	2,690	1,963,000	

Clear Springs Plan Economic Benefits

- Projected $6 billion in direct and indirect benefits, 1999-2019
- Increased revenues from property taxes
- School impact fees
- Sewer and water fees
- $1.4 billion invested in construction, management and development
- 2,220 new jobs created
- $4.4 billion in indirect impact from the Clear Springs Plan

ClearSprings.0299
PET-EX018.0013

RECORD 004880

Project Status

The Baxter property is 946 acres in size and includes 50% open spaces and parks. Each residential area will have its own distinct character formed by the rolling topography, woodlands, the homes, parks and civic spaces.

Phase One began construction in January of 1998 and the first phase lots commenced model home construction December 1998. As pictured below, a sneak preview for 375 Charlotte Area Brokers and 600 interested prospects was held in March 1999. Sales began immediately thereafter and as of April 1, 1999 there were 49 contracts to purchase homes.

With a few exceptions, the lots will be delivered fully graded with all utilities in place. The exception relates to lots adjacent to sloped woodlands where a pad is prepared and the balance of the lot is left undisturbed.





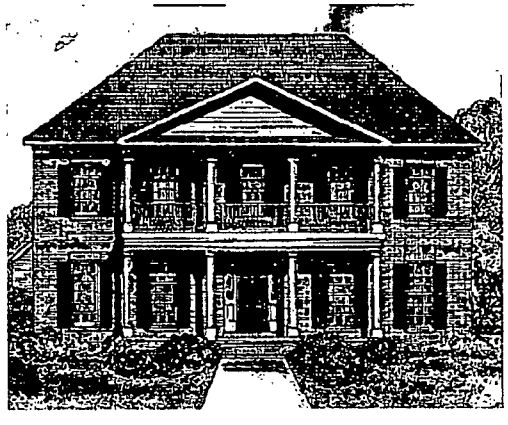
ClearSprings.0300
PET-EX018.0014

RECORD 004881

Baseline Residential Program And Absorption

Based on our market research, we believe that there is strong demand for a broad mix of housing in the Fort Mill area over the next decade. Celebration Associates developed the following "base case program" using a market driven mix targeted to primary buyers, existing and relocating in the MSA.







ClearSprings.0301
PET-EX018.0015

RECORD 004882

Land Use Summary

Developed Property	Acres	Program
Residential		
- Apartments	19	464 units
- Townhomes	18	146 units
- Single Family	302	909 units
Subtotal	339	1,519 units
Commercial		
- Office (.25 FAR)	57.14	622,254 sf
- Retail (.25 FAR)	10	109,000 sf
- Hotel (.40 FAR)	2.5	43,560 sf
- Pad Sales (.25 FAR)	14.11	153,657 sf
Subtotal	83.75	928,471 sf
Total Developed	422.75	
Undeveloped Property		
Mixed/Undeveloped/Civic	214.37	
(infrastructure & open space)		
Parks/Open Space	309.78	
Total Undeveloped	524.15	
Total	946.9	

ClearSprings.0302
PET-EX018.0016

RECORD 004883

Recommended Residential Product Mix – Buildout

Product Type	Average Home Size (sf)	Average Home Price	Sales Price/SF	Lot Size/DUA	Total Units @ Buildout
Apartments	n/a	n/a	n/a	25 DUA	464
Townhome A	1,450	$ 130,000	$ 90	22 x 125	90
Cottage A	1,250	$ 120,000	$ 96	45 x 125	0
Cottage B	1,550	$ 145,500	$ 94	45 x 125	66
Cottage C	1,550	$ 149,500	$ 96	50 x 125	85
Cottage C	1,850	$ 180,000	$ 97	50 x 125	148
Townhome B	1,950	$ 175,000	$ 90	28 x 125	56
Village A	1,925	$ 200,000	$ 104	65 x 125	55
Village A	2,300	$ 235,000	$ 102	65 x 125	235
Village A	2,500	$ 250,000	$ 100	65 x 125	55
Village B	2,750	$ 275,000	$ 100	80 x 125	155
Estate	3,200	$ 350,000	$ 109	90 x 125	110
Total					1519

Absorption Summary/Lots

	Lot Parcel Size	Total Units	1999	2000	2001	2002	2003	2004	2005	2006
Apartments		464	0	0	0	0	239	25	0	200
Townhome A	22 x 125	90	18	26	12	0	30	22	0	0
Townhome B	28 x 125	56	0	0	0	0	0	0	19	19
Cottage A	45 x 125	0	0	0	0	0	0	0	0	0
Cottage B	45 x 125	66	12	15	20	11	0	0	8	0
Cottage C	50 x 125	233	15	28	42	40	31	31	36	10
Village A	65 x 125	345	22	43	47	59	46	46	51	31
Village B	80 x 125	155	12	33	13	27	20	20	16	14
Estate	90 x 125	110	12	21	14	17	15	15	12	4
Total Residential		1,519	91	166	148	154	381	159	142	278

ClearSprings.0303
PET-EX018.0017

RECORD 004884

Baxter Medical Campus
Facility Phasing Comparison

Facility Type	Phase I	Phase II	Phase III
A. Urgent Care Center	Piedmont (10K sf)	Presbyterian	
B. Medical Office Buildings/ Primary Care	Piedmont (24K sf) Presbyterian (3K sf)	Piedmont (71K sf) Presbyterian	
C. Diagnostic Testing Center		Piedmont (12.5K sf) Presbyterian	
D. Wellness / Fitness Center	Presbyterian (20K sf)		Piedmont (15K sf)
E. Library / Education / Communication	Presbyterian		Piedmont
F. Ambulatory Surgery Center		Presbyterian	Piedmont (12K sf)
G. Acute Care Hospital			Presbyterian (15-20 yrs) Piedmont (10 yrs)
H. Advisory Community Partnership / Committee	Presbyterian		
I. Restaurant / Retail	Presbyterian		

ClearSprings.0279
PET-EX019
Petitioner's Trial Exhibit 019

CLEAR SPRINGS
DEVELOPMENT COMPANY, LLC

COPY WILLIAM WILL — ELL — CHARLES — FT 11-4-99

October 28, 1999

Mr. Charles F. Miller
President/CEO
Piedmont Healthcare System
222 South Herlong Avenue
Rock Hill, South Carolina 29732

Re: Village of Baxter Health Campus

Dear Charlie:

We appreciate the participation of your organization in the Request for Proposal ("RFP") process related to the Health Campus at the Village of Baxter.

We have reviewed Piedmont's response to the RFP and we are very impressed with it. The purpose of this letter is to confirm that we have selected Piedmont as the candidate to be the health care provider to assist us in implementing the Baxter Health Campus and ultimately, a comprehensive healthcare delivery system for the Clear Springs Plan. In that regard, we believe that we have had excellent discussions to date regarding the principal terms and conditions of our proposed strategic alliance and that we have come to a general meeting of the minds on the proposed terms and conditions that would be embodied in a definitive Alliance Agreement between the parties. Accordingly, this letter will confirm our mutual intent to proceed in good faith to complete our negotiations and to finalize the definitive Alliance Agreement as soon as practicable. However, neither party will be legally bound until the execution and delivery of the definitive Alliance Agreement.

We would appreciate you signifying Piedmont's agreement in principle and its willingness to proceed in good faith to negotiate the definitive Alliance Agreement as soon as practicable by signing below.

We are very excited about the opportunity to work with Piedmont in developing and implementing the Baxter Health Campus.

Sincerely,

CLEAR SPRINGS DEVELOPMENT COMPANY, LLC

James E. Traynor
President

Accepted and Agreed to:

PIEDMONT HEALTHCARE SYSTEM

By: _____
Charles F. Miller, President/CEO

NOV 03 1999

P.O. Box 1777, Fort Mill, South Carolina 29716 • Phone (803) 548-8696 • Fax (803) 548-8833

Petitioner's Trial Exhibit 020

CLEAR SPRINGS
DEVELOPMENT COMPANY, LLC

August 12, 1998

Mr. Harrison Trammell
President, Regional Facilities
Carolinas Healthcare System
P. O. Box 32861
Charlotte, NC 28232-2861

Mr. Zachary J. Zapack
Senior Vice President, Corporate Services
Carolinas Healthcare System
P. O. Box 32861
Charlotte, NC 28232-2861

Dear Messrs. Trammell & Zapack:

William Taylor and I both want to thank you for taking time to visit us in Fort Mill. As we discussed, I have enclosed a copy of the economic study conducted by the Center for Applied Real Estate Education and Research of the University of South Carolina. The economic benefit of The Clear Springs Plan development activities surprised even those of us working with it day-to-day. As William mentioned, our first step was to recruit corporations and the associated employment base as opposed to starting with residential development. To date, our corporate activity is as follows:

COMPANY	TYPE FACILITY	$$ INVESTED	NUMBER OF EMPLOYEES	SIZE OF FACILITY IN SQ. FT.	STATUS
US Foodservice, Inc.	Regional HQ Distribution	$55MM	800	555,000	Occupied
Northern Hydraulics, Inc.	Distribution	$11MM	205	385,000	Occupied
Willamette Industries, Inc.	East Coast HQ Building	$10 MM	130	76,000	Occupied
Belden, Inc.	Manufacturing	$20 MM	300	250,000	Under construction for 11/98 occupancy
Allegiance Corporation	Assembly & Distribution	$15MM	600	230,000	Soon to be publicly announced—6/99 occupancy
TOTAL		$111MM	2,035	1,496,000	

Also, we have recently reached an agreement with First Citizens Bank on a four-acre site in Kingsley Park.

The economic study assumes a 20-year buildout. Of course, no one's crystal ball is accurate enough to know the exact development timetable. However, I would like to point out some target dates on development either under way or soon to begin:

DEVELOPMENT ACTIVITY	TARGET DATE
• Finished Lots in Phase I	December 1998
◦ First Residents Move In Baxter	May 1999
◦ Library Opening	March 1999
• Four Lane Hwy 160 East From I-77 to Hwy 21 Bypass	March 1999
◦ Four Lane/Five Lane Hwy 160 West from I-77 to Pleasant Road	March 2000
◦ Targeted Opening of Elementary School Within Baxter*	August 2000
◦ Hwy 160 West from Pleasant Road to Gold Hill Road	June 2003
◦ Completion of Development of Baxter	7 – 10 Years

*Discussions are well under way.

P.O. Box 1777, Fort Mill, South Carolina 29716 · Phone (803) 548-8696 · Fax (803) 548-8833

Petitioner's Trial Exhibit 021

William and I are both quite pleased with your interest in Baxter. We feel that there are many levels on which the Carolinas Healthcare System and Baxter/Clear Springs are strategically compatible. We look forward to hearing from you again.

Sincerely,

CLEAR SPRINGS DEVELOPMENT COMPANY, LLC

James E. Traynor
President

JET/dg

cc: William G. Taylor

ALLIANCE AGREEMENT

between

CLEAR SPRINGS DEVELOPMENT COMPANY, LLC

and

AMISUB OF SOUTH CAROLINA, INC.

Dated August 22, 2000

Confidential Piedmont.20319



PET-EX022

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EXHIBITS

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EXHIBIT A-4	Description of the Property for Baxter Health Campus
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THIS ALLIANCE AGREEMENT (this "Agreement") is made as of the _____ day of _____, 2000 by and between Clear Springs Development Company, LLC, a North Carolina limited liability company ("CSDC") and AmiSub of South Carolina, Inc., a South Carolina corporation, d.b.a. "Piedmont Health System" ("Piedmont").

RECITALS

A. CSDC is the development arm of Close Family Real Estate Partnership No. 1 (the "Close Family"), and as Manager of Clear Springs - Baxter, LLC ("Baxter"), Clear Springs – Kingsley, LLC, ("Kingsley") and Clear Springs – Springfield, LLC ("Springfield"), CSDC has the responsibility of managing the development of certain real estate lying in Fort Mill Township, York County, South Carolina, owned by those entities under a common plan of development into villages of mixed residential and commercial uses (the "Clear Springs Plan") known or to be known as the Village of Baxter, the Village of Kingsley, and the Village of Springfield (collectively the "Clear Springs Villages").

B. As of the date of this Agreement, the Clear Springs Villages are comprised of the tracts of real estate described in the aggregate on Exhibits A-1, A-2 and A-3, but it is understood that the boundaries of each of the Clear Springs Villages may change during the implementation of the Clear Springs Plan.

C. CSDC has selected Piedmont as the limited-exclusive health care system provider for the Clear Springs Villages, as their boundaries may change from time to time.

D. Within the boundaries of the Village of Baxter is a tract of land consisting of approximately 15.5 acres, more or less, lying on North Sutton Road, Fort Mill Township, York County, South Carolina, more particularly described in the attached Exhibit A-4, (the "Property"), which is to be developed as an innovative health care campus that will integrate health care, diagnostic services, wellness, fitness facilities, and education resources in a central location (the "Baxter Health Campus") to serve the needs of the residents of the Clear Springs Villages, as well as other areas of the Larger Fort Mill Community. Piedmont, individually and/or through its third-party Developer, intends to develop, design, and equip an urgent care center, diagnostic center, ambulatory surgery center, and rehabilitation center and will staff, operate, and manage each of these facilities, subject to required approvals by applicable Governmental Authorities in accordance with the provisions of this Agreement.

E. CSDC and Piedmont, as the limited-exclusive health care provider selected by CSDC, desire to memorialize their agreements and understandings regarding certain health care services to be offered and facilities to be constructed under the Clear Springs Plan and in particular the manner in which the Baxter Health Campus will be developed and operated in this Alliance Agreement.

NOW THEREFORE, for and in consideration of the recitals and the mutual covenants and conditions contained in this Alliance Agreement, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. Goals of Alliance between CSDC and Piedmont.

a. The parties desire to collaborate on the development of innovative health care facilities that will provide convenient community access to quality medical and diagnostic services, while also fostering the concepts of wellness and health enhancement in the Clear Springs Villages. This common vision will seek to blend preservation and progress in land development, while encouraging careful growth.

b. The parties agree that one of their common goals will be to promote community interaction by pedestrian-scale planning and architecture. With this goal in mind, the parties agree that the Buildings in the Baxter Health Campus, as well as other health care facilities, will be sited in relationship to one another, along a pedestrian-scaled "main street," which will be organized around a common "central green." The parties will seek to create a development that will instill reliance among the stakeholders in the Clear Springs Villages and in the other areas of the Larger Fort Mill Community, which will include residents, merchants, educators, healthcare providers, governmental and civic bodies, recreation providers and worship centers.

c. The parties desire to integrate the operation of the Baxter Health Campus with the balance of the Village of Baxter, and the operation of any other health care facilities with the particular Clear Springs Village in which such other site is located, using the Clear Springs Plan as a model for how a program designed to enhance health can be used to improve the overall well-being of the Larger Fort Mill Community and its residents.

d. The parties are committed to an on-going investigation of opportunities to leverage the talents and resources of the Clear Springs Development Team, Leroy Springs and Company, the Springs Foundation, Inc., and their strategic community alliances.

2. Definitions. For purposes of this Agreement, the following terms shall have the following meanings, unless the context clearly indicates or requires a different meaning. All capitalized terms not specifically defined in this Section 2 shall have the meanings assigned to such terms in this Agreement.

a. "Agreement" shall mean this Alliance Agreement, together with any and all Exhibits attached hereto and incorporated by reference, along with any amendments which may be agreed to by both parties, from time to time.

b. "Approved Design Architect" shall have the meaning assigned to such term in Section 6, Paragraph b of this Agreement.

c. "Baxter" shall mean Clear Springs – Baxter, LLC, a North Carolina limited liability company.

d. "Baxter Health Campus" shall have the meaning assigned to such term in Paragraph D of the Recitals of this Agreement.

e. "Building" shall mean a building to be constructed in a Phase pursuant to the provisions of this Agreement.

f. "Building Site" shall mean the parcel of land upon which a Building and other facilities will be constructed and developed in any Phase pursuant to the provisions of this Agreement.

g. "Clear Springs Development Team" shall mean collectively the professionals and support staff who are employees or members of either CSDC or of other entities who are consultants to or independent contractors of CSDC, charged with specific duties in the design and implementation of the Clear Springs Plan.

h. "Clear Springs Plan" shall have the meaning assigned to such term in Paragraph A of the Recitals of this Agreement.

i. "Clear Springs Villages" shall mean collectively the Village of Baxter, the Village of Kingsley and the Village of Springfield.

j. "Commencement of Construction" shall mean the time when the actual erection of a Building on a Building Site is begun.

k. "Completion of Construction" shall have the meaning assigned to such term in Section 7, Paragraph o of this Agreement.

l. "Conceptual Plans" shall have the meaning assigned to such term in Section 6, Paragraph b, subparagraph i of this Agreement.

m. "Consistency Standard" shall have the meaning assigned to such term in Section 6, Paragraph c of this Agreement.

n. "Construction Commencement Date" shall mean the date required for commencement of construction of the Required Improvements as shown on the respective Exhibit for each Phase.

o. "Construction Contract" shall mean a contract for construction of Improvements which a Developer has entered into with a General Contractor, and which has been approved by CSDC.

p. "Critical Path Schedule" shall have the meaning assigned to such term in Section 7, Paragraph j of this Agreement.

q. "CSDC" shall mean Clear Springs Development Company, LLC, a North Carolina limited liability company.

r. "Design Development Plans" shall have the meaning assigned to such term in Section 6, Paragraph d of this Agreement.

s. "Designation Notice" shall have the meaning assigned to such term in Section 4, Paragraph d of this Agreement.

t. "Developer" shall mean either Piedmont or another entity selected by Piedmont, subject to the approval of CSDC, charged with the responsibility of overseeing the development of any Building Site pursuant to the terms of this Agreement, provided, however, that CSDC's response to a request for approval shall not be unreasonably delayed.

u. "Exhibit" shall mean any of the Exhibits attached to this Agreement, each of which is incorporated by reference.

v. "Exclusivity Waiver Notice" shall have the meaning assigned to such term in Section 5, Paragraph a of this Agreement.

w. "Featured Provider" shall mean a health service provider that is recognized and featured by CSDC to the residents of the Clear Springs Villages as providing quality medical and diagnostic services.

x. "Final Plans" shall have the meaning assigned to such term in Section 6, Paragraph e of this Agreement.

y. "General Contractor" shall mean any South Carolina licensed general contractor chosen by a Developer for construction of any Required Improvements and approved by CSDC, provided, however, that CSDC's response to a request for approval shall not be unreasonably delayed.

z. "Governmental Authority" shall mean any federal, state, or local governmental entity, body, agency or department.

aa. "Hospital Ownership Company" shall have the meaning assigned to such term in Section 5, Paragraph f, subparagraph ii(a) of this Agreement.

bb. "Hospital Ownership Company Related Physician's Office" shall have the meaning assigned to such term in Section 5, Paragraph f, subparagraph ii(b) of this Agreement.

cc. "Improvements" shall mean the Buildings, landscaping, walkways, parking areas, driveways, Utilities, and any and all other improvements which are to be

constructed and operated as facilities pursuant to the provisions of this Agreement.

dd. "Inspector" shall mean the construction consultant or consultants employed by CSDC, at CSDC's cost and expense, to perform the services set forth in Section 7, paragraph n of this Agreement

ee. "Land Use Program" shall mean the overall land use plan for each Phase as set forth in Section 4 of this Agreement.

ff. "Larger Fort Mill Community" shall mean the Town of Fort Mill and its environs in Fort Mill Township, including but not limited to the exclusion of other areas of the Clear Springs Villages.

gg. "Leroy Springs" shall mean Leroy Springs and Company, a South Carolina non-profit corporation.

hh. "Limited Exclusivity Rights" shall mean the limited exclusivity provider rights granted to Piedmont by CSDC subject to Piedmont's performance of its obligations under this Agreement, as more fully defined in Section 5 of this Agreement.

ii. "Master Declaration" shall mean that certain Declaration of Covenants, Conditions and Restrictions for Baxter dated November 6, 1998, recorded November 6, 1998, in Record Book 2463, Page 242, re-recorded December 16, 1998 in Record Book 2513, Page 119, in the Office of the Clerk of Court, York County, South Carolina, as amended and supplemented from time to time.

jj. "Permitted Uses" shall mean the uses of a Building Site which are permitted pursuant to the terms of this Agreement and which are specified with respect to each Phase in the applicable Exhibit for such Phase.

kk. "Permitted Services" shall mean the services which may be offered and conducted on a Building Site pursuant to the terms of this Agreement and which are specified with respect to each Phase in the applicable Exhibit for such Phase.

ll. "Phase" or "Phases" shall mean one or more of the phases of development of the health care and wellness facilities contemplated under this Agreement.

mm. "Phase I" shall mean the Phase of development of the health care facilities contemplated under this Agreement which is described in Section 5, Paragraph a of this Agreement and is further explained in Exhibit C.

nn. "Phase II" shall mean the Phase of development of the health care facilities contemplated under this Agreement which is addressed in Section 5, Paragraph b, subparagraph i of this Agreement and is further explained in Exhibit D.

oo. "Phase III" shall mean the Phase of development of the health care facilities contemplated under this Agreement which is addressed in Section 5, Paragraph b, subparagraph ii of this Agreement and is further explained in Exhibit E.

pp. "Phase IV" shall mean [INTENTIONALLY LEFT BLANK].

qq. "Phase V" shall mean the Phase of development of the medical facilities contemplated under this Agreement which is addressed in Section 5, subparagraph iv of this Agreement and is further explained in Exhibit G.

rr. "Piedmont" shall mean AmiSub of South Carolina, Inc., a South Carolina corporation.

ss. "Plans" shall mean collectively the Conceptual Plans, the Schematic Plans, the Design Development Plans, and the Final Plans.

tt. "Preliminary Site Plan" shall mean the preliminary site plan entitled "Baxter Health Campus Master Plan" dated August 16, 2000, which is attached hereto as Exhibit B and incorporated herein by this reference.

uu. "Production Architect" shall mean the production architect selected by the Developer to provide architectural services, including providing the Final Plans, that are described in Section 6 of this Agreement.

vv. "Projected Completion Date" shall mean the latest date projected for completion of construction of the Required Improvements on a particular Building Site as set forth on the relevant Exhibits D, E and G or as otherwise provided in Section 4, Paragraph f of this Agreement.

ww. "Projected Construction Commencement Date" shall mean the latest date projected for commencement of construction of the Required Improvements on a particular Building Site as set forth on the relevant Exhibits C, D, E and G or as otherwise provided in Section 4, Paragraph f of this Agreement.

xx. "Property" shall mean that tract of land that will be developed as Baxter Heath Campus as contemplated under this Agreement and is more particularly described on Exhibit A-4 hereto.

yy. "Purchase Contract" shall mean an agreement of Purchase and Sale of Real Estate of a Building Site between Baxter and Piedmont, in substantially the form attached hereto as Exhibit L and incorporated herein by this reference.

zz. "Required Completion Date" shall mean the latest date required for completion of construction of the Required Improvements in Phase I as shown on Exhibit C.

aaa. "Required Improvements" shall mean those Improvements which the parties have agreed are required to be constructed in each Phase, subject to the applicable approvals of Governmental Authorities.

bbb. "Schematic Plans" shall have the meaning assigned to such term in Section 6, Paragraph c of this Agreement.

ccc. "Utilities" shall have the meaning assigned to such term in Section 7, Paragraph l of this Agreement.

ddd. "Village of Baxter" shall mean one of the three Clear Springs Villages to be developed pursuant to the Clear Springs Plan, whose boundaries are presently described on Exhibit A-1.

eee. "Village of Kingsley" shall mean one of the three Clear Springs Villages to be developed pursuant to the Clear Springs Plan, whose boundaries are presently described on Exhibit A-2.

fff. "Village of Springfield" shall mean one of the three Clear Springs Villages to be developed pursuant to the Clear Springs Plan, whose boundaries are presently described on Exhibit A-3.

3. **Piedmont's Commitment to Purchase.**

a. Piedmont has committed to purchase all Building Sites upon the terms and conditions contained in the Purchase Contract, the form of which is attached hereto as Exhibit L, and incorporated herein by this reference (the "Purchase Contract"). From time to time, CSDC will give written notice to Piedmont that the next Building Site is available for purchase, and Piedmont shall have ten (10) days from the receipt of that written notice to obtain execution of and deliver to CSDC of the Purchase Contract for the Building Site, signed either by Piedmont or Piedmont's subsidiary or third-party Developer, which shall have been approved by CSDC; provided, however, notwithstanding anything to the contrary stated herein, Closing on the acquisition of the Building Site must occur no later than ninety (90) days from the date such written notice is delivered to Piedmont under this Section 3, Paragraph a, but in no event shall Piedmont be obligated to close on a Building Site earlier than one hundred fifty (150) days prior to the Projected Construction Commencement Date of the Required Improvements as shown on the relevant Exhibit attached to this Agreement for that particular Building Site. The basic terms of each transaction of a purchase of a Building Site shall be as follows:

i. The Purchase Price per acre shall be as set forth in Exhibit K.

ii. Piedmont or its selected Developer shall pay a rolling deposit in the amount of $100,000 upon the execution of the first Purchase Contract.

iii. Piedmont or its selected Developer shall be responsible for the payment of all closing costs.

iv. The parties shall prorate taxes and assessments as of the Closing Date. Prorations on the closing date shall be based on prior year estimates and adjusted when final tax information is available to the parties.

v. Piedmont will provide all roadways, drives, sidewalks, parking areas and utility infrastructure required within the bounds of the Property to serve Phase I, including all such infrastructure to be installed within the bounds of Phase I itself. Utility connections for Phase I will be stubbed by CSDC up to the boundary line of the Property on North Sutton Road. With regard to Phase II and all subsequent Phases, CSDC will provide all roadways, drives, sidewalks and parking areas up to the boundary line of the Building Site and utility connections from the roadways stubbed up to the boundary line of the Building Site within those Phases.

b. In the event that Piedmont or its Developer fails to close on the acquisition of a Building Site in Phase I or any subsequent Phase, Piedmont shall lose its Limited Exclusivity Rights for all of Baxter Health Campus. Provided, however, that in the event (i) any part of the Property shall have been designated by the parties for the site of the Rehab Facility mentioned in Section 13 of this Agreement and (ii) Piedmont and Leroy Springs fail to reach agreement with regard to the development of the Rehab Facility after reasonable and good faith attempts at negotiations on the part of Piedmont, then Piedmont shall not lose its Limited Exclusivity Rights for all of Baxter Health Campus if Piedmont fails to closing on the Building Site designated for the Rehab Facility.

4. Land Use Program and Permitted Uses – Services.

a. Phase I and Subsequent Phases. Following its acquisition of any Building Site in any Phase, the Developer shall enter into a Construction Contract with a General Contractor, to be approved by CSDC, which approval shall not be unreasonably delayed or denied, to construct on the respective Building Site those Improvements described on the Exhibit to which such Phase refers (the "Required Improvements") to provide the Permitted Uses listed on the applicable Exhibit, as generally depicted on the "Preliminary Site Plan" attached as Exhibit B, or such other site plan submitted by Piedmont to CSDC as may be approved by CSDC from time to time, which approval by CSDC shall not be unreasonably withheld or delayed. Unless another date is mutually agreed to by CSDC in writing, Piedmont either shall commence the construction or shall have caused the Developer to commence the construction of each of the Required Improvements in that relevant Phase not later than the Projected Construction Commencement Date designated on Exhibits C, D, E and G, respectively, which term shall be

incorporated into the Construction Contract that the Developer enters into with the General Contractor for that Building Site. From time to time, CSDC and Piedmont may mutually agree to revise the attached Exhibits C, D, E and G, whereupon such revised Exhibits, and the dates contained therein, shall become applicable to this Section. Unless otherwise agreed by the parties or provided under this Section 4, Paragraph f of this Agreement, Piedmont shall cause the construction of each of the Required Improvements to have been substantially completed and opened for business to the general public for regular hours not later than the "Required Completion Date" or the "Projected Completion Date" as described in the applicable Exhibit. For purposes of this Agreement, Piedmont shall be deemed to have met the Projected Construction Commencement Date if all of the following have occurred:

i. Piedmont or its selected Developer has satisfied all of the obligations of the Design Review and Approval Section (Section 6 and Exhibits H, I and J) and Construction Section (Section 7) of this Agreement;

ii. The Developer has obtained all of the permits that are necessary to commence construction of the Required Improvements;

iii. The Developer has retained a General Contractor which has been approved by CSDC and has entered into a valid and binding Construction Contract;

iv. Piedmont, the Developer and its General Contractor have satisfied all of the insurance requirements in Section 7, Paragraph q; and

v. The construction of the Required Improvements is actively underway.

In the event that CSDC refuses to approve any Plans submitted to CSDC by Piedmont pursuant to the Design Review and Approval Section (Section 6 and Exhibits H, I and J), despite good faith efforts to comply therewith, Piedmont shall be entitled to a reasonable time extension of the Construction Commencement and Required Completion Dates, in order to allow for the additional time necessary for revision and re-submittal of its Plans for approval by CSDC and/or any applicable Governmental Authority. CSDC shall be commercially reasonable in reviewing and acting on all submittals from Piedmont requiring CSDC's approval.

b. Cost and Fees. Subject to Piedmont's indemnification obligations under this Agreement, Developer shall be solely responsible, at its sole cost and expense, for all costs, expenses, fees and charges associated or incurred in connection with planning and construction of the Required Improvements on each respective Building Site.

c. Due Diligence. Piedmont or its third-party Developer shall be solely responsible for making its own independent investigation and verifying during its due diligence period that it can obtain all permits and approvals necessary to construct the Required Improvements, on each respective Building Site.

d. Designation Notice. In order to preserve the Limited Exclusivity Rights granted to Piedmont by CSDC in Section 5 of this Agreement, Piedmont must evidence its commitment with respect to each Phase, not later than one hundred fifty (150) days after receiving written notice that a subsequent Phase is ready for development, by delivering written notice to CSDC (the "Designation Notice"), specifying the following:

i. which of the Permitted Uses listed on the attached Exhibit applicable to such Phase that Piedmont intends to provide;

ii. Piedmont's projected opening schedule; and

iii. the preliminary construction budget for the proposed Improvements in such Phase.

e. Notwithstanding anything contained in Section 4 of this Agreement, CSDC shall have the right to grant to third parties, the exclusive right to engage in any Permitted Use (a) not being engaged in by Piedmont in the Required Improvements for that Phase; or (b) not contained within the Designation Notice for that Phase; or (c) although contained in the Designation Notice for that Phase, but either (i) not subsequently implemented by Piedmont in the Required Improvements by the Projected Completion Date for those Required Improvements, subject, however, to the qualifications set forth in Paragraph f of this Section 4; or (ii) thereafter discontinued to be provided by Piedmont in that Phase so long as the discontinuance of a service is not temporary due to necessary repairs, replacement of or installation of new equipment.

f. Notwithstanding Paragraph e of this Section 4, if Piedmont is required to apply to the South Carolina Department of Health and Environmental Control (DHEC") for a Certificate of Need ("CON") for any Required Improvements or Permitted Uses upon any Building Site and if Piedmont has taken all reasonable measures by submitting to DHEC, within thirty (30) days after having received written notice from CSDC that a subsequent Phase is ready for development, a substantially complete CON application concerning development of a Required Improvement or Permitted Use and prior to the applicable Projected Construction Commencement Date, final approval of such application is either pending by DHEC, has been denied by DHEC, or is being contested in a state or federal court of competent jurisdiction (collectively, the "Approval Period"), provided that during the Approval Period Piedmont (i) responds to requests and submits all required information and documentation within the time limitations prescribed by statute, rule or regulation, except for such limitations as are extended, continued

or waived by DHEC, administrative or judicial bodies or adverse litigants pursuant to customary practice, (ii) at the time it is submitted has no reason to know that the CON application would be deferred or denied based upon one of the unacceptable reasons for disapproval listed in Subparagraph i.(e) of Paragraph b of Section 5, (iii) does not withdraw its CON application during the Approval Period and (iv) submits to CSDC monthly reports on the status of the CON application, then CSDC agrees to the following:

(a) The Limited Exclusivity provided to Piedmont shall not lapse during the Approval Period as a result of Piedmont's failure to meet a Projected Construction Commencement Date or Required Completion Date or Projected Completion Date.

(b) The Approval Period shall expire upon Piedmont's receipt of written notice of a final approval by a Governmental Authority that is not contested or, if an action is filed contesting such approval, upon written notice of a final judicial order from which no appeal is taken.

(c) If the Projected Construction Commencement Date for a Required Improvement in a Phase occurs on a date before or not less than one hundred twenty (120) days after the expiration of the Approval Period for such Required Improvement, the Projected Construction Commencement Date ("Original Projected Construction Commencement Date") and Projected Completion Date ("Original Completion Date") for such Required Improvement shall be void and unenforceable, and shall be replaced by the following:

(1) The replacement Projected Construction Commencement Date ("Replacement Construction Commencement Date") for the Required Improvement shall be 120 days after the expiration of the Approval Period.

(2) The replacement Projected Completion Date ("Replacement Completion Date") for the Required Improvement shall be computed by adding to the Replacement Construction Commencement Date the total number of days from the Original Construction Commencement Date to the Replacement Construction Commencement Date.

It is expressly understood and agreed that during the Approval Period, Piedmont must diligently pursue the approval of any necessary CON, shall not voluntarily withdraw such CON application without the express written permission of CSDC, and shall perform all measures reasonably required of it to obtain approval of the required CON at the earliest practicable time, and failing the same, Piedmont shall forfeit all of its Limited Exclusivity Rights as to all the Property.

If CSDC grants under this Section 4, paragraph f exclusive rights to a party other than Piedmont to engage in any Permitted Use and provides written notice of such fact to Piedmont, thereafter such use shall no longer be deemed to be a Permitted Use, provided that CSDC shall not grant such exclusive rights to a third party to engage in any Permitted Use that Piedmont has established and continues to operate in a prior Phase subject to the conditions of this Agreement. This Agreement shall not be construed to require Piedmont to construct any of the Required Improvements or implement any of the Permitted Uses contained in the Designation Notice; provided, however, that the failure to construct such Required Improvements or implement such Permitted Uses shall result in Piedmont's loss of its Limited Exclusivity Rights.

5. **Limited Exclusivity Of Piedmont.**

a. Phase I Uses. With respect to Building Site No. 1 and Building Site No. 2 which are both to be acquired by either Piedmont or its selected Developer no later than December 31, 2000, CSDC agrees that, subject to the exclusions and limitations set forth in Paragraphs c and d of this Section, any sale or lease of any portion of CSDC's Property located in the Village of Baxter and within the Clear Springs Plan, to any party other than Piedmont or an entity designated by Piedmont, shall bar such purchaser/tenant from using such property for any of the Permitted Uses specified on Exhibit C, for the term of this Agreement. Notwithstanding the immediately preceding sentence, if CSDC receives a request subsequent to the Required Completion Date to allow a party other than Piedmont or an entity designated by Piedmont (a "Requesting Party") to use any portion of CSDC's Property for any Permitted Use described in Exhibit C, but Improvements in Phase I are not being used for that Permitted Use ("Inactive Use"), CSDC will be free to permit the Requesting Party to implement such Inactive Use free and clear of the Limited Exclusivity Rights restrictions if, following delivery of written notice to Piedmont of the Requesting Party's desire to use property in the Clear Springs Plan for such Inactive Use ("Exclusivity Waiver Notice"), Piedmont fails to do one of the following within thirty (30) days following receipt of the Exclusivity Waiver Notice:

i. Piedmont or its selected Developer, as applicable, offers to lease to the Requesting Party space, which is adequate in the reasonable judgment of the Requesting Party, within (a) Improvements acquired or leased by Piedmont or its selected Developer, or (b) any Required Improvements then under construction or committed by Piedmont or its selected Developer to be constructed pursuant to a Designation Notice, which will permit the Requesting Party to implement the Inactive Use; provided, however, if the Requesting Party has offered to lease or purchase space from CSDC, Piedmont's or the Developer's offer to lease must be on terms and conditions reasonably equivalent to the terms and conditions under which the Requesting Party could then lease space from CSDC, either in an existing Building within the Property or another CSDC

development in the Fort Mill Community, but consistent, however, with all applicable requirements of Governmental Authority; or

ii. If, at the time Piedmont receives the Exclusivity Waiver Notice, Piedmont or its selected Developer has no suitable space left available to lease to the Requesting Party in the existing Improvements acquired or leased by Piedmont, but Piedmont gives a written commitment to CSDC that Piedmont intends to exercise its right to acquire additional land or Building Sites within the Property.

b. Limited Exclusivity Rights in Phase II and Subsequent Phases. With respect to each Building Site that Piedmont acquires within the Property in Phase II or any subsequent Phase, CSDC agrees that, subject to the exclusions and limitations set forth in Paragraphs c and d of this Section 5, any sale or lease to any party other than Piedmont or its selected Developer of any portion of CSDC's Property located within the Property which is subject to the Clear Springs Plan, shall bar such purchaser/tenant from using such property for any of the Permitted Uses specified on the attached Exhibits which applies to that Phase. The Limited Exclusivity Rights of Piedmont set forth in this subparagraph shall lapse and have no further force and effect as follows:

i. As to Phase II:

(a) The Limited Exclusivity Rights shall lapse as to all of the Permitted Uses specified on Exhibit D if Piedmont fails to deliver a Designation Notice for Phase II to CSDC by July 1, 2001.

(b) If Piedmont delivers the Designation Notice for Phase II to CSDC on or before July 1, 2001, the Limited Exclusivity Rights shall lapse as to those Permitted Uses specified on Exhibit D which are not designated on such Designation Notice.

(c) With respect to any of the Permitted Uses specified on Exhibit D that are included on any Designation Notice for Phase II delivered by Piedmont to CSDC not later than July 1, 2001, after the earlier to occur of: (1) the date on which Piedmont opens the Phase II Improvements to the public; or (2) January 1, 2003, if CSDC receives a request to allow a Requesting Party the right to use any portion of CSDC's Property for a Permitted Use specified by Piedmont in the Designation Notice for Phase II, but the Improvements constructed by Piedmont are not being used for such Permitted Use, although such Improvements could be used for such use (e.g., a same day surgery facility is constructed but no surgery is currently being conducted at such facility), CSDC will be free to allow such use free and clear of the aforementioned restrictions if, following delivery to Piedmont of the Exclusivity

Waiver Notice for such Inactive Use, Piedmont fails to satisfy either of the requirements set forth in Section 5, Paragraphs a, subparagraphs i and ii, within thirty (30) days following receipt of the Exclusivity Waiver Notice.

(d) If Piedmont has delivered the Designation Notice for Phase II to CSDC not later than July 1, 2001 and in such Designation Notice Piedmont has specified a use that Piedmont intends to provide from the Permitted Uses listed on Exhibit D, but as of January 1, 2003, Piedmont has not constructed the Required Improvements in order to provide one or more of the Permitted Uses contained in the Designation Notice for Phase II (e.g., a same day surgery facility is specified in such Designation Notice, but no Improvements are constructed containing the necessary facilities to provide same day surgical care), from and after January 1, 2003, those Permitted Uses for which Piedmont failed to construct the Required Improvements shall no longer be deemed subject to the provisions of this Subparagraph.

(e) The relinquishment under this Paragraph b of Section 5 of Piedmont's Limited Exclusivity Rights under Phase II shall not apply, however, to any Required Improvement or Permitted Use for which approval by a Governmental Authority is required, provided that Piedmont has taken all the measures required of it under Section 4, Paragraph f above to obtain such approval unless such approval has been denied in whole or in part because of a final determination that Piedmont failed to demonstrate its ability to provide the proposed services in a manner acceptable to DHEC, based upon, but not to the exclusion of any other basis, substandard quality of care, insufficient financial resources, inadequate staffing or support services, inexperienced management, prior track record of providing health care services, other past deficiencies and a history of citations. It is expressly understood and agreed by Piedmont that in the event the stated grounds for the denial of such approval by DHEC include the insufficient demonstration of Piedmont's capability to provide such Required Improvements or Permitted Use as aforesaid, Piedmont's Limited Exclusivity Rights under Phase II shall immediately lapse, subject to Piedmont's exercise of its rights of administrative and judicial review commenced by Piedmont in good faith; provided, however, that Piedmont will diligently and promptly exercise such review rights and will meet all time limitations prescribed by statute or judicial rule.

ii. As to Phase III:

(a) The Limited Exclusivity Rights shall lapse as to all of the Permitted Uses specified on Exhibit E if Piedmont fails to deliver a Designation Notice for Phase III to CSDC by November 1, 2002.

(b) If Piedmont delivers the Designation Notice for Phase III to CSDC on or before November 1, 2002, the restrictions shall lapse as to those Permitted Uses specified on Exhibit E which are not designated on such Designation Notice.

(c) With respect to any of the Permitted Uses specified on Exhibit E that are included on any Designation Notice for Phase III delivered by Piedmont to CSDC not later than November 1, 2002, after the earlier to occur of: (1) the date on which Piedmont opens the Phase III Improvements to the public; or (2) June 1, 2004, if CSDC receives a request to allow a Requesting Party the right to use any portion of CSDC's Property for a Permitted Use specified by Piedmont in the Designation Notice for Phase III, but the Improvements constructed by Piedmont are not being used for such Permitted Use, although such Improvements could be used for such use (e.g., a same day surgery facility is constructed but no surgery is currently being conducted at such facility), CSDC will be free to allow such use free and clear of the aforementioned restrictions if, following delivery to Piedmont of the Exclusivity Waiver Notice for such Inactive Use, Piedmont fails to satisfy either of the requirements set forth in Section 5, Paragraphs a, subparagraphs i and ii, within thirty (30) days following receipt of the Exclusivity Waiver Notice.

(d) If Piedmont has delivered the Designation Notice for Phase III to CSDC not later than November 1, 2002 and in such Designation Notice Piedmont has specified a use that Piedmont intends to provide from the Permitted Uses listed on Exhibit E, but as of October 1, 2004, Piedmont has not constructed Required Improvements in order to provide one or more of the Permitted Uses contained in the Designation Notice for Phase III (e.g., a same day surgery facility is specified in such Designation Notice, but no Improvements are constructed containing the necessary facilities to provide same day surgical care), from and after October 1, 2004, those Permitted Uses for which Piedmont failed to construct the Required Improvements shall no longer be deemed subject to the provisions of this Subparagraph.

(e) The relinquishment under this Paragraph b of Section 5 of Piedmont's Limited Exclusivity Rights under Phase III shall not apply, however, to any Required Improvement or Permitted Use for which approval by a Governmental Authority is required,

provided that Piedmont has taken all the measures required of it under Section 4, Paragraph f above to obtain such approval unless such approval has been denied in whole or in part because of a final determination that Piedmont failed to demonstrate its ability to provide the proposed services in a manner acceptable to DHEC, based upon, but not to the exclusion of any other basis, substandard quality of care, insufficient financial resources, inadequate staffing or support services, inexperienced management, prior track record of providing health care services, other past deficiencies and a history of citations. It is expressly understood and agreed by Piedmont that in the event the stated grounds for the denial of such approval by DHEC include the insufficient demonstration of Piedmont's capability to provide such Required Improvements or Permitted Use as aforesaid, Piedmont's Limited Exclusivity Rights under Phase III shall immediately lapse, subject to Piedmont's exercise of its rights of administrative and judicial review commenced by Piedmont in good faith; provided, however, that Piedmont will diligently and promptly exercise such review rights and will meet all time limitations prescribed by statute or judicial rule.

iii. As to Phase IV:

Except as set forth in Paragraphs b, c, d, e and f of this Section 5, Piedmont shall have no Limited Exclusivity Rights or obligations regarding Phase IV, and CSDC is free to develop and market Phase IV as it deems fit in its sole and absolute discretion.

iv. As to Phase V:

(a) Acute Care Beds. Piedmont shall have Limited Exclusivity Rights to develop and operate an acute care facility licensed by DHEC in Phase V until the earlier to occur of: (A) 10 years from the issuance by York County of a Certificate of Occupancy for the Improvements containing such acute care beds; or (B) December 31, 2009, provided that all of the following conditions are met:

(i) Piedmont is not in default of any of its obligations set forth in this Agreement; and

(ii) Piedmont has properly delivered its Designation Notice for Phase V to CSDC by January 1, 2007, which commits to including all the acute care beds licensed by DHEC to it for the acute care facility within the Phase V Improvements; and

(iii) Piedmont completes construction, not later than January 1, 2012, of Improvements that contain the required number of acute care beds and provides acute care services with such beds.

(b) The relinquishment under this Paragraph b of Section 5 of Piedmont's Limited Exclusivity Rights under Phase V shall not apply, however, to any Required Improvement or Permitted Use for which approval by a Governmental Authority is required, provided that Piedmont has taken all the measures required of it under Section 4, Paragraph f above to obtain such approval unless such approval has been denied in whole or in part because of a final determination that Piedmont failed to demonstrate its ability to provide the proposed services in a manner acceptable to DHEC, based upon, but not to the exclusion of any other basis, substandard quality of care, insufficient financial resources, inadequate staffing or support services, inexperienced management, prior track record of providing health care services, other past deficiencies and a history of citations. It is expressly understood and agreed by Piedmont that in the event the stated grounds for the denial of such approval by DHEC include the insufficient demonstration of Piedmont's capability to provide such Required Improvements or Permitted Use as aforesaid, Piedmont's Limited Exclusivity Rights under Phase V shall immediately lapse, subject to Piedmont's exercise of its rights of administrative and judicial review commenced by Piedmont in good faith; provided, however, that Piedmont will diligently and promptly exercise such review rights and will meet all time limitations prescribed by statute or judicial rule.

v. As to Phases Subsequent to Phase V:

The parties agree that as to any other Phases not specifically described in this Agreement, this Agreement will be supplemented in writing to specify the Permitted Improvements, Required Improvements, if any, Projected Construction Commencement Dates, Projected Completion Dates and Permitted Uses and Services, as well as the specified dates for delivery of the respective Designation Notices with respect to such additional respective Phases and the lapse of restrictions and Piedmont's Limited Exclusivity Rights under this Agreement, in the same manner as is provided for Phase II and other Phases, as may be applicable, described in this Paragraph b of Section 5 above.

c. Total Exclusions from Exclusivity. Notwithstanding anything contained in Section 5, Paragraphs a or b of this Agreement, CSDC has the right to allow any portion of the Property to be used by third parties for any non-medical use or for

any of the following uses even if such uses are listed on Exhibits C, D, E, F and/or G hereof:

i. One or more pharmacies

ii. Conference and exhibit space not primarily being used for medical purposes.

iii. Community parks and recreation facilities.

iv. The retail sale of health related items.

v. Restaurants and other food services.

vi. Support services, other than medical laboratories.

vii. Housing Facilities for Senior Citizens, including without limitation, skilled nursing, assisted living, or independent living units.

d. Expiration of Restrictions. Except as set forth in Paragraph e of this Section 5 below, these Limited Exclusivity Rights shall lapse and be of no further force and effect on the tenth (10^{th}) anniversary of the date of this Agreement; provided, however, that if a CON is required as a condition precedent to the construction of a Required Improvement and such CON is not issued by the Original Construction Commencement Date for such Improvement, then the applicable Limited Exclusivity Rights shall remain in effect ten (10) years following the Replacement Construction Commencement Date for such Required Improvement, unless Piedmont has not met all of the requirements set forth in Section 4, Paragraph f regarding its diligent pursuit of the CON.. Thereafter, there shall be no restrictions imposed by this Agreement on CSDC's right to allow the use of its Property by third parties for any use.

e. Ambulatory Surgery. Piedmont shall have Limited Exclusivity Rights to provide ambulatory surgery facilities within the Property until February 1, 2007, provided that all of the following conditions are fulfilled:

i. Piedmont is not in material default under any of its obligations set forth in this Agreement; and

(c) ii. Piedmont establishes an ambulatory surgery facility and opens such facility for business not later than the Projected Completion Date for the Phase III Improvements as more particularly described in Exhibit E. Piedmont will be deemed to be in compliance of this Paragraph e if Piedmont has taken all the measures required of it under Section 4, Paragraph f above to obtain such approval by DHEC unless such approval has been

denied in whole or in part because of a final determination that Piedmont has failed to demonstrate its ability to provide services in a manner acceptable to DHEC, based upon, but not to the exclusion of any other basis, the insufficient demonstration of Piedmont's capability to provide such Required Improvements or Permitted Use as aforesaid. It is expressly understood and agreed by Piedmont that in the event the stated grounds for the denial of such approval by DHEC include the insufficient demonstration of Piedmont's capability to provide such Required Improvements or Permitted Use as aforesaid, Piedmont's Limited Exclusivity Rights under Phase III shall immediately lapse, subject to Piedmont's exercise of its rights of administrative and judicial review commenced by Piedmont in good faith; provided, however, that Piedmont will diligently and promptly exercise such review rights and will meet all time limitations prescribed by statute or judicial rule.

f. Physicians' Offices.

i. With regards to physician's or medical offices, CSDC has agreed that for so long as the Limited Exclusivity Rights are applicable, Piedmont shall have the exclusive right to be the only "Hospital Ownership Company" having the right to own, having a profit participation in, or having its employees own or operate a Hospital Ownership Company Related Physicians' Office.

ii. For purposes of this Agreement, the following terms shall have the following meaning:

(a) a "Hospital Ownership Company" shall mean any corporation, partnership or other entity, including any subsidiary or affiliate of such entities, that operates or owns a controlling interest in a full service hospital facility in the State of South Carolina.

(b) A "Hospital Ownership Company Related Physician's Office" shall mean any physician's office which meets any of the following conditions:

(i) is owned, controlled or operated by physicians who are employees of a Hospital Ownership Company; or

(ii) is owned, operated or controlled by physicians who own an equity interest in a Hospital Ownership Company, other than an ownership interest in a Hospital Ownership Company that is publicly traded on a recognized national stock exchange;

(iii) pursuant to a binding contract or agreement with a Hospital Ownership Company, is either operated by such Hospital Ownership Company or has an agreement to allow a Hospital Ownership Company to participate in the profits and losses of the medical practice conducted in such physician's office, or has an agreement which otherwise allows a Hospital Ownership Company to participate in the management or operation of such physician's office; provided however, the mere fact that a physician has admitting privileges with one or more hospital facilities operated by a Hospital Ownership Company, shall not, in and of itself, be deemed to constitute an equity or profit participation relationship between such physician's practice and the Hospital Ownership Company.

(c) The provisions of Section 5, Paragraph f are not intended to restrict CSDC from allowing any physician(s) to own, lease, or operate any physician(s) offices within the Clear Springs Plan, so long as such physician(s) offices are not Hospital Ownership Company Related Physicians' Offices and such physician(s) has (have) an ownership interest(s) in a single-family residential unit(s), which is (are) actually occupied by such physician(s), located in the Clear Springs Plan and spend(s) the majority of his (their) time in the Clear Springs Plan (the "Clear Springs Unaffiliated Physicians"). However, CSDC agrees to adhere to the following process if and when a Clear Springs Unaffiliated Physician approaches CSDC about owning, leasing or operating a physician's office within the Clear Springs Plan:

(i) CSDC will explain to the inquiring Clear Springs Unaffiliated Physician that it has entered into an alliance agreement with Piedmont to assure the best quality of medical service to be provided in the Clear Springs Plan, hereunder Piedmont is the Limited Exclusivity Provider, and will refer the inquiring Clear Springs Unaffiliated Physician to Charles Miller or his successor at Piedmont. CSDC will also inform Piedmont of the inquiry.

(ii) Piedmont then will screen the inquiring Clear Springs Unaffiliated Physician and determine whether to extend to him some type of affiliation with Piedmont, whether that be membership in a Hospital Ownership Company Related Physician's Office affiliated with Piedmont and/or medical staff privileges at Piedmont's Main Campus. If both Piedmont and the inquiring Clear

Springs Unaffiliated Physician agree on an affiliation, the physician is free to own, lease or operate a physician office within the Clear Springs Plan.

(iii) If Piedmont and the inquiring Clear Springs Unaffiliated Physician can not after a reasonable period of time reach agreement on that kind of affiliation, the inquiring Clear Springs Unaffiliated Physician is free to own, lease or operate a facility within the Clear Springs Plan but not as a member of a Hospital Ownership Company Related Physician's Office, so long as the Clear Springs Unaffiliated Physician resides in the Clear Springs Plan.

It is understood and acknowledged by CSDC that in the event the Clear Springs Unaffiliated Physician is allowed to own, lease or operate a facility in the Clear Springs Plan after the above-stated process has been completed through subparagraph (iii) above and is not able, after a reasonable period of time and effort, to change CSDC's decision in that regard, Piedmont shall have the right to terminate this Agreement, and neither party shall have any further rights or obligations to the other with regard to the Limited Exclusivity Rights granted under this Section 5.

6. Design Review and Approval of Improvements.

a. Aesthetics. Both Piedmont and CSDC desire that the aesthetic aspects of the Baxter Health Campus and any other health care facilities to be developed pursuant to the provisions of this Agreement reflect the character of the surrounding Improvements within the respective Clear Springs Villages. Piedmont shall work closely with CSDC during all phases of conceptual, schematic, design development, and preparation of final plans, to ensure that the aesthetic aspects of the Baxter Health Campus and the other facilities developed pursuant to this Agreement are consistent with all other improvements constructed within the Clear Springs Plan. CSDC shall have the right to approve all aesthetic aspects of development of all health care facilities developed pursuant to this Agreement, including but not limited to the Baxter Health Campus, and CSDC may reject any aspect of development purely on aesthetic grounds. CSDC's decision on aesthetic matters shall be final. In addition, as the Schematic Plans phase moves forward to the Design Development phase and the production of working drawings, CSDC shall have the right to provide design input and design solutions to maintain and enhance the concepts and goals addressed in Section 1 of this Agreement.

b. Conceptual Plans and Use.

i. For each Phase, Piedmont shall submit to CSDC for its approval conceptual plans of the proposed Improvements (the "Conceptual Plans").

The Conceptual Plans shall include a general rendering of the layout, size, appearance and uses of the proposed Improvements. Piedmont's selection of a Design Architect shall be subject to the prior written approval of CSDC in its sole and absolute discretion, and following CSDC's approval shall be referred to in this Agreement as the "Approved Design Architect." Piedmont will consult with and reasonably consider Production Architects suggested by CSDC, but Piedmont shall not be required to obtain CSDC's approval of the Production Architect. The Conceptual Plans shall contain such information and shall be in such format, as CSDC shall reasonably require. CSDC shall respond to Piedmont's submission of the proposed Conceptual Plans within sixty (60) days of CSDC's receipt of the proposed Conceptual Plans. CSDC's review may take into account the type, kind, nature, design, style, shape, size, height, width, Improvements, both in their entirety and as to their individual component parts, in relation to and their compatibility and harmony with the Baxter Health Campus or such other site and facilities where the Improvements are to be located, the topography and physical characteristics of the land, as well as in relation to the overall theme, concept, atmosphere and quality associated with the Clear Springs Plan. CSDC may accept, reject, or accept with conditions, the proposed Conceptual Plans in CSDC's sole and absolute discretion. Such sole and absolute discretion shall include, without limitation, the right to reject or condition acceptance of the proposed Conceptual Plans on purely subjective aesthetic grounds. In the event the proposed Conceptual Plans are rejected by CSDC or are approved subject to conditions, Piedmont shall re-submit the proposed Conceptual Plans for reconsideration by CSDC under the same terms as are set forth in this subsection.

ii. Upon CSDC's approval of the proposed Conceptual Plans for an Improvement, both CSDC and Piedmont shall date and initial the approved Conceptual Plans. Piedmont shall thereafter be obligated to complete the design process and to construct the Required Improvements as set forth in this Section 6.

c. Schematic Plans. Following CSDC's approval of the Conceptual Plans, Piedmont shall commence preparation of the schematic plans for the Improvements (the "Schematic Plans"). The Schematic Plans shall be consistent with the approved Conceptual Plans and shall be designed to implement the Permitted Uses for that Phase (the "Consistency Standard"). Piedmont shall, as soon as practicable, but in no event later than ninety (90) days from the date of CSDC's approval of the Conceptual Plans, submit to CSDC the proposed Schematic Plans. (The proposed Schematic Plans shall be submitted with three sets of blue line and one set of reproducible plans, Mylar or sepia). The proposed Schematic Plans, which shall be drawn by either the Approved Design Architect or Production Architect, in consultation with CSDC, shall include all of those items described on the attached Exhibit H, which is incorporated herein by this reference. CSDC shall have thirty

Springs Unaffiliated Physician agree on an affiliation, the physician is free to own, lease or operate a physician office within the Clear Springs Plan.

(iii) If Piedmont and the inquiring Clear Springs Unaffiliated Physician can not after a reasonable period of time reach agreement on that kind of affiliation, the inquiring Clear Springs Unaffiliated Physician is free to own, lease or operate a facility within the Clear Springs Plan but not as a member of a Hospital Ownership Company Related Physician's Office, so long as the Clear Springs Unaffiliated Physician resides in the Clear Springs Plan.

It is understood and acknowledged by CSDC that in the event the Clear Springs Unaffiliated Physician is allowed to own, lease or operate a facility in the Clear Springs Plan after the above-stated process has been completed through subparagraph (iii) above and is not able, after a reasonable period of time and effort, to change CSDC's decision in that regard, Piedmont shall have the right to terminate this Agreement, and neither party shall have any further rights or obligations to the other with regard to the Limited Exclusivity Rights granted under this Section 5.

6. **Design Review and Approval of Improvements.**

a. Aesthetics. Both Piedmont and CSDC desire that the aesthetic aspects of the Baxter Health Campus and any other health care facilities to be developed pursuant to the provisions of this Agreement reflect the character of the surrounding Improvements within the respective Clear Springs Villages. Piedmont shall work closely with CSDC during all phases of conceptual, schematic, design development, and preparation of final plans, to ensure that the aesthetic aspects of the Baxter Health Campus and the other facilities developed pursuant to this Agreement are consistent with all other improvements constructed within the Clear Springs Plan. CSDC shall have the right to approve all aesthetic aspects of development of all health care facilities developed pursuant to this Agreement, including but not limited to the Baxter Health Campus, and CSDC may reject any aspect of development purely on aesthetic grounds. CSDC's decision on aesthetic matters shall be final. In addition, as the Schematic Plans phase moves forward to the Design Development phase and the production of working drawings, CSDC shall have the right to provide design input and design solutions to maintain and enhance the concepts and goals addressed in Section 1 of this Agreement.

b. Conceptual Plans and Use.

i. For each Phase, Piedmont shall submit to CSDC for its approval conceptual plans of the proposed Improvements (the "Conceptual Plans").

(30) days to review the proposed Schematic Plans following their receipt and shall give Piedmont written notice of its approval, rejection or approval with conditions consistent with the requirements of this Section 6. In the event that CSDC determines that the proposed Schematic Plans do not meet the Consistency Standard, Piedmont shall have the proposed Schematic Plans revised to comply with the Conceptual Plans previously approved by CSDC and shall re-submit the revised proposed Schematic Plans within thirty (30) days following receipt of written notice from CSDC.

d. Design Development Plans. Immediately following CSDC's approval of the Schematic Plans, Piedmont shall commence preparation of the design development plans for the Improvements (the "Design Development Plans"). The Design Development Plans shall be consistent with the approved Conceptual Plans and Schematic Plans described above. Piedmont shall, as soon as practicable, but in no event later than ninety (90) days from the date of CSDC's approval of the Schematic Plans, submit to CSDC the proposed Design Development Plans. (The proposed Design Development Plans shall be submitted with three sets of blue line and one set of reproducible plans, Mylar or sepia). The proposed Design Development Plans shall be prepared by either the Approved Design Architect or Production Architect in consultation with CSDC, and shall include all of those items described on the attached Exhibit I, which is incorporated herein by this reference. CSDC shall have thirty (30) days to review the proposed Design Development Plans following their receipt. and shall give Piedmont written notice of its approval, rejection or approval with conditions consistent with the requirements of this Section 6. The Design Development Plans shall be reviewed by CSDC for the sole purpose of confirming that they comply with the Consistency Standard and are a direct development of the approved Conceptual Plans and Schematic Plans described above. In the event that CSDC determines that the proposed Design Development Plans do not meet the Consistency Standard, Piedmont shall have the proposed Design Development Plans revised to bring such plans into compliance with the Conceptual Plans and Schematic Plans as previously approved by CSDC and shall re-submit the revised proposed Design Development Plans within thirty (30) days following receipt of written notice from CSDC.

e. Final Plans.

i. Within one hundred eighty (180) days after CSDC has given written notice to Piedmont of its approval of the Design Development Plans, Piedmont shall submit to CSDC the proposed Final Plans for such Improvements. (The proposed Final Plans shall be submitted with three sets of blue line and one set of reproducible plans, Mylar or sepia.) The proposed Final Plans shall conform to, and be a direct development of the Approved Conceptual Plans, Schematic Plans and the Design Development Plans, and shall be prepared, signed and sealed by the Production Architect (along with such landscape architects and engineers

licensed in the State of South Carolina as Piedmont shall select, subject to CSDC's reasonable approval), and shall include the matters set forth in the attached Exhibit J, which is incorporated herein by this reference (the "Final Plans").

ii. CSDC shall have thirty (30) days to review the proposed Final Plans and notify Piedmont of its approval, rejection or approval with conditions, consistent with the requirements of this Section 6. If, in CSDC's reasonable, good faith judgment, the proposed Final Plans are not acceptable, because CSDC has determined that the proposed Final Plans do not conform to, or are not a direct development of the Approved Conceptual Plans, Schematic Plans, and the Design Development Plans, CSDC shall give Piedmont written notice of any questions or objections which CSDC has with respect to such Final Plans. In the event that CSDC determines that the proposed Final Plans do not meet the Consistency Standard, Piedmont shall have the proposed Final Plans revised and shall re-submit the revised proposed Final Plans within thirty (30) days following written notice from CSDC.

iii. Nothing contained herein shall be deemed to require CSDC to respond to or approve any proposed Final Plans until all Schematic Plans and Design Development Plans have been submitted to and approved by CSDC.

f. Ownership of Plans; Exclusive Rights to Design. CSDC shall be furnished with a complete set of "record" drawings upon the completion of construction of the Improvements; provided, however, notwithstanding the Architect's proprietary claims thereto, Piedmont or its third-party Developer shall be deemed the owner of the Final Plans for the Improvements for the purposes of this Agreement. CSDC shall not have any responsibility for the adequacy of such Final Plans or any liability whatsoever in the event that the Final Plans, or the design represented thereby, is deficient in any manner.

g. Compliance Guidelines. In addition to the foregoing requirements, the proposed Final Plans submitted by Piedmont shall comply with all of the following guidelines:

i. the rules and regulations of any architectural review board having jurisdiction over the Property;

ii. any site or design development guidelines promulgated by CSDC prior to the Closing Date provided for in the applicable Purchase Contract and approved by Piedmont, which approval shall not be unreasonably withheld;

iii. any requirements of any property owners association having jurisdiction over the Property; and

iv. any requirements of any Development Agreement issued and/or executed with respect to CSDC's Property by either (a) CSDC and York County, or (b) CSDC and the Town of Fort Mill, provided the Development Agreement does not have a material adverse effect upon Piedmont or the Property. (The term "Development Agreement" shall mean and refer to any agreement complying with the South Carolina Local Government Development Agreement Act, as set forth in the Code of Laws of South Carolina 1976, as amended, Section 6-31-10, et seq.)

h. No Liability. Except as otherwise set forth in this Agreement, neither CSDC, nor CSDC's affiliates shall be either jointly or severally liable or accountable for damages or otherwise to Piedmont or other person or party by reason or on account of any decision, approval or disapproval of any Plans, specifications or other materials required to be submitted for review and approval pursuant to the provisions of this Agreement. Additionally, Plans, specifications and other materials submitted to and approved by CSDC shall not be reviewed or approved for their compliance with any applicable Laws or Governmental or Environmental Permits, including, without limitation, any applicable building or zoning laws, ordinances, rules or regulations. By the approval of any such Plans, specifications or materials, including the Preliminary Site Plan attached as Exhibit B, neither CSDC nor CSDC's affiliates nor their respective representatives, officers, directors, employees or agents of any of them, shall have, assume or incur any liability or responsibility whatsoever for any violation of Laws or, in any action by Piedmont, any defect in the design or construction of any Building, structure or other aspect of the Improvements, constructed, erected, placed or installed pursuant to or in accordance with any such Plans, specifications or other materials approved pursuant to this Agreement, nor shall such approval by CSDC be deemed to constitute a representation or warranty by CSDC that such Improvements, parking facilities, intersections, or other components of Piedmont's proposed development can or will be approved by applicable governmental entities having jurisdiction thereof. It shall be solely Piedmont's obligation to verify the availability of such approvals and to obtain same at Piedmont's expense.

i. Modifications. Neither Piedmont nor CSDC shall materially modify, change, supplement, materially alter or amend the approved Final Plans, or in any way alter the exterior appearance of the Improvements depicted therein, without the mutual prior written consent of CSDC.

j. Extension of Deadlines. Notwithstanding anything contained in this Section 6 to the contrary, in the event that CSDC fails to notify Piedmont of its approval or disapproval of the Conceptual Plans, Schematic Plans, Design Development Plans, or Final Plans, within the respective time periods specified in this Agreement, all of the dates specified for the delivery of subsequent stages of the Plans for the construction of the Required Improvements and all of the dates set

forth in the respective Exhibit for such Phase for the Commencement and Required or Projected Completion Date of Construction for the respective Phase whose plan review was delayed, shall be extended on a day by day basis by the number of days for which CSDC's review and decision was delayed.

k. When Developer is an Entity other than Piedmont. When Piedmont has selected another entity to be the Developer of any Phase or Building Site, such Developer must be approved by CSDC in its sole and exclusive discretion, and the obligations stated to be the Developer's under this Section 6 and the following Section 7 shall be expressly transferred to and assumed in writing by such Developer. CSDC will not unreasonably delay its response to a request from Piedmont for approval of its selected Developer.

l. Dispute Resolution. Any dispute regarding CSDC's decision to not approve the Schematic Plans, Design Development Plans or Final Plans on grounds that such Plans do not conform to the Consistency Standard, shall be submitted to mediation, and if the parties are unable to resolve their dispute through such process, either party may submit the issue to non-binding arbitration; provided, however, that this subsection shall not apply to CSDC's decision with respect to the Conceptual Plans, since CSDC has the sole and absolute discretion to reject or condition acceptance of Conceptual Plans on purely subjective aesthetic grounds.

7. **Construction and Alteration of Improvements.**

a. The Improvements. With respect to Phase I and all subsequent Phases, Piedmont or its selected Developer shall construct the Improvements upon the Property in accordance with the approved Final Plans (and the specifications based thereon) at the sole cost and expense of Piedmont or its selected Developer. Any changes or revisions to the Final Plans shall be at Piedmont's sole cost and expense, and provided that such changes or revisions are consistent with the approved Conceptual Plans, Schematic Plans, and Design Development Plans, such changes or revisions shall be subject only to CSDC's reasonable review and approval for continued compliance with the Consistency Standard with respect to such prior approved Plans. If any proposed changes or revisions are material and inconsistent with such prior approved Plans or in any way materially alter the exterior appearance of the Improvements, such changes or revisions shall be subject to the prior written approval of CSDC in each instance, in CSDC's sole discretion. Piedmont or its selected Developer shall commence construction of the Improvements for each Phase not later than the required commencement date set forth in the respective Exhibit(s) which apply to such Phase.

b. General Contractor. The General Contractor selected by the Developer shall be a reputable general contractor licensed by the State of South Carolina with substantial experience in the construction of facilities of the type required by this Agreement. The Developer shall submit to CSDC a list of potential contractors for CSDC's consideration, and the Developer shall have the right to thereafter

contract with any of the contractors that CSDC has approved from the list of names previously submitted to CSDC. The Construction Contract shall be on one of the standard AIA forms of Construction Contract between Owner and Contractor, and CSDC shall be given a copy of such fully executed Construction Contract for its files.

c. Permits and Approvals. Developer shall be responsible for obtaining all federal, state and local governmental permits and approvals, whether foreseen or unforeseen, required for the construction and operation of the Required Improvements. Developer shall keep CSDC generally apprised of Developer's future progress in seeking Environmental and Governmental Permits. In this regard, Developer shall do all of the following: (i) notify CSDC of all public hearings with respect thereto; (ii) furnish CSDC with copies of all applications for all Environmental and Governmental Permits and approvals prior to submittal to the appropriate agency; (iii) not submit such applications to such agencies until and unless CSDC has approved the permit applications, which approval shall not be unreasonably delayed or withheld; (iv) provide CSDC with copies of all Environmental and Governmental Permits; and (v) comply with the terms of all Environmental and Governmental Permits.

d. Coordination. Developer recognizes that there may be other construction activities on adjacent property owned or being developed by CSDC and, if so, Developer shall make a good faith effort to coordinate its construction activities with such other construction activities so as not to materially interfere with such other ongoing construction activities. Further, Piedmont shall make a good faith effort to assure that the performance of any construction hereunder shall not materially disrupt or interfere with business activities or traffic on adjacent property owned or being developed by CSDC. CSDC may, from time to time, promulgate reasonable construction rules and regulations concerning, among other things, the coordination, safety and appearance of the Baxter Health Campus or other health care facilities in the Clear Springs Villages during construction activities, to which Developer and its General Contractor shall comply. To the extent reasonably possible without adversely impacting CSDC's construction and development schedule for the Property and other selected sites for health care facilities in the Clear Springs Villages, CSDC shall not materially interfere with the construction by Developer of the Improvements.

e. Quality of Construction. Developer represents and warrants to CSDC that it shall cause its General Contractors to perform all Construction in a good and workmanlike manner, and warranties on materials and workmanship of no less than one (1) year following completion of construction of the applicable Improvement shall be obtained by Developer from its General Contractor.

f. Prerequisites to Commencement of Construction. Prior to the Commencement of any Construction, Piedmont shall satisfy all of the following requirements:

i. CSDC shall have approved the Final Plans in writing as provided for herein;

ii. The Final Plans shall be filed, in addition to required applications and representations, by Developer with and approved by all applicable Governmental Authorities having or claiming jurisdiction over any Improvement that is the subject of such Final Plans, and any required governmental impact fees shall have been paid by Developer to the appropriate governmental agency;

iii. If required by CSDC, Developer shall, at Developer's sole cost and expense, erect and install a temporary enclosure approved by CSDC, which shall enclose the portion of the Property under construction, and which shall meet all state and local fire codes and any standards required by CSDC's insurers;

iv. Before entering upon the Developer for performance of Developer's construction, Piedmont shall furnish, or cause its General Contractor to furnish CSDC appropriate payment, performance and completion bonds in an amount reasonably satisfactory to CSDC and written by a surety company reasonably acceptable to CSDC, which guarantee the full and faithful completion of Developer's construction in accordance with this Agreement and free of all liens; and which bonds are endorsed to reflect that CSDC is a dual obligee; and

v. Developer shall provide CSDC with evidence that Developer has obtained all insurance required by this Agreement, including, but not limited to, builders' risk insurance.

g. Cost of Construction. For Phase I and all subsequent Phases, Developer shall submit a preliminary construction budget for CSDC's approval, which approval shall not be unreasonably withheld or delayed, and shall fully comply with the terms of this Section 7, Paragraph g as they apply to each Phase. Any material deviation (defined as a reduction in cost of more than ten percent (10%), in the aggregate) in such construction budget must have CSDC's prior written approval. Reductions in the construction budget due to value engineering will not be deemed a material deviation. CSDC agrees that it shall not unreasonably withhold its consent to budget changes resulting from changes in the design of the Improvements that do not affect the quality of construction, the aesthetics of the Improvements or the scope of the programs to be provided from the Improvements. As soon as practicable after the completion of the Improvements and the opening of the Baxter Health Campus and any other sites of health care facilities in the Clear Springs Villages to the public, Developer shall deliver to CSDC a written certification before a notary public which contains all of the following information:

i. setting forth the total cost to complete the Improvements, including architectural, engineering, legal and other professional fees and costs; and

ii. stating that the Improvements and the particular Building Sites are free and clear of all liens and encumbrances, and agreeing to indemnify, defend, and hold harmless CSDC and Baxter in the event that any liens or encumbrances relating to the construction of the Improvements are subsequently filed.

h. Expansion of Baxter Health Campus. Developer may, consistent with the Permitted Uses, alter or expand any Improvements hereafter constructed by, Developer on the Property, following completion of such Improvements by Developer in accordance with the Final Plans therefore, provided that Developer obtains CSDC's approval to aesthetic and design changes to the Improvements. The provisions of this subparagraph are not intended to apply to interior alterations to the Baxter Health Campus, unless such alterations also have the effect of materially changing the Permitted Use of the Premises in a manner not contemplated by this Agreement, nor are they intended to apply to expansions of the Improvements that were depicted on previously approved site plans for such Phase or Improvements.

i. Removal of Trash. Developer shall cause, at its sole cost and expense, the prompt removal from the Baxter Health Campus of all trash which may accumulate in connection with any construction or other activities by Piedmont.

j. Construction Schedules. Developer shall cause to be furnished to CSDC copies of the periodic projected and actual construction progress, critical path and materials and equipment purchasing schedules (collectively, "Critical Path Schedules") prepared, from time to time, in connection with the planning and construction of the Improvements. The purpose of the Critical Path Schedules shall be to keep CSDC apprised of Developer's best estimates of the construction schedule for the Improvements and the times at which any plan modifications could be effected without increased cost or at the least possible increased cost.

k. Quality. The quality of all materials and workmanship incorporated into the Baxter Health Campus and the other health care and wellness sites developed under this Agreement shall be at least equal to the quality of materials and workmanship used in constructing other improvements open to the public at the Village of Baxter and consistent with the Clear Springs Plan. Developer shall cause the Improvements to be constructed in accordance with the Final Plans and with the Critical Path Schedules and cause all Improvements contemplated by this Agreement, including without limitation grading and all other on and off-site improvements, to be made and completed in a manner equal to the quality of materials and workmanship used in constructing other improvements open to the public at the Village of Baxter and consistent with the Clear Springs Plan.

l. Utilities. CSDC shall be responsible for, at CSDC's expense, bringing potable water lines, irrigation quality water irrigation water lines, sanitary sewer lines, electricity and storm drainage connections (the "Utilities"), up to the boundary line of the Property along the main roadway with adequate capacities for the Improvements to be constructed by Developer by the Construction Commencement Date for each Phase. Thereafter, it shall be the responsibility of the Developer and/or Piedmont to have the Utilities extended to serve each Building Site in Phase I and all subsequent Phases. Notwithstanding anything else contained in this subsection, if CSDC is delayed in its attempts to install such Utilities along the main road into the Property, CSDC shall have no liability to Piedmont therefor, and Piedmont's only remedy therefor shall be that the Construction Commencement Date and the Required Completion Date for the Improvements in such Phase shall be extended by one (1) day for each day that delivery of such lines and services is delayed. The Utilities shall enter the Property through the beds of public streets and/or through easements or rights-of-way which shall be granted by CSDC to the relevant utility companies. With regard to Phase I or any subsequent Phase where Piedmont has assumed the responsibility of providing utility connections to the Building Sites from the Property boundary lines, CSDC shall cause Baxter to grant free of charge to Piedmont or its selected Developer easements for connections from the stubs of such Utilities to the particular Building Sites; provided, however, that Piedmont or its selected Developer shall be responsible for the expense of designing, installing and, beyond the point where any utility service provider has agreed to accept the maintenance of the lines and equipment, the maintenance of any such connections from the stubs installed by CSDC to the particular Building Site. The parties shall endeavor to cooperate with each other and to coordinate their efforts in providing for the supply of the Utilities.

m. Impact Fees. The Developer shall be responsible for payment of all tap fees or impact fees.

n. Inspections. CSDC may employ, on such basis as CSDC may elect, and at CSDC's sole expense, a construction consultant or consultants (collectively, the "Inspector"), chosen by CSDC in its sole discretion. The Consultant will be retained to render the following services: (i) to review, in such detail as may be required by CSDC, the Schematic Plans, Design Development Plans and Final Plans and all modifications and amendments thereto and to suggest such alterations, modifications, changes or amendments thereto as the Inspector may deem appropriate; (ii) to review and inspect the Improvements during the course of construction and certify to CSDC that the Improvements are being constructed in accordance with the Final Plans; (iii) to periodically certify to CSDC the extent to which construction of the Improvements has been completed; and, (iv) to render such other services in connection with the inspection and supervision of the construction of the Improvements as CSDC shall deem necessary or desirable. The Inspector shall perform these services from time to time and at such intervals as CSDC may require. Piedmont expressly acknowledges and agrees that the

Inspector shall be employed solely for the benefit of CSDC and that neither the Inspector nor CSDC shall assume or incur, or be deemed to have assumed or incurred, any liability or obligation whatsoever to Piedmont or any other party. Without limiting the generality of the foregoing, (a) CSDC makes no representations and assumes no obligations or liabilities to Piedmont or to any other party with respect to the quality of construction of the Improvements or the absence of defects therefrom, and (b) CSDC has retained the Inspector as a consultant to CSDC only, the Inspector shall review the Plans and Specifications and the progress of construction of the Improvements solely for the benefit of CSDC and neither the Inspector nor CSDC shall be deemed to have assumed any liability to Piedmont or other party in connection with such review. As often as CSDC may reasonably require, (but upon not less than twenty four (24) hours prior notice except in an emergency), Piedmont shall permit the Inspector or any other person designated by CSDC, at reasonable times during normal working days, to enter upon and inspect the Baxter Health Campus and all materials to be used in the construction of the Improvements, and to examine the Critical Path Schedules and Final Plans, along with all detailed plans and shop drawings which may be kept at the construction site, and to discuss the progress of construction with and to be advised as to the same by the General Contractor, the Architect and Piedmont.

o. Completion of Construction. "Completion of Construction" shall have occurred only upon the satisfaction of all of the following conditions:

i. the Required Improvements, including any equipment, fittings and fixtures required to be installed by the Final Plans, shall have been substantially completed and installed in accordance with the Final Plans on or before the respective Required Completion Date set forth on the attached Exhibit which applies to that Phase;

ii. the final unconditional certificate of occupancy shall have been issued to Piedmont by the appropriate Governmental Authority, and a true and correct copy of which shall have been delivered to CSDC;

iii. all other certificates, licenses, permits, authorizations, consents, and approvals necessary for the full use and occupancy of the Required Improvements for their Permitted Use, as required by any Governmental Authority having or claiming to have jurisdiction respecting the Baxter Health Campus, shall have been issued to Piedmont by the respective Governmental Authority, and a true and correct copy of which shall have been delivered to CSDC; and

iv. Piedmont shall have delivered or caused to be delivered to CSDC a written certificate of the Architect, in form and substance to CSDC, certifying to the following matters: (a) the square footage of the Improvements; (b) that the construction of the Improvements, including all equipment,

fittings and fixtures required to be installed by the Final Plans, have been substantially completed and installed in accordance with the Final Plans and in accordance with all applicable Laws relating to the construction of the Improvements; and (c) that direct connection has been made to all abutting Utilities, including, without limitation, water, electricity, gas, storm and sanitary sewer and telephone; and

v. the Improvements have been adequately staffed to begin operation and substantially all of such Improvements are open on a full time basis for business to the general public for such Improvement's Permitted Uses.

p. Minimize Interference. At all times during construction of the Improvements (including pre-construction activities, such as clearing, grubbing, fencing and grading), Piedmont shall do or cause to be done such acts or things as shall be necessary or desirable to insure that such construction and related activities causes the least practicable interference with (a) other construction activities at the Clear Springs Villages by CSDC and others, and (b) the residents of the Village of Baxter. Such acts or things may include, without limitation, erection and maintenance of sight and sound barriers, temporary landscaping, and/or specific measures required by the Architectural Review Board for Baxter or the other pertinent Clear Springs Villages to minimize such interference.

q. Insurance Requirements.

i. Piedmont shall obtain and maintain, or require its General Contractor to provide and maintain the following insurance coverages. Such insurance may be written by one or more insurance companies licensed to do business in South Carolina with rating by A.M. Best of A-VII or better; provided, however, in the case of Piedmont, such insurance may be provided via self insurance, a captive or some combination thereof. The required insurance coverages are:

(a) workers' compensation insurance in minimum statutory amounts required in the State of South Carolina;

(b) commercial general liability insurance, written on an occurrence basis, with combined single limit coverage amounts of no less than $1,000,000.00 per occurrence and $3,000,000.00 aggregate coverage bodily injury and property damage to third parties and including products/completed operations blanket contractual liability and personal/advertising injuries

(c) builders risk insurance in an amount equal to the actual replacement cost of the Improvements.

ii. Following completion of construction of the Required Improvements for each Phase, Piedmont shall obtain and maintain the following insurance coverages. Such insurance may be written by one or more insurance companies licensed to do business the South Carolina with ratings by A.M. Best of A-VII or better; provided, however, in the case of Piedmont, such insurance may be provided via self insurance, a captive or some combination thereof. The required insurance coverages are:

(a) workers' compensation insurance in minimum statutory amounts required in the State of South Carolina;

(b) commercial general liability insurance, written on an occurrence basis, with combined single limit coverage amounts of no less than $1,000,000.00 per occurrence and $3,000,000.00 aggregate coverage bodily injury and property damage to third parties and including products/completed operations blanket contractual liability and personal/advertising injuries; and

(c) Piedmont shall or it shall cause the Developer if the Developer is an uninsured third party "all risk" property damage insurance against loss or damage resulting from fire and other insurable casualties, written on a replacement cost basis.

iii. CSDC shall be named as an additional insured or loss payee, as applicable, on each such policy and each such policy shall be endorsed to provide that CSDC shall be given no less than thirty (30) days prior written notice in the event of cancellation, expiration, non-renewal or reduction in coverage. All policies of insurance shall contain a waiver of subrogation of Piedmont's rights against CSDC or CSDC's employees, members, servants, and/or representatives as related to any or all losses, expenses, demands, claims or suits caused by, attributed to, or arising out of any negligent acts or omissions or willful misconduct on the part of CSDC or CSDC's employees, members, servants and/or representatives.

iv. Effect of Failure to Insure. If, for any reason, Piedmont fails to provide and keep in force any or all of the insurance coverage required of Piedmont under this Section 7, Paragraph q, Piedmont shall indemnify, defend and hold harmless CSDC from and against any loss which would have been covered by the insurance Piedmont fails to provide or keep in force.

r. CSDC's Right to Complete Construction. In the event Piedmont is in material breach of this Agreement in respect of its duties or obligations under this Section 7, by virtue of having failed to commence or complete construction of the Required Improvements for each Phase (other than Phase I) by the applicable

dates set forth in the applicable Exhibit, then CSDC, at its sole option and in conformance with applicable law, may take any or all of the following remedies:

i. take possession of the Improvements being constructed by Piedmont on the Baxter Health Campus, together with all materials, equipment, improvements and personal property thereon, whether or not affixed to the Baxter Health Campus; and/or

ii. perform or cause to be performed any and all construction and labor and supply or cause to be supplied any and all materials, equipment and improvements for the following purposes: (a) protecting the Property and Improvements; (b) securing the Property and Improvements; (c) pursuing development and construction of the Improvements; or (d) for any other purpose which CSDC, in CSDC's reasonable judgement and discretion, may deem reasonably advisable in connection with the Property and Improvements. In the event that CSDC pursues development and construction of the Improvements, such pursuit shall be substantially in accordance with the Final Plans.

s. Repurchase Option. In addition to, and not by way of exclusion of any other remedy to which CSDC is entitled, CSDC shall also have the right and option to repurchase a Building Site and Improvements thereon by reason of Piedmont's material breach of this Agreement under this Section 7, as is more fully set forth in Section 18, Paragraph d.

t. When Developer is an Entity other than Piedmont. When Piedmont has selected another entity to be the Developer of any Phase or Building Site, such Developer must be approved by CSDC, and Piedmont's obligations under this Section 7 shall be expressly transferred to and assumed in writing by such Developer.

8. Alterations by Piedmont.

a. Routine maintenance, repair and replacement operations with respect to the Required Improvements on each Building Site which is undertaken by Piedmont, shall not require CSDC's consent. However, Piedmont shall not have the right to do any of the following without the prior written consent of CSDC:

i. any material changes, alterations, additions or improvements to the exterior of the Improvements; and/or

ii. any material changes, alterations, or improvements to the interior of the Improvements, if the result of such interior alterations is to change the nature of, the Minimum Required Permitted Use Areas of, or eliminate Required Permitted Uses previously provided from the Improvements.

All alterations, changes, additions and improvements to the Baxter Health Campus or any other health care site to be developed under this Agreement made by Piedmont shall become a part of the Baxter Health Campus or the particular other health care facility, respectively, and shall be surrendered to CSDC upon a repurchase by CSDC of the Baxter Health Campus, or the other health care facility, as applicable, as more particularly provided for in Section 18 of this Agreement.

b. Piedmont's operations and activities on the Baxter Health Campus and any other heath care sites to be developed under this Agreement shall be conducted in material compliance with all applicable statutes, ordinances, laws and governmental rules and regulations. Piedmont shall materially comply promptly with all federal, state and local statutes and ordinances and with all regulations, orders and directives of all applicable governmental agencies, as such statutes, ordinances, regulations, orders and directives now exist or may hereafter be enacted concerning the use, operation and safety of the Baxter Health Campus and, at its sole expense, Piedmont shall make any repairs, changes, alterations, or modifications in or to the Improvements required by any of the foregoing;

c. Any alterations to any of the Improvements, except as otherwise permitted in this Agreement, shall not weaken or impair the structural strength of the Improvements, or alter their exterior design or appearance, or alter the interior design or appearance of the lobby or of any other areas, other than non-public areas, materially impair the use of any of the service facilities, or fundamentally affect the character or suitability of the Improvements for the Permitted Uses described herein;

d. Except as otherwise permitted in this Agreement, no alterations shall be commenced until Piedmont shall have obtained all certificates, licenses, permits, authorizations, consents and approvals necessary for such alterations from all applicable Governmental Authorities having jurisdiction with respect to the Baxter Health Campus or such alterations. CSDC agrees that it shall fully cooperate with Piedmont in obtaining any such certificate, license, permit, authorization, consent or approval, provided that any and all costs associated with such cooperation are the sole cost and expense of Piedmont;

e. Piedmont shall cause all alterations to be made and completed with materials that are at least equal in quality to the materials and workmanship used in the construction of other improvements open to the public in the Clear Springs Plan, and in a good, substantial and workmanlike manner, and in compliance with all Laws, and shall cause all alterations to be diligently prosecuted to completion;

f. Piedmont shall promptly pay all costs and expenses incurred for any alterations, and Piedmont shall at all times maintain the Baxter Health Campus and any other heath care sites to be developed under this Agreement free and clear of all liens

for services or labor performed or rendered, or for materials delivered, supplied or furnished, to or in connection with any alterations; and

g. Piedmont shall obtain and maintain in full force and effect comprehensive, general public liability insurance covering all construction in connection with all alterations, in accordance with the provisions of this Agreement.

h. When Piedmont has selected another entity to be the Developer of any Phase or Building Site, such Developer must be approved by CSDC, and Piedmont's obligations under this Section 8 shall be expressly transferred to and assumed in writing by such Developer.

9. Development Agreement and Lease Agreement Between Piedmont and CSDC Affiliate. With respect to any Phase, Piedmont may hereafter elect to enter into a development agreement and/or lease agreement with an affiliate of CSDC or third-party Developer, in connection with Piedmont's construction of the Required Improvements. If Piedmont and an affiliate of CSDC or a third-party developer enter into such an agreement, such fact shall not excuse Piedmont from compliance with all of the time deadlines set forth in this Agreement.

10. Promotional Rights and Obligations

a. Signage. CSDC intends to implement a signage program for various portions of the Property, the Village of Baxter and the other Clear Springs Villages as such property is developed, in order to enhance the character and identity of the Clear Springs Plan. Piedmont and CSDC will work together to attempt to develop a mutually acceptable signage program for the Baxter Health Campus and any other health care site developed under this Agreement which conforms to CSDC's signage program. Any sign or lettering affixed, displayed, printed, inscribed or maintained by Piedmont on the Property or on the exterior of any of the Improvements, or on the inside of any Improvements so as to be clearly visible from the outside of the Improvements, shall conform to CSDC's signage program and shall be subject to CSDC's prior written approval, which approval shall not be unreasonably withheld.

b. Village of Baxter or Clear Springs Literature. Reference to Piedmont shall be included in promotional literature, marketing, and other promotional opportunities regarding the Village of Baxter or the other Clear Springs Villages. Piedmont shall make available to CSDC photography, brochures, video footage, prints, merchandising materials and signage previously or hereafter created by Piedmont relating to the Improvements developed under this Agreement within the Clear Springs Villages. CSDC shall have the right to use Piedmont's name in connection with promotional materials and promotional scripts used in connection with the Baxter Health Campus, the Village of Baxter, the other Clear Springs villages or the Clear Springs Plan. Piedmont shall have the right to approve any use of Piedmont's name (such approval not to be unreasonably withheld or

delayed), if used for other than promotional purposes or in materials where other Featured Providers are not mentioned in the same manner as is Piedmont. CSDC and its Affiliates shall have the right, without obtaining the approval of Piedmont, to use Piedmont's name or other identification on directional signs placed in and about any Information Center, in pamphlets and other sales, promotional and informational literature distributed by CSDC to visitors, potential purchasers, vendors, contractors, media representatives, professional, and trade groups, and representatives at or concerning the Village of Baxter, and for any other incidental purpose in the normal course of business of CSDC or an affiliate on the Clear Springs Development Team; provided, however, any such use shall not cause Piedmont or its parent company to be in violation of any applicable federal or state law including, without limitation, marketing regulations or SEC regulations.

c. Promotional Events. CSDC shall provide opportunities for Piedmont to be included in media, brokerage and other professional promotional events and opportunities, from time to time.

d. Piedmont's Identification in Advertising and Promotional Materials. Piedmont shall have the right, in advertising, promotional and merchandising materials (collectively, "Promotional Materials"), to: (i) refer to itself as a Featured Provider; (ii) use the CSDC and Village of Baxter names, marks and symbols that CSDC hereafter licenses, in writing, to Piedmont (without charge to Piedmont); and (iii) use certain stock video, print and other promotional footage, plans, photos and other promotional materials that CSDC hereafter licenses, in writing, to Piedmont (without charge to Piedmont). The names, marks, symbols, artwork, photographs, films or other representations and designations which may be licensed to Piedmont hereunder are hereinafter referred to collectively as the "Licensed Materials". Notwithstanding anything contained in this Section, Piedmont shall be the owner, for all purposes, of the Promotional Materials, and shall have the right to obtain copyright, trade mark, and service mark protection for all or any portion of such Promotional Materials. However, CSDC shall retain all intellectual property rights as to any of the components of the Promotional Materials provided by CSDC to Piedmont for its use therein, and Piedmont agrees to mark all such components in the Promotional Materials with the appropriate copyright, trade name and other service mark symbols of CSDC.

e. Manner of Piedmont's Use. The Licensed Materials (including, without limitation, the Village of Baxter and CSDC names) shall be used only in the exact form, style and type prescribed by CSDC from time to time (except that if the names or marks are used within the body of ordinary copy then they may be in the same form, style and type as the copy). CSDC shall have the right to alter, modify or discontinue the use of any of the above-mentioned Licensed Materials or the form, style or type thereof, provided that if CSDC shall have previously given its approval to the use thereof hereunder, Piedmont shall be permitted to complete the use of any such Licensed Materials in its original form in accordance with the terms of such approval.

f. CSDC's Approval. Piedmont shall not implement any activity or program utilizing any Promotional Materials, (whether or not such Promotional Materials are also Licensed Materials), without first obtaining CSDC's approval as provided herein in each instance, which approval shall not be unreasonably withheld or delayed. Piedmont shall submit to CSDC for approval all prototype (i.e., rough draft) Promotional Materials (including, but not limited to, publicity copy, artwork and layout) together with a brief statement setting forth the proposed use to which such Promotional Materials will be put (including, but not limited to, the media through which and the period of time during which such Promotional Materials will be distributed) and all other background and supporting material.

11. Naming of Facilities. The parties have used the name "Baxter Health Campus" in this Agreement for convenient reference. However, both parties recognize that each must come to a final agreement on a suitable name that will appropriately reflect the character and identity of that particular development on the Property, and that once the name is agreed upon, it will be included within the Licensed Materials referred to in Section 10 of this Agreement.

12. Community Association Obligations.

a. Piedmont acknowledges that the Baxter Health Campus will be an integral part of a master planned community known as the Village of Baxter. The Village of Baxter is subject to a Declaration of Covenants, Conditions and Restrictions for Baxter dated November 6, 1998, recorded November 6, 1998, in Record Book 2463, Page 242, re-recorded December 16, 1998, in Record Book 2513, Page 119, as amended by First Amendment to the By-Laws of Baxter Community Association, Inc. dated May 20, 1999, recorded May 21, 1999 in Record Book 2712, Page 271, and by First Amendment to the Declaration of Covenants, Conditions and Restrictions for Baxter dated May 20, 1999, recorded May 21, 1999, in Record Book 2712, Page 274, Office of the Clerk of Court, York County, South Carolina, and as supplemented from time to time (the "Master Declaration"). The nature and extent of the rights and obligations of Piedmont in acquiring and owning property in the Development will be controlled by and expressly subject to all of the following, as each of the foregoing documents may be amended, from time to time:

i. the Master Declaration, to be imposed on the Property by supplemental declaration(s) prior to acquisition thereof by Piedmont;

ii. the Articles of Incorporation, the By-Laws, and the rules and regulations of the Baxter Community Association, Inc. (the "Association");

iii. the Design Guidelines and Architectural Review Standards, as set forth or incorporated by reference into the Master Declaration; and

iv. the requirement that all Plans for construction of all Improvements be approved by CSDC.

b. CSDC agrees that it will not amend the Master Declaration in such a way as to have a material adverse effect upon Piedmont or the Property, without Piedmont's express written consent thereto.

c. Piedmont agrees to comply with and be bound by all of the terms, conditions, and obligations set forth in the documents listed in this Section 12, Paragraph a above. Piedmont hereby agrees that Piedmont, its agents, employees, General Contractor and subcontractors will comply fully with the Master Declaration and the By-Laws of the Association, as such documents may be amended from time to time, provided that any such amendment shall not have a material adverse effect upon Piedmont or the Property.

d. Piedmont shall not impose any additional protective covenants, deed restrictions or similar restrictions on all or any part of the Property hereafter owned or purchased by Piedmont in the Clear Springs Plan, without CSDC's prior written approval.

e. Upon conveyance of title to any portion of the Property to Piedmont, Piedmont shall automatically become a member of the Association and shall be subject to the assessment obligations and all other provisions set forth in the Master Declaration.

13. **Leroy Springs - Shared Programs And Services.**

It is contemplated that Piedmont will itself develop or construct a rehabilitation facility or facilities (a "Rehab Facility") or will select a third-party Developer to construct and operate a Rehab Facility in Baxter Health Campus or another site in the Clear Springs Villages. In such event, Piedmont covenants and agrees to collaborate with Leroy Springs to provide through Leroy Springs health wellness programs and exercise programs for residents of the Larger Fort Mill Community who are at risk for certain cardiac diseases. In particular, Piedmont or its selected Developer will lease space in the Rehab Facility to Leroy Springs at market rental rates in conjunction with such wellness and other programs, and upon such other terms and conditions as shall be reasonable to both Piedmont or its selected Developer and Leroy Springs.

14. **Covenants and Representations of Piedmont.** Piedmont hereby represents and warrants to CSDC as follows:

a. Piedmont shall keep, observe or perform any covenant, agreement, term of provision of this Agreement to be kept, observed or performed by Piedmont.

b. Piedmont is, as of the effective date of this Agreement, and will be at all times during the term of this Agreement, in material compliance with all applicable

laws, regulations, statutes, consent order and decrees or directives of any Governmental Authority.

c. Piedmont is a corporation duly organized, validly existing and in good standing under the laws of the State of South Carolina, and has all requisite corporate power and authority to enter into this Agreement.

d. Since the date of the Financial Statements with year end date of May 31, 1999 provided to CSDC on July 13, 1999, there has been no material change in the financial position, results of operations or the assets of Piedmont, the effect of which changes have been materially adverse to the business of Piedmont.

e. There is no action, suit, or proceeding by or before any court, arbitrator, administrative agency or Governmental Authority now pending, or to the best of Piedmont's knowledge, threatened which involves the transactions contemplated by this Agreement, or which seeks to prohibit, restrict or delay the consummation of any of the transactions contemplated by this Agreement.

f. Piedmont has obtained an opinion or has independently determined that there is no need to obtain any approval, consent, permit, order or license from any Governmental Authority to enter into this Agreement or to consummate any of the transactions contemplated by this Agreement.

g. Piedmont shall deliver to CSDC, upon the anniversary of the Effective Date of this Agreement, and at such other times as CSDC may reasonably request in writing throughout the term of this Agreement, unaudited internal financial statements of Piedmont certified by its Chief Accounting Officer that the said unaudited internal financial statements fairly represent the Piedmont Financials that roll up into the Consolidated Financial Statements of Tenet HealthSystem, the present parent company of Piedmont, demonstrating to the reasonable satisfaction of CSDC that the financial operations and net worth of Piedmont are adequate to insure Piedmont's complete and timely performance of every covenant, agreement, term and provision of this Agreement to be kept, observed or performed by Piedmont. In the event that Piedmont is sold by its parent company or is spun off a as stand-alone entity, then the financial information and documentation to be furnished by Piedmont hereunder after such event shall be certified by a certified public accountant. CSDC acknowledges that any and all internal financial information or documentation provided by Piedmont to CSDC pursuant to this Section 14, Paragraph g is proprietary and confidential and CSDC will so treat same and maintain its utmost confidentiality.

15. **Covenants and Representations of CSDC.**

a. CSDC shall keep, observe or perform any covenant, agreement, term of provision of this Agreement to be keep, observed or performed by CSDC.

b. CSDC is a limited liability company duly organized, validly existing and in good standing under the laws of the State of North Carolina, and has all requisite limited liability company power and authority to enter into this Agreement.

c. There is no action, suit, or proceeding by or before any court, arbitrator, administrative agency or Governmental Authority now pending, or to the best of CSDC's knowledge, threatened which involves the transactions contemplated by this Agreement, or which seeks to prohibit, restrict or delay the consummation of any of the transactions contemplated by this Agreement.

d. The Close Family has the financial wherewithal to implement the Clear Springs Plan.

16. **Compliance with Laws.**

a. Generally. Piedmont shall, at its sole cost and expense, promptly and materially comply with all laws or legal requirements affecting its use of any Building Site or its participation in the development of the Property as Baxter Health Campus. The phrase, "law or legal requirements" shall mean and include all applicable laws and other requirements of any applicable Governmental Authority including, without limitation, building codes, land use ordinances, zoning ordinances, use restrictions, fire codes or requirements, OSHA requirements, environmental requirements, health requirements, safety requirements, requirements for accommodating the physically challenged (including, without limitation, the Americans with Disabilities Act), Medicare or Medicaid requirements, regulatory requirements, or SEC requirements.

b. Special Provisions Regarding Environmental Matters.

i. Definitions.

(1) "Substances," as used herein, shall be deemed and construed to mean pollutants or other toxic, infectious or hazardous substances, materials or wastes, including, without limitation, any solid, liquid, gaseous or thermal irritant or contaminant, such as smoke, vapor, soot, fumes, acids, alkalis, chemicals or wastes (including materials to be recycled, reconditioned or reclaimed), petroleum, petroleum derivatives and petroleum products, asbestos and asbestos-containing materials, radon gas, methane gas, polychlorinated biphenyls ("PCBs") [including PCBs in the form of electrical transformers, fluorescent light fixtures with ballasts, cooling oils or any other device or form] and any other substance, material or waste, which Substances may be regulated or prohibited by, or may support a cause of action, claim or proceeding under, any Statutes and Laws.

(2) "Statutes and Laws," as used herein, shall be deemed and construed to mean all federal, state and local environmental statutes, including, without limitation, the Comprehensive Environmental Response, Compensation and Liability Act, the Superfund Amendments and Reauthorization Act, the Resource Conservation and Recovery Act, the Toxic Substances Control Act, the Hazardous Materials Transportation Act, the Clean Air Act, the Federal Water Pollution Control Act, the Safe Drinking Water Act, the Occupational Safety and Health Act, the Federal Underground Storage Tank Regulations and the following South Carolina state statutes: the Pollution Control Act, the S.C. Pollution Control Act and the State Underground Petroleum Environmental Response Bank Act; together with any other law, ordinance, regulation, rule, requirement or right or remedy existing under common law or in equity.

ii. Piedmont's Indemnification. Piedmont shall indemnify, defend and hold harmless CSDC, Baxter, Kingsley, Springfield, the Close Family, the Close Family's general partners and the partners of each of those general partners, all of whom are all related to the eight children of Anne Springs Close, The Springs Company (and the members, partners, shareholders, officers, directors, agents, employees, representatives, successors and assigns of each) (collectively "CSDC's Indemnified Parties"), from and against any and all claims, demands, judgments, damages, actions, causes of action, liens, injuries, administrative orders, consent agreements and orders, liabilities, penalties, costs, fees and expenses (including, without limitation, court costs, attorneys' fees and expenses, engineers' fees and expenses and the fees and charges of any contractor or expert retained or consulted by CSDC) or any kind whatsoever, including claims arising out of loss of life, injury to persons, property or business or damage to natural resources or remediation thereof, arising directly or indirectly from or in connection with, with respect to, or as a direct or indirect result of:

(1) the presence in, on, under or about the Property resulting from the acts or omissions of (i) Piedmont or an affiliate of Piedmont in which Piedmont has a controlling interest ("Piedmont Affiliate") when Piedmont or the Piedmont Affiliate is an owner or Developer of any portion of the Property or (ii) any tenant who leases office space on the Property directly from Piedmont or Piedmont's Affiliate ("Piedmont Tenant"), or (iii) any Piedmont employee, including a member of a Hospital Ownership Company Related Physician's Office in which Piedmont has a controlling interest ("Piedmont Employee") (collectively, "Piedmont Responsible Parties"), or discharge in or from the Property of any Substances caused by any of the Piedmont Responsible Parties or any of the Piedmont Responsible Parties' use, analysis, storage, removal, transportation, disposal, release, discharge or generation of Substances to, in, on, under, about or from the Property; or

(2) the failure by any of the Piedmont Responsible Parties to comply with any federal, state, county, municipal, local or other law, rule, ordinance and regulation now or hereafter in effect relating to the industrial hygiene, environmental protection, use, analysis, generation, manufacture, purchase, transportation, storage, removal and disposal of Substances.

Notwithstanding anything to the contrary stated herein, when Piedmont has selected a third-party Developer to purchase and develop any of the Building Sites as provided hereinabove, so that Piedmont would not have responsibility for the indemnifications as set out above, at or before closing on the acquisition of the Building Site Piedmont shall cause that Developer to enter into an agreement in writing indemnifying the CSDC's Indemnified Parties in exact accordance with and to the full extent of Piedmont's indemnifications set out above. Piedmont's obligations hereunder shall not relate, however, to any Substances present in, on, under or about any Building Site prior to the closing of the acquisition by Piedmont of that Building Site under this Agreement (the "Pre-existing Substances"), unless the Pre-existing Substances were deposited on the particular Building Site by Piedmont or any of Piedmont's Physicians prior to Closing on that Building Site. Other than as to the Pre-Existing Substances, Piedmont's obligations hereunder shall include, without limitation and whether foreseeable or unforeseeable, all costs of any required or necessary testing, repair, cleanup, removal costs, detoxification or decontamination of the Property and the preparation and implementation of any closure, remedial action, site assessment costs or other required plans in connection therewith. Piedmont agrees to cause to be conducted a Phase I Environmental Site Assessment of the Property during the "Inspection Period" for each Building Site for each Phase. Piedmont will provide CSDC with a copy of said Environmental Site Assessment at no charge within ten (10) days of receipt thereof from the entity conducting the same. Further, Piedmont's obligations hereunder shall survive the expiration or earlier termination of this Agreement. For purposes of this Section 16, Paragraph b, any acts or omissions of Piedmont whereby employees, agents, assignees, contractors or subcontractors of Piedmont or other parties acting for or on behalf of Piedmont, (whether or not they are negligent, intentional, willful or unlawful), will be strictly attributable to Piedmont.

17. Indemnification by Both Parties.

a. Disclaimer. NOTWITHSTANDING ANYTHING CONTAINED HEREIN TO THE CONTRARY, NO PROVISION IN THIS AGREEMENT IS INTENDED OR SHOULD IN ANY WAY BE CONSTRUED TO VEST IN CSDC THE RIGHT OR POWER TO DIRECT PIEDMONT AS TO THE METHODS, DIAGNOSES, MEDICATION, TREATMENT, EQUIPMENT OR STAFFING THAT SHOULD OR SHOULD NOT BE MADE OR MAINTAINED WITH REGARDS TO ANY MATTERS RELATING TO PROVIDING MEDICAL CARE. IT IS ACKNOWLEDGED THAT PHYSICIANS PRACTICING IN

THE CLEAR SPRINGS PLAN SHALL HAVE THE EXCLUSIVE RIGHT AND OBLIGATION TO DETERMINE THE METHODS, DIAGNOSES, MEDICATION AND TREATMENT, AND THAT PIEDMONT SHALL HAVE THE EXCLUSIVE RIGHT AND OBLIGATION TO DETERMINE EQUIPMENT AND MOST STAFFING ISSUES AND ANY OTHER MATTERS DETERMINATIVE ON PROVIDING PROPER AND ADEQUATE MEDICAL CARE TO INDIVIDUALS WHICH WOULD NOT BE WITHIN THE EXCLUSIVE PURVIEW OF PHYSICIANS. ANY RIGHTS RESERVED TO CSDC HEREIN TO APPROVE PERMITTED USES, AND THE MINIMUM REQUIRED PERMITTED USE AREAS, TO BE CONDUCTED FROM AND ON THE PROPERTY, SHALL NOT BE DEEMED TO GIVE CSDC THE RIGHT OR OBLIGATION TO DETERMINE WHETHER OR NOT A PARTICULAR USE IS NECESSARY OR DESIRABLE TO INSURE THAT PIEDMONT IS ABLE TO DELIVER APPROPRIATE MEDICAL CARE TO ITS PATIENTS. IT IS PIEDMONT'S OBLIGATION TO NOTIFY CSDC IN WRITING IF, IN PIEDMONT'S REASONABLE OPINION, DECISIONS BY CSDC TO DISALLOW CERTAIN PERMITTED USES, AND THE MINIMUM REQUIRED PERMITTED USE AREAS ON THE PROPERTY, TO BE CONDUCTED FROM OR ON THE PROPERTY COULD IN ANY WAY ADVERSELY IMPACT THE QUALITY OF MEDICAL CARE PIEDMONT OR OTHER HEALTH CARE PROVIDERS ARE ABLE TO DELIVER TO ITS PATIENTS. IN THE ABSENCE OF SUCH NOTICE, CSDC SHALL BE ENTITLED TO RELY ON THE LACK OF SUCH NOTICE AS CONCLUSIVE EVIDENCE THAT NONE OF CSDC'S DECISIONS RELATIVE TO THE PROPERTY COULD HAVE ANY DETRIMENTAL IMPACT ON THE DELIVERY OF MEDICAL CARE TO PATIENTS OF PIEDMONT.

b. Piedmont's Obligations. Piedmont shall pay and discharge, and shall defend, indemnify and hold all of the CSDC's Indemnified Parties harmless from, against and in respect of all obligations, settlements, liabilities, losses, damages, injunctions, suits, actions, proceedings, fines, penalties, claims, liens, demands, costs, charges and expenses of every kind or nature, including, without limitations, reasonable fees of attorneys and other professionals, and disbursements which may be imposed on, incurred by or asserted against the CSDC's Indemnified Parties (but not against any of the same to the extent that a willful act or negligent act or omission of the CSDC's Indemnified Parties was the sole cause of same (individually, a "Piedmont's Liability", and collectively, the "Piedmont's Liabilities"), arising directly or indirectly from or out of:

i. any failure by Piedmont to perform any of the agreements, terms, covenants or conditions on Piedmont's part to be performed under this Agreement;

ii. any accident, injury or damage arising out of the acts or omissions of any of the Piedmont Responsible Parties, which shall happen in or on the Property, however occurring, and any matter or thing growing out of the

condition, occupation, maintenance, alteration, repair, use or operation by any such person or entity of such Property, Building, or their furnishings or any part of any of them, during the period of time the Property is owned or developed by Piedmont or by one of Piedmont's Affiliates;

iii. any wrongful act or negligence on the part of the Piedmont Responsible Parties relating to the Property, and any failure of the Piedmont Responsible Parties to comply with any laws, ordinances, requirements, orders, directions, rules or regulations of any Governmental Authority relating to the Property;

iv. any work construction, demolition or other thing done by Piedmont or any of the other Piedmont Responsible Parties, or at request of a Piedmont Responsible Party, or as an agent of a Piedmont Responsible Party, on or about the Property, during the period of time owned or developed by Piedmont or one of Piedmont's Affiliates, or any part thereof, or any, alley, sidewalk, garden, passageway or space adjacent thereto (including, without limitation, any work of any of the Piedmont Responsible Parties in connection with the construction of the Required Improvements);

v. any claims arising out of, or in any way related to the provisions of medical or other care, treatment, diagnosis, programs, activities, or services by any of the Piedmont Responsible Parties, or otherwise under the direction of, referred by or in any way related to the Piedmont Responsible Parties, regardless of whether such claims arise out of events occurring on the Property, or elsewhere, including, but not limited to, any claims that allege that CSDC has any responsibility or liability for any care, treatment, diagnosis, methods, equipment, medication or other matters related to providing any form of medical advice, assistance, treatment or care from or on the Property or under the auspices or direction of CSDC;

vi. any use, non-use, possession, occupation, condition, operation, maintenance or management by one of the Piedmont Responsible Parties of the Property, or any part thereof or any Building, alley, sidewalk, garden, curb, passageway or space constructed by one of the Piedmont Responsible Parties; and

vii. any other provision of this Agreement which provides that Piedmont shall indemnify and/or hold harmless CSDC in respect of the matters contained in such provision.

Notwithstanding anything to the contrary stated herein, when Piedmont has selected a third-party Developer to purchase and develop any of the Building Sites as provided hereinabove, so that Piedmont would not have responsibility for the indemnifications as set out above, at or before closing on the acquisition of the

Building Site Piedmont shall cause that Developer to enter into an agreement in writing indemnifying the CSDC's Indemnified Parties in exact accordance with and to the full extent of Piedmont's indemnifications for Piedmont's Liabilities set out above. In the event that any Piedmont Employee is responsible for the acts or omissions set out in this Paragraph b resulting in loss to any of the CSDC's Indemnified Parties as aforesaid and such Piedmont Employee is not a Piedmont Responsible Party, then CSDC shall have the right to terminate whatever relationship CSDC or one of its affiliates may have with such Piedmont Employee and/or terminate this Agreement, including all of Piedmont's Limited Exclusivity Rights hereunder, unless within thirty (30) days' after written notice of such intention of CSDC to terminate is given by CSDC to Piedmont, Piedmont agrees in writing to indemnify the CSDC's Indemnified Parties for any loss as set out above from the aforesaid acts and omissions of such Piedmont's Employee.

c. Actions Against CSDC. In the event that any action or proceeding is brought against CSDC and/or CSDC's affiliates by reason of any or all of Piedmont's Liabilities, Piedmont, upon written notice from CSDC, will, at Piedmont's sole cost and expense, resist or defend such action or proceeding utilizing a lawyer reasonably acceptable to CSDC, which approval shall not be unreasonably withheld or delayed. Piedmont shall satisfy, pay and discharge any and all judgments, orders and decrees which may be recovered against CSDC's Indemnified Parties or the Property in any such actions, suits or proceedings. The provisions of this paragraph shall be subject to Paragraph e of this Section 17.

d. Cooperation. Each of the CSDC's Indemnified Parties shall reasonably cooperate with Piedmont in the defense of any such action or proceeding, and will not settle such action, provided that Piedmont gives to such of CSDC's Indemnified Party satisfactory assurances that it can and will satisfy, pay and discharge any and all judgments which an be recovered in such action or proceeding as provided in this Section 17 and Piedmont is defending the action on behalf of the CSDC's Indemnified Parties. Notwithstanding the foregoing, such Indemnified Party shall have the right to settle any such action or proceeding at any time, provided that it releases Piedmont from any further indemnification obligation hereunder with respect to such settlement.

e. Limitation Upon Indemnification. Notwithstanding any provision in this Agreement to the contrary, Piedmont shall not pay, discharge, defend, indemnify or hold harmless CSDC or CSDC's Indemnified Parties if:

1. An act or omission of CSDC or CSDC's Indemnified Parties was a materially contributing factor to a Claim asserted against CSDC or CSDC's Indemnified Parties.

2. CSDC or CSDC's Indemnified Parties fail to give Piedmont reasonable notice of a Claim and such failure materially compromises Piedmont's ability to protect its interests against the Claim.

3. CSDC or CSDC's Indemnified Parties fail to cooperate reasonably with Piedmont in its investigation of a Claim and such failure materially compromises Piedmont's ability to protect its interests against the Claim.

f. CSDC's Obligations. CSDC shall pay and discharge, and shall defend, indemnify and hold Piedmont and Piedmont's parent company, Tenet HealthSystem, and their related, affiliated and subsidiary companies (and the members, partners, shareholders, officers, directors, agents, employees, representatives, successors and assigns of each) (collectively "Piedmont's Indemnified Parties"), harmless from, against and in respect of all obligations, settlements, liabilities, losses, damages, injunctions, suits, actions, proceedings, fines, penalties, claims, liens, demands, costs, charges and expenses of every kind or nature, including, without limitations, reasonable fees of attorneys and other professionals, and disbursements which may be imposed on, incurred by or asserted against the persons hereby required to be indemnified ("Piedmont's Indemnified Parties") (but not against any of the same to the extent that a willful act or negligent act or omission of the Indemnified Parties was the sole costs of same (individually, a "CSDC Liability", and collectively, the "CSDC's Liabilities"), arising directly or indirectly from or out of:

i. any failure by CSDC to perform any of the agreements, terms, covenants or conditions on CSDC's part to be performed under this Agreement;

ii. any wrongful act or negligence on the part of CSDC or its affiliates, or their respective agents, employees or contracts, and any failure of CSDC to comply with any laws, ordinances, requirements, orders, directions, rules or regulations of any governmental authority;

iii. any other provision of this Agreement which provides that CSDC shall indemnify and/or hold harmless CSDC in respect of the matters contained in such provision.

g. Actions Against Piedmont. In the event that any action or proceeding is brought against Piedmont or Piedmont's affiliates by reason of any or all of the CSDC's Liabilities, CSDC, upon written notice from Piedmont, will, at CSDC's sole cost and expense, resist or defend such action or proceeding utilizing a lawyer reasonably acceptable to Piedmont, which approval shall not be unreasonably withheld or delayed. CSDC shall satisfy, pay and discharge any and all judgments, orders and decrees which may be recovered against Piedmont, Piedmont's affiliates, or the Property in any such actions, suits or proceedings. The provisions of this paragraph shall be subject to Paragraph i of this Section 17.

h. Cooperation. Each of the Piedmont's Indemnified Parties shall reasonably cooperate with CSDC in the defense of any such action or proceeding, and will not settle such action, provided that CSDC gives to such Indemnified Party

satisfactory assurances that it can and will satisfy, pay and discharge any and all judgments which may be recovered in such action or proceeding as provided in this Section 17 and CSDC is defending the action on behalf of Piedmont's Indemnified Parties. Notwithstanding the foregoing, such Indemnified Party shall have the right to settle any such action or proceeding at any time, provided that it releases CSDC from any further indemnification obligation hereunder with respect to such settlement.

i. Limitation Upon Indemnification. Notwithstanding any provision in this Agreement to the contrary, CSDC shall not pay, discharge, defend, indemnify or hold harmless Piedmont or Piedmont's Indemnified Parties if:

1. An act or omission of Piedmont or Piedmont's Indemnified Parties was a materially contributing factor to a Claim asserted against Piedmont or Piedmont's Indemnified Parties.

2. Piedmont or Piedmont's Indemnified Parties fail to five CSDC reasonable notice of a Claim and such failure materially compromises CSDC's ability to protect its interests against the Claim.

3. Piedmont or Piedmont's Indemnified Parties fail to cooperate reasonably with Piedmont in its investigation of a Claim and such failure materially compromises CSDC's ability to protect its interests against the Claim.

18. Default.

a. Pre-Closing Events of Default. The following events shall constitute "Events of Default" by Piedmont prior to acquisition by Piedmont of the Building Sites:

i. If Piedmont defaults hereunder at or prior to Closing by failing to complete Closing in accordance with the terms of this Agreement or in any other respect (Provided that in such event CSDC has given Piedmont written notice of such default and same has not been cured by Piedmont by the Closing Date), then the Deposit, and all interest deemed thereon, shall be retained by CSDC as liquidated damages. The retention of the Deposit, and all interest accrued thereon, shall be CSDC's only remedy in the event of Piedmont's default at or prior to Closing (other than as set forth in Sections 4 and 5 as to the lapse of Piedmont's Exclusivity Rights if relevant). Upon CSDC's retention of the Deposit as liquidated damages and delivery of written notice of such fact to Piedmont from CSDC, this Agreement shall be terminated and all copies will be surrendered to CSDC for cancellation. Nothing in this Section shall limit CSDC's rights against Piedmont, or Piedmont's liability to CSDC, by reason of either a failure by Piedmont to fulfill Piedmont's indemnification obligations under Sections 16 and 17 of this Agreement with respect to events that occur prior to termination, either before or after Closing, or in the event of a default by

Piedmont under any of its other obligations under this Agreement which survive Closing.

ii. If CSDC defaults hereunder at or prior to Closing for any reason, Piedmont's remedies (except as otherwise provided for herein in the event of title defects) shall be either: (i) to terminate this Agreement and to have the Deposit and interest deemed accrued thereon pursuant to Section 3, Paragraph b hereof, paid to Piedmont, at which time this Agreement shall be and become null and void and neither party shall have any further rights or obligations hereunder; or (ii) elect either (A) to bring an action for specific performance of CSDC's obligations hereunder or (B) to bring an action to recover actual damages (but not consequential, damages, lost profits, or other similar types of damages) proximately caused by Seller's default hereunder, provided, however, that Seller's maximum liability to Buyer in any such action shall not exceed $100,000. Nothing in this Section shall limit Piedmont's rights against CSDC, or CSDC's liability to Piedmont, by reason of either a failure by CSDC to fulfill CSDC's indemnification obligations under Sections 16 and 17 of this Agreement with respect to events that occur prior to termination, either before or after Closing, or in the event of a default by CSDC under any of its other obligations under this Agreement which survive Closing.

b. Post Closing Events of Default. The following events shall constitute "Events of Default" by Piedmont subsequent to Closing by Piedmont:

i. if Piedmont shall fail to pay when due any payment of money to be made by Piedmont to CSDC hereunder and shall not cure such failure within five (5) working days after Piedmont received from CSDC written notice thereof (provided, however, that Piedmont shall be entitled to notice and opportunity to cure on account of any Event of Default of the type described in this Subparagraph (a) only twice during any twelve (12) calendar month period, and any subsequent failure of the type described in this Subparagraph (a) during such twelve (12) calendar month period shall constitute an event of default without the giving by CSDC of any notice or opportunity to cure whatsoever);

ii. if Piedmont shall materially violate or breach, or shall materially fail to observe, keep, satisfy, perform and comply with, any material agreement, term, covenant, condition, requirement, restriction or provision of this Agreement (other than any payment to be made by Piedmont), and shall not substantially cure such Events of Default within thirty (30) days after Piedmont receives from CSDC written notice thereof, or, if such Event of Default shall be incapable of cure within thirty (30) days, if Piedmont shall not commence to cure such default within such thirty (30) day period for substantially similar events of default and continuously prosecute the

performance of the same to completion with due diligence (but in no event greater than ninety (90) days) (provided, however, that Piedmont shall be entitled to notice and opportunity to cure on account of any default of the type described in this clause (b) only twice during any twelve (12) calendar month period for substantially similar Events of Default, and any subsequent Event of Default of the type described in this clause ii during such twelve (12) calendar month period shall constitute an Event of Default without the giving by CSDC of any notice or opportunity to cure whatsoever); or

iii. if Piedmont becomes insolvent as defined in the South Carolina Uniform Commercial Code or makes an assignment for the benefit of creditors; or if any action is brought by Piedmont seeking its dissolution or liquidation of its assets or seeking the appointment of a trustee, interim trustee, receiver or other custodian for any of its property; or if Piedmont commences a voluntary proceeding under the Federal Bankruptcy Code; or if any reorganization or arrangement proceeding is instituted by Piedmont for the settlement, readjustment, composition or extension of any of its debts upon any terms; or if any action or petition is otherwise brought by Piedmont seeking similar relief or alleging that it is insolvent or unable to pay its debts as they mature; or if action is brought against Piedmont seeking its dissolution or liquidation of any of its assets, or seeking the appointment of a trustee, interim trustee, receiver or other custodian for any of its property, and any such action is consented to or acquiesced in by Piedmont or is not dismissed within sixty (60) days after the date upon which it was instituted; or if any proceeding under the Federal Bankruptcy Code is instituted against Piedmont and (i) an order for relief is entered in such proceeding or (ii) such proceeding is consented to or acquiesced in by Piedmont or is not dismissed within thirty (30) days after the date upon which it was instituted; or if any reorganization or arrangement proceeding is instituted against Piedmont for the settlement, readjustment, composition or extension of any of its debts upon any terms, and such proceeding is consented to or acquiesced in by Piedmont or is not dismissed within sixty (60) days after the date upon which is was instituted; or if any action or petition is otherwise brought against Piedmont seeking similar relief or alleging that it is insolvent, unable to pay its debts as they mature or generally not paying its debts as they become due, and such action or petition is consented to or acquiesced in by Piedmont or is not dismissed within thirty (30) days after the date upon which it was brought; or

iv. if Piedmont, following completion of each Required Improvement, thereafter fails to actively and continually operate such Improvement, either itself or through its Piedmont Affiliate or Developer if Piedmont is not the owner of such Required Improvement, in the manner contemplated

herein but in accordance with all other conditions and stipulations of this Agreement; or

v. If Piedmont fails to take reasonable measures to obtain all required State of South Carolina and other regulatory approvals and licenses necessary to operate the Improvements for the Permitted Uses, including, but not to the exclusion of any other reasonable measures, all measures required of it under Section 4, Paragraph f above to obtain any required CON, or hereafter fails to maintain licenses related thereto or fails to engage in Permitted Uses in material compliance with all applicable statutes, rules or regulations of Governmental Authorities relating to health care and safety.

c. Remedies for Post Closing Events of Default.

i. Following the occurrence of an Event of Default, as hereinafter defined, if Piedmont or CSDC fail to take any action when and as required under this Agreement, and such failure constitutes an Event of Default, as hereinafter defined, following expiration of any notice and cure periods specified below, if any, and the expiration, without resolution of such matter, of any mediation period invoked by Piedmont or CSDC pursuant to Paragraph e of this Section 18 hereof, the non-defaulting party may, without further demand upon the defaulting party and without waiving or releasing the defaulting party from any duty, obligation or liability under this Agreement, take such action required of the defaulting party. The actions which CSDC may take shall include, but are not limited to, the performance of maintenance or repairs and the making or replacements to the Property, the payment of insurance premiums which Piedmont is required to pay under this Agreement and the payment of Taxes and Assessments which Piedmont is required to pay with respect to the Property. The defaulting party shall pay all incidental costs and expenses incurred by the non-defaulting party in exercising its rights hereunder, including, without limitation, reasonable attorneys' fees and expenses. Penalties, re-instatement fees, late charges, and interest. All amounts paid by the non-defaulting party pursuant to this Section, and all costs and expenses incurred by such party in exercising its rights under this Section (including, without limitation, any applicable sales or use taxes thereon), shall bear interest at the Default Rate from the date of payment by the non-defaulting party and shall be payable by the defaulting party upon demand.

ii. Upon the occurrence of any Event of Default subsequent to the Closing, Piedmont and CSDC may, in addition to any of the other remedies set forth herein also have the right to exercise any other remedy otherwise available at law or in equity; provided, however, that unless otherwise provided for herein, in all events, prior to initiating any action at law or in equity, the parties hereto shall first attempt to resolve any dispute through the mediation provision of Paragraph e of this Section 18 hereof.

d. Repurchase Option for Construction Default.

i. Construction Default. If Piedmont fails to commence construction of the Required or Permitted Improvements by the Construction Commencement Date set forth in the applicable Exhibits and corresponding provisions of this Agreement, or substantially complete construction of such Required Improvements by the Required Completion Date specified herein, such failure shall constitute a "Construction Default". Upon the occurrence of a Construction Default, CSDC may, at its option (the "Construction Default Repurchase Option"), repurchase, subject to Section 18, Paragraph d, Subparagraph ii, any portion of the Property not containing Improvements as to which a Certificate of Occupancy has been issued by York County in accordance with Section 7, Paragraph o, Subparagraph iii. If any portion of the Property to be repurchased through an exercise of the Construction Default Repurchase Option utilizes any of the Ponds for stormwater drainage, CSDC shall also be entitled to obtain an easement from Piedmont, subject to reasonable restrictions governing water quality and similar matters, for the use and, at CSDC's option, maintenance of such Ponds for stormwater drainage purposes; provided, however, that Piedmont shall not be required to grant a drainage easement for any volume of stormwater drainage that would require modification of the Ponds, taking into consideration the stormwater drainage from Piedmont's remaining Property, unless CSDC lawfully modifies such Ponds to increase their capacity to accommodate all stormwater drainage from the Property.

ii. Exercise. If CSDC concludes that a Construction Default has occurred and desires to exercise its Construction Default Repurchase Option, CSDC shall (i) provide written notice to Piedmont specifying the alleged Construction Default accompanied by a description of the portion of the Property CSDC intends to repurchase, and (ii) initiate mediation proceedings pursuant to Paragraph e of this Section 18 hereof to discuss CSDC's contention that a Construction Default has occurred and its right to exercise the Construction Default Repurchase Option. If, following conclusion of the mediation proceeding, CSDC still desires to exercise its Construction Default Repurchase Option, it shall initiate non-binding arbitration to seek a determination of whether CSDC is entitled to exercise the Construction Default Repurchase Option. On and after the thirtieth day following conclusion of the non-binding arbitration, CSDC may exercise its Construction Default Repurchase Option by providing written notice to Piedmont; provided that Piedmont has not then completed all Required Improvements, which shall also specify a date, which date shall be not more than ninety (90) days thereafter, on which CSDC shall acquire all of Piedmont's right, title and interest in and to that portion of the

Property specified in CSDC's initial notice, subject to the other limitations and provisions of this Section 18.

(1) If Piedmont has cured the alleged Construction Default by commencing or completing construction, whichever is applicable to the alleged default, thirty (30) days before the expiration of the ninety (90) day period provided in this subparagraph and thereafter Piedmont continuously and diligently prosecutes the completion of the construction and complies with all of the requirements of Section 7 of this Agreement, CSDC's repurchase rights shall be deemed to have been waived as to such Construction Default. CSDC's repurchase rights of Improvements for which Piedmont has attained Certificate of Need shall be subject to prior written approval by the South Carolina Department of Health and Environmental Control in accordance with applicable law

(2) Notwithstanding subparagraph (1) of this Paragraph d.ii of this Section 18, if the alleged Construction Default relates to Phase V, Piedmont shall be entitled to cure such default at any point in time until CSDC has exercised its repurchase rights; provided, however, that if Piedmont cures the Construction Default within thirty (30) days of the expiration of the ninety (90) day notice period, Piedmont shall pay CSDC reasonable attorneys fees and costs CSDC incurred in preparation for CSDC's repurchase of the Phase V Improvements.

iii. Repurchase Price. The Repurchase Price to be paid by CSDC for the Property shall be computed as follows:

(1) Unadjusted Price. The unadjusted Repurchase Price shall be equal to the sum of:

(A) the amount originally paid to CSDC (by Piedmont) for the portion of the Property being repurchased (on a per acre basis, determined by dividing the Purchase Price hereunder by the actual number of acres contained within the Property when acquired by Piedmont); plus

(B) the amount of any completed or partially completed Improvements located on the Property, the then fair market value (as determined by a mutually agreed upon appraiser; provided, however, that if Piedmont is unwilling to approve CSDC's appraiser within fifteen (15) days after CSDC proposes an appraiser to Piedmont for approval, Piedmont may designate a second appraiser not later than thirty (30) days after receipt of CSDC's notice designating CSDC's appraiser and if Piedmont exercises such right then the two appraisers designated by Piedmont and CSDC shall meet and appoint a third appraiser whereupon

all three appraisers shall independently appraise the values of the Improvements and the average of the three appraised values shall be deemed to equal the fair market value of the Improvements; and provided further that if Piedmont fails to designate a second appraiser within the aforementioned thirty (30) day period, the appraisal of CSDC's designated appraiser shall control) of any such Improvements (not including the value of the Property without Improvements) (the "Improvement Value"); less

(C) an amount equal to 10% of the Improvement Value with respect to the Phase V Acute Care Facility and an amount equal to 20% of the Improvement Value with respect to all other completed or partially completed Improvements on the Property, which amount the parties have agreed constitutes an appropriate liquidated damage adjustment to the repurchase price in light of possible liens, damage to CSDC's projected sales at CSDC's Property, and other damages, the actual damages which would be sustained by CSDC being impossible to determine as of the Execution Date.

(2) Minimum Repurchase Price. Notwithstanding the provisions of Subparagraph (B) above to the contrary, in no event will the Repurchase Price to be paid by CSDC to Piedmont be less than the amount required to pay or discharge any debt then outstanding which has been incurred by or on behalf of Piedmont, in order to finance the acquisition of the Property of the construction of the Improvements, including, without limitation, the amount required to pay any revenue bonds issued by any Governmental Authority for the benefit of Piedmont for such purpose or, if payment is not contractually permitted under the issue creating such bonds, the amount required to advance refund of the same to the date on which they may first be call for redemption.

e. Mediation.

i. If discussions between the parties fail to resolve a dispute within thirty (30) days of notice from either party that an event has occurred which this Agreement provided will first be submitted to mediation (a "Dispute Notice"), the parties shall appoint a mutually acceptable neutral third party to act as a mediator. If the parties are unable to agree upon a mediator, the party requesting mediation will request appointment of a mediator by the Administrative Judge of the Sixteenth Judicial Circuit of South Carolina in and for York County, South Carolina. The mediation contemplated by this Paragraph e of this Section 18 is intended to be an informal and non-adversarial process, with the objective of helping the parties reach a mutually acceptable and voluntary agreement. The decision making shall rest solely with the parties. The mediator shall assist the parties in identifying issues, fostering joint problem solving, and exploring settlement alternatives.

ii. If the parties are unable to reach a settlement within thirty (30) days of the mediator's appointment, but in no event more than sixty (60) days following the date of the Dispute Notice, either party may terminate the settlement discussions by written notice to the other party, and thereafter pursue other rights or remedies afforded by this Agreement.

19. Condemnation.

a. For purposes of this Section, the term "taking" shall mean any condemnation or exercise of the power of eminent domain by any Governmental Authority vested with such power, or any taking in any other matter for public use, in lieu of condemnation by a public authority vested with such power.

b. In the event of a taking of all or substantially all of any Building Site shown on the Preliminary Site Plan, Piedmont's commitment to acquire such Building Site shall be excused, and the other terms and conditions of this Agreement shall remain in full force and effect.

c. In the event of a taking of a portion of any Building Site shown on the Preliminary Site Plan, the parties agree to work together to redefine the Permitted Uses and Required Improvements appropriate for such Building Site, given the circumstances of the taking.

20. Liens. Piedmont shall indemnify, defend and hold harmless CSDC, Baxter, Kingsley and Springfield from and against any and all claims, demands, liens, causes of action, or suits (including, without limitation, costs, expenses, and reasonable attorneys' fees) arising out of the services, labor or materials furnished by the General Contractor and its subcontractors, materialmen, and suppliers. In the event that any liens of any nature are filed against all or any portion of the Property, Piedmont shall cause such liens to be discharged by payment, satisfaction or posting of a bond, within thirty (30) days after such lien is filed. In the event that the lien is not discharged within the required time frame, such failure shall be an event of default under this Agreement and shall entitle CSDC to pursue any or all of the remedies contained in Section 18.

21. Brokers.

a. CSDC represents and warrants to Piedmont that there are no claims for brokerage commissions or finder's fees in connection with this Agreement incurred by or alleged to have been incurred by CSDC, and CSDC agrees to indemnify, defend and hold harmless Piedmont from and against any and all loss, costs, expenses, or liabilities arising from any such claims.

b. Piedmont represents and warrants to CSDC that there are no claims for brokerage commissions or finder's fees in connection with this Agreement incurred by or alleged to have been incurred by Piedmont, and Piedmont agrees to indemnify,

defend and hold harmless CSDC from and against any and all loss, costs, expenses, or liabilities arising from any such claims.

22. Notices. All notices, requests, demands, designations, consents, offers, acceptances, or other communications must be in writing and delivered to the other party at the address set forth below (or such other address as may hereafter be designated by written notice), by any of the following methods: (a) personal delivery; (b) overnight mail by a recognized national carrier of overnight mail; (c) registered or certified mail, return receipt requested:

If to Piedmont:	AmiSub of South Carolina, Inc. 222 South Herlong Avenue Rock Hill, SC 29732 Attention: William C. Henning Vice President, Development
With required copy to:	Tenet HealthSystem 1500 Market Street West Tower, 34th Floor Philadelphia, PA 19102 Attention: Southern Region Senior Counsel
If to CSDC:	Clear Springs Development Company, LLC Post Office Box 1777 1030 Assembly Drive Fort Mill, SC 29716 (29708) Attention: Donald E. Killoren
with required copy to:	Kennedy Covington Lobdell & Hickman, LLP Post Office Box 11429 First Union Center, Suite 300 113 East Main Street Rock Hill, SC 29731-1429 (29730) Attention: Stephen R. McCrae, Jr., Esq.

Notices shall be deemed received as follows: (a) if personally delivered, on the date personally delivered to the business office of the addressee; (b) if sent by overnight mail, on the next business day following deposit with the overnight mail carrier; or (c) if sent by registered or certified mail, on the date appearing on the return receipt.

23. Severability. The unenforceability or invalidity of any provision of this Agreement shall not affect the enforceability or validity of any other provision herein, and the balance of this Agreement shall be construed as though such unenforceable or invalid provision had never been contained herein.

24. **Amendment.** This Agreement may only be amended or modified by a writing signed by both parties.

25. **Force Majeure.** If either party's performance of its respective non-monetary functions under this Agreement is delayed or prevented, in whole or in part by acts of God, fire, flood, storm, hurricane, tornado, snowfall, explosions, accidents, epidemics, war, civil disorder, strikes or other labor difficulties, communication failure, blackout, or any law, rule, regulation, order or other action adopted or taken by any federal, state or local Governmental Authority, or any other cause not reasonably within a party's control, whether or not specifically mentioned herein, such party shall be excused from performance to the extent its performance is delayed or prevented by such force majeure event. The party affected by such force majeure event must give written notice and full particulars of the force majeure event within forty-eight (48) hours of its occurrence, and for purposes of this paragraph alone, notice may be given by facsimile transmission or electronic mail, in addition to the methods of notice described in Section 22 of this Agreement. The obligation to perform of the party affected by such force majeure event shall be suspended only during the continuance of any inability to perform caused by the occurrence of the force majeure event.

26. **Governing Law.** This Agreement shall be governed by and construed in accordance with the laws of the State of South Carolina, without regard to its conflicts of law rules and where applicable, United States federal law.

27. **No Partnership.** Nothing in this Agreement shall be deemed to constitute the creation of a joint venture or a partnership relationship between CSDC and Piedmont.

28. **Waiver.** Either party may, at its option, waive in writing any or all of the conditions contained in this Agreement which must be fulfilled to its reasonable satisfaction. The failure of either party at any time or times to require performance of any provision of this Agreement shall in no manner affect the right of such party at a later time to enforce the same or any other provision of this Agreement. No waiver by either party of any term, covenant, agreement, representation or warranty contained in this Agreement, in any one or more instances, shall be deemed to be or construed as a waiver of any other condition or of the breach of any other term, covenant, agreement, representation or warranty contained in this Agreement, except to the extent a writing executed by such party shall expressly so provide.

29. **Confidentiality.** Except as otherwise required by Law, the parties agree that they will keep the terms of this Agreement confidential and will not disclose them to any third parties, other than its employees, agents, advisors, attorneys, accountants, or consultants who have a bona fide reason to know such information.

30. **Time is of the Essence.** The parties agree that **Time is of the Essence** in connection with this Agreement and the consummation of the transactions contemplated by this Agreement.

31. Survival. Except as otherwise provided herein, all representations, warranties, and covenants of the parties contained in this Agreement shall survive for a period of two (2) years after the date of termination of this Agreement.

32. Counterparts. This Agreement may be executed simultaneously in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

33. Binding Effect; Assignment. This Agreement and the various rights and obligations arising hereunder shall inure to the benefit of and be binding upon the parties and their respective successors and permitted assigns. This Agreement may not be assigned by either party without the prior written consent of the other party hereto.

34. Captions. The captions and headings contained in this Agreement are inserted only for convenient reference and in no way define, limit or describe the scope of this Agreement or any provisions hereof.

35. No Recording. This Agreement may not be recorded by either party. In the event that either party desires to record a short form memorandum of this Agreement, both parties must agree on the content of that short form memorandum.

36. Gender; Plural. The masculine pronoun shall be deemed to include the feminine and the neuter, as the context may require, and the singular shall be deemed to include the plural, and vice versa, as the context may require.

37. Effective Date of this Agreement. The Effective Date of this Agreement is the date handwritten by or at the direction of the parties in the appropriate blanks in the first paragraph of this Agreement. However, this Agreement and the obligations of Piedmont hereunder are conditioned upon the approval of the Tenet HealthCare Corporation Board of Directors not later than thirty (30) days after the Effective Date, which approval shall be evidenced by a written Secretary's Certificate to be attached to this Agreement has Exhibit M.

38. Entire Agreement. This Agreement contains the entire agreement of the parties with respect to its subject matter and supercedes any and all other prior or contemporaneous agreements, whether oral or written, between the parties with respect to its subject matter.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their duly authorized representatives, as of the date first above written.

CSDC:	PIEDMONT:
CLEAR SPRINGS DEVELOPMENT COMPANY, LLC	AMI-SUB OF SOUTH CAROLINA, INC.

By: _____
Its: CEO

By: _____
Its: _____

EXHIBIT A-1

Legal Description of Village of Baxter

TRACT ONE:

ALL that certain piece, parcel or tract of land lying and being situate in Fort Mill Township, York County, South Carolina, containing 97.18 ACRES, more or less, the perimeter boundaries of which are described by courses and distances on a plat prepared by J. Boyd Fisher, R.L.S., dated October 24, 1989, recorded in PLAT BOOK B-79, PAGE 3, Office of the Clerk of Court for York County, South Carolina, to which the plat reference is hereby made for a more particular description of the said 97.18-acre tract of land.

DERIVATION: The said 97.18-acre tract is a portion of that tract of land conveyed by The Lancaster and Chester Railway Company to Springland, Inc. dated October 18, 1991, recorded October 22, 1991, in Record Book 326, Page 81, and subsequently conveyed by Springland, Inc. to Springland Associates, LLC by deed dated March 23, 1999, recorded March 24, 1999, Office of the Clerk of Court for York County, South Carolina.

TAX MAP NO.: 654-00-00-023 and 654-00-00-024

TRACT TWO:

ALL that certain piece, parcel or tract of land lying and being situate in Fort Mill Township, York County, South Carolina, containing 177.80 ACRES, more or less, the perimeter boundaries of which are described by courses and distances on a plat prepared by J. Boyd Fisher, R.L.S., dated March 2, 1990, recorded in PLAT BOOK 104, PAGE 193, Office of the Clerk of Court for York County, South Carolina, to which plat reference is hereby made for a more particular description of the said 177.80-acre tract of land.

LESS, HOWEVER, the following parcels conveyed therefrom: (i) parcel of 1.87 ACRES, more or less, as shown on plat recorded in PLAT BOOK 126, PAGE 118, (ii) a parcel of 0.65 ACRE, more or less, as shown on plat recorded in PLAT BOOK 102, PAGE 584, and (iii) a portion of the land included in a tract of 3.49 acres, more or less, conveyed by Close Family Real Estate Partnership No. 1 to Frederick H. Keeter by limited warranty deed dated January 28, 1999, recorded February 5, 1999, in Record Book 2578, Page 191, Office of the Clerk of Court for York County, South Carolina (see also Quitclaim from Springland Associates, LLC to Frederick H. Keeter dated March 19, 1999, recorded March 22,

1999, in RECORD BOOK 2631, PAGE 148, Office of the Clerk of Court for York County, South Carolina).

DERIVATION: The said 177.80-acre tract, less the 1.87-acre tract and the 0.65-acre parcel referenced above, was conveyed by Springland Partners One Limited Partnership to Springland Associates, LLC by deed dated December 28, 1995, recorded January 14, 1996, in Record Book 1450, Page 285, Office of the Clerk of Court for York County, South Carolina.

TAX MAP NO.: 656-00-00-020

DERIVATION FOR TRACTS ONE AND TWO INTO CLOSE FAMILY REAL ESTATE PARTNERSHIP NO. 1: Tract One and Tract Two are the same property conveyed by Springland Associates, LLC to Close Family Real Estate Partnership No. 1 by deed dated March 23, 1999, recorded March 24, 1999, in Record Book ____, Page _____, Office of the Clerk of Court for York County, South Carolina.

TRACT THREE:

ALL that certain piece, parcel or tract of land lying and being situate in Fort Mill Township, York County, South Carolina containing 676.54 ACRES, more or less, the perimeter boundaries of which are described by courses and distances on a plat prepared by J. Boyd Fisher, R.L.S., dated September 1, 1986, revised July 12, 1989, and last revised October 20, 1989, recorded in PLAT BOOK ____, PAGE _____, Office of the Clerk of Court for York County, South Carolina, to which plat reference is hereby made for more particular description of the said 676.54-acre tract of land.

TOGETHER WITH (a) right of access over and across the land of Philadelphia Methodist Church within a strip of land 10 feet in width as shown on plat recorded in PLAT BOOK 12, PAGE 179, granted to Elliott Springs by instrument dated April 12, 1955, recorded August 18, 1955, in Deed Book 217, Page 177, and (b) easements for drainage and stormwater runoff purposes, construction of Camber Woods Drive, maintenance of pond, and installation of utilities reserved over a tract of 3.49 acres as shown in PLAT BOOK B-66, PAGE 8, in deed to Frank H. Keeter dated January 28, 1999, recorded February 5, 1999, in Record Book 2578, page 191, Office of the Clerk of Court for York County, South Carolina.

LESS, HOWEVER, the following parcels conveyed therefrom: (i) parcel of 3.364-ACRE tract of land, more or less, conveyed to Robert Lummis Reed, Jr. and Terri Riley Reed by deed recorded August 21, 1987, in Deed

Book 973, Page 11, (ii) parcel of **3.364 ACRES**, more or less, conveyed to William Arrie Hannon and Kay Bayne Hannon by deed recorded August 21, 1987, in Deed Book 973, Page 7, (iii) the majority of a parcel of **3.49 ACRES**, more or less, as shown on plat recorded in **PLAT BOOK B-66, PAGE 8**, conveyed to Frederick H. Keeter by deed dated January 28, 1999, recorded February 5, 1999, in Record Book 2578, Page 191, the rest of said 3.49-acre parcel having been conveyed to Frederick H. Keeter by Quitclaim from Springland Associates, LLC dated March 19, 1999, recorded March 22, 1999, in Record Book 2631, Page 148, (iv) parcel of **2.16 ACRES**, more or less, as shown on plat recorded in **PLAT BOOK 97, PAGE 200**, conveyed to Trustees, Philadelphia United Methodist Church by deed recorded February 20, 1989, in Deed Book 1079, Page 238; (v) parcels of **0.094 ACRE** and **0.29 ACRE**, more less, conveyed to Trustees of Philadelphia United Methodist Church by deed recorded April 26, 2000, in Record Book 3101, Page 173; (vi) parcel of **0.18 ACRE**, more or less, conveyed to C&S Tire, Inc. by deed recorded April 26, 2000, in Record Book 3101, Page 202; and (vii) parcel of **0.14ACRE**, more or less, as shown on plat recorded in **PLAT BOOK B-208, PAGE 3**, conveyed to Robert Lummis Reid, Jr. and Terri Riley Reid by deed recorded March 27, 2000 in Record Book 3062, Page 20.

DERIVATION: The said 676.54-acre tract and the 10-feet wide access easement, less the parcels conveyed out as described above, are a portion of the property conveyed by Crandall C. Bowles, Trustee, Close Family Real Estate Trust, to Close Family Real Estate Partnership No. 1 by deed dated December 20, 1989, recorded December 20, 1989, in Deed Book 1136, Page 315, Office of the Clerk of Court for York County, South Carolina.

TAX MAP NO.: 655-00-00-001 and a portion of 657-00-00-001.

DERIVATION FOR TRACTS ONE, TWO AND THREE INTO CLEAR SPRINGS-BAXTER, LLC: Tracts One, Two and Three are a portion of the property conveyed by Close Family Real Estate Partnership No. 1 to Clear Springs Land Company, LLC by deed dated March 23, 1999, recorded March 24, 1999, in Record Book 2635, Page 36, and immediately thereafter conveyed by Clear Springs Land Company, LLC to Clear Springs-Baxter, LLC by deed dated March 23, 1999, recorded March 24, 1999, in Record Book 2635, Page 53, Office of the Clerk of Court for York County, South Carolina.

TRACT FOUR:

ALL that certain piece, parcel or tract of land lying being and situate in Fort Mill Township, York County, South Carolina, containing **.03 ACRE**, more or less, shown as **PARCEL J**, on a plat entitled "Boundary Survey

of Tax Parcels 655-2 & 655-45" prepared by Kenneth M. Green, RLS #14529, dated February 4, 2000, recorded in PLAT BOOK B-221, PAGE 6, Office of the Clerk of Court for York County, South Carolina, to which plat reference is hereby made for a more particular description of the said .03-acre tract of land.

TAX MAP NO.: Being a portion of 655-00-00-001

DERIVATION FOR TRACT FOUR: Deed from C & S Tire, Inc. to Clear Springs-Baxter, LLC by deed dated May 9, 2000, recorded May 15, 2000, in Record Book 3123, Page 95, Office of the Clerk of Court for York County, South Carolina.

TRACT FIVE:

ALL that certain piece, parcel or tract of land lying being and situate in Fort Mill Township, York County, South Carolina, containing .36 ACRE, more or less, shown as PARCEL G, on a plat entitled "Boundary Survey of Tax Parcels 655-2 & 655-45" prepared by Kenneth M. Green, RLS #14529, dated February 4, 2000, recorded in PLAT BOOK B-221, PAGE 6, Office of the Clerk of Court for York County, South Carolina, to which plat reference is hereby made for a more particular description of the said .36-acre tract of land.

TAX MAP NO.: Being a portion of 655-00-00-001

DERIVATION FOR TRACT FIVE: Deed from Trustees of Philadelphia M.E. Church, Etc. to Clear Springs-Baxter, LLC dated April 23, 2000, recorded April 26, 2000, in Record Book 3101, Page 191, Office of the Clerk of Court for York County, South Carolina.

EXHIBIT A-2

Legal Description of Village of Kingsley

ALL that certain piece, parcel or tract of land lying and being situate in Fort Mill Township, York County, South Carolina, containing **570.93 ACRES**, more or less, the perimeter boundaries of which are described by courses and distances on a plat prepared by J. Boyd Fisher, R.L.S., dated September 1, 1986, revised July 12, 1989, and October 20, 1989, and last revised February 17, 1999, recorded in PLAT BOOK B-79, PAGE 1, Office of the Clerk of Court for York County, South Carolina, to which plat reference is hereby made for a more particular description of the said **570.93-acre** tract of land.

DERIVATION: The said 570.93-acre-tract is a portion of the property conveyed by Crandall C. Bowles, Trustee, Close Family Real Estate Trust, to Close Family Real Estate Partnership No.1 by deed dated December 20, 1989, recorded December 20, 1989 in Deed Book 1136, Page 315, and thereafter conveyed by Close Family Real Estate Partnership No. 1 to Clear Springs Land Company, LLC, by deed dated March 23, 1999, recorded March 24, 1999 in Record Book 2635, Page 26,and immediately thereafter conveyed by Clear Springs Land Company, LLC to Clear Springs-Kingsley, LLC by deed dated March 23, 1999, recorded March 24, 1999, in Record Book 2635, Page 46, Office of the Clerk of Court for York County, South Carolina.

TAX MAP NO.: Portion of 655-00-00-003

EXHIBIT A-3

Legal Description of Village of Springfield

TRACT ONE (Strawberry Fields, Map 7):

ALL that certain piece, parcel or tract of land lying being and situate in Fort Mill Township, York County, South Carolina, containing 631 ACRES, more or less, the perimeter boundaries of which are described by courses and distances on a plat prepared by Robert R. Medford, R.L.S. and J.B. Fisher, R.L.S., dated September 1, 1986, revised July 12, 1989 and last revised October 20, 1989, recorded in PLAT BOOK 103, PAGE 91, Office of the Clerk of Court for York County, South Carolina, to which plat reference is hereby made for a more particular description of the said 631-acre tract of land.

DERIVATION: The said 631-acre tract of land is a portion of that property conveyed by Crandall C. Bowles, Trustee, Close Family Real Estate Trust u/a Crandall C. Bowles, et al, to Close Family Real Estate Partnership No. 1 by deed dated December 20, 1989, recorded December 20, 1989, in Record Book 1136, page 315, Office of the Clerk of court for York County, South Carolina.

TAX MAP NO.: 731-00-00-002

TRACT TWO (2.13 acres off Kennel Road, Totherow Property):

ALL that certain piece, parcel or tract of land, together with the residential improvements located thereon, located near Kennel Road in Fort Mill Township, York County, South Carolina, containing 2.13 acres, more or less, the perimeter boundaries of which are shown and described on a plat of survey for Close Family Real Estate Partnership No. 1 dated July 21, 1998, prepared by David D. Shaw Land Surveying, Inc., as follows: BEGINNING at point on the joint boundary line of property of Close Family Real Estate Partnership No. 1 and property of Totherow 200.00 feet from a 1-1/4" pinch iron located with a 15-feet wide gravel driveway just north of Kennel Road, being the joint corner of property of Close Family Real Estate Partnership No. 1, Totherow, and Lundy, thence from said Beginning Point along the present joint boundary line of Close Family Real Estate Partnership No. 1 and Totherow N 16-14-25 E 195.00 feet to a point; thence a new line N 90-00-00 E 470.00 feet to a point; thence a new line S 01-23-13 W 187.27 feet to a point; thence a new line N 90-00-00 W 520.00 feet to the BEGINNING POINT.

DERIVATION: Deed from Jerry R. Totherow and Mary Ann H. Totherow to Close Family Real Estate Partnership No. 1 dated August 26, 1998, recorded August 27, 1998, in Record Book 2574, Page 71, Office of the Clerk for Court for York County, South Carolina.

TAX MAP NO.: 733-00-00-011

TRACT THREE (21.22 acres off Kennel Road, Totherow Property):

ALL that certain piece, parcel or tract of land, together with the residential improvements located thereon, located near Kennel Road in Fort Mill Township, York County, South Carolina, containing 21.22 ACRES, more or less, the perimeter boundaries of which are shown and described on a plat of survey for Close Family Real Estate Partnership No. 1 dated July 21, 1998, prepared by David D. Shaw Land Surveying, Inc., as follows: BEGINNING at point on the joint boundary line of property of Close Family Real Estate Partnership No. 1 and property of Totherow at a 1-1/4 inch pin; then N 16-14-23 E 200.00 feet, more or less, to a point, corner of 2.13 –acre parcel owned by Close Family Real Estate No. 1; thence with the Close Family Real Estate Partnership No. 1 boundary lines of the said 2.13-acre parcel, the following courses and distances: S 90-00-00 E 520 feet to a point, N 01-23-13 E 187.27 feet to a point, and S 90-00-00 W 470.0 feet to a point; thence with other property of Close Family Real Estate Partnership No. 1 N 16-14-23 E 159.11 feet to a concrete monument; thence N 46-37-30 E 199.87 feet to a concrete monument; thence N 46-37-46 E 83.63 feet to a concrete monument; thence N 75-12-28 E 215.70 feet to a concrete monument; thence N 75-11-03 E. 80.06 feet to a concrete monument; thence N 75-11-47 E. 56.64 feet to a concrete monument; thence N 80-17-23 E. 82.12 feet to a concrete monument; thence N 45-39-06 E. 230.70 feet to a concrete monument; thence S 72-45-20 E. 36.55 feet to a concrete monument; thence S 11-51-27 E. 700.08 feet to a ½" pipe; thence S 11-25-37 E. 199.00 feet to a concrete monument; thence S 12-16-26 E. 178.29 feet to a concrete monument; thence S 17-07-06 W. 200.04 feet to a ½" pipe; thence S 17-06-38 W. 171.97 feet to a concrete monument; thence N 65-27-26 W. 944.60 feet to a 1" pipe; thence N 81-09-02 W. 237.86 feet to the BEGINNING POINT.

DERIVATION: Deed from Jerry R. Totherow and Mary Ann H. Totherow to Clear Springs Land Company, LLC, a North Carolina limited liability company, dated May 10, 1999, recorded May 11, 1999, in Record Book 2698, Page 227, Office of the Clerk of Court for York County, South Carolina.

TAX MAP NO.: 733-00-00-002

TRACT FOUR (135.12 Acres)

ALL that certain piece, parcel or tract of land lying being and situate in Fort Mill Township, York County, South Carolina, containing 135.12 ACRES, more or less, the perimeter boundaries of which are described by courses and distances on a plat prepared by J.B. Fisher, R.L.S., dated January 20, 1993, revised July 2, 1997, recorded in PLAT BOOK B-79, PAGE 4, Office of the Clerk of Court for York County, South Carolina, to which plat reference is hereby made for a more particular description of the said 135.12-acre tract of land.

DERIVATION: Being a portion of the property conveyed to Clear Springs Land Company, LLC from Close Family Real Estate Partnership No. 1 by deed dated December 29, 1999, recorded December 29, 1999, in Record Book 2975, Page 141, Office of the Clerk of Court for York County, South Carolina.

TAX MAP NO.: 717-00-00-017

TRACT FIVE (REGENT Park Tract):

ALL that certain piece, parcel or tract of land lying and being situate in Fort Mill Township, York County, South Carolina, bounded by Steele Road on the south, by property of Close Family Real Estate Partnership No. 1 on the west and east, and by other properties of Seller on the north, containing 117.36 ACRES, more or less, the perimeter boundaries of which are shown and described by courses and distances on that certain survey entitled "Property Surveyed for Clear Springs Land Development Company, LLC," dated May 25, 1999, prepared by Gregg A. Bishop, SCRLS, recorded in PLAT BOOK B110, PAGE 9, Office of the Clerk of Court, York County, South Carolina, to which plat reference is hereby made for a more particular description of the said 117.36-acre tract of land.

DERIVATION: Deed from Regent Carolina Corporation, a South Carolina corporation, to Clear Springs Land Company, LLC, a North Carolina limited liability company, dated June 3, 1999, recorded June 3, 1999, in Record Book 2728, Page 222, Office of the Clerk of Court for York County, South Carolina.

DERIVATION FOR TRACTS ONE, TWO, THREE, FOUR and FIVE: Deed from Clear Springs Land Company, LLC to Clear Springs-Springfield, LLC dated December 29, 1999, recorded December 29, 1999, in Record Book 2975, Page 152, Office of the Clerk of Court for York County, South Carolina.

TRACT SIX:

ALL that certain piece, parcel or tract of land lying being and situate in Fort Mill Township, York County, South Carolina, containing 8.384 ACRES, more or less, the perimeter boundaries of which are described by courses and distances on a plat prepared by Robert R. Medford, S.C.P.L.S. No. 11065, dated February 8, 2000, recorded in PLAT BOOK B-197, PAGE 8, Office of the Clerk of Court for York County, South Carolina (the "Plat"), to which Plat reference is hereby made for a more particular description of the said 8.384-acre tract of land.

DERIVATION: Being a part of that certain 8.5 acre tract conveyed to Miller Floyd Coggins and Molly Ann F. Coggins by deed from H. W. Close, Crandall C. Bowles, Frances C. Hart, Leroy S. Close, Patricia C. Hastings, Elliott S. Close and James Bradley, as Trustees under Trust Agreement dated August 25, 1959, with Elliott Springs, dated February 20, 1976, recorded March 16, 1976, in Deed Book 527, Page 437; Molly Ann F. Coggins conveyed an undivided ½ interest in the 8.5 acre tract to Miller F. Coggins by deed dated October 16, 1979, recorded October 18, 1979, in Deed Book 604, Page 132; Miller F. Coggins reconveyed an undivided ½ interest to Molly Ann F. Coggins by deed dated November 25, 1992, recorded December 8, 1992, in Record Book 603, Page 196. Also being a part of that certain 2 acre tract conveyed to Miller Floyd Coggins and Molly Ann F. Coggins by deed from H. W. Close, Crandall C. Bowles, Frances C. Hart, Leroy S. Close, Patricia C. Hastings, Elliott S. Close and James Bradley, as Trustees under Trust Agreement dated August 25, 1959, with Elliott Springs, dated February 20, 1976, recorded March 16, 1976, in Deed Book 527, Page 435. Also being a part of that certain 0.50 acre tract conveyed to Miller F. Coggins and Molly F. Coggins by deed from L. Daniel Malphrus, Jr. and Cynthia K. Malphrus dated March 9, 1987, recorded April 15, 1987, in Deed Book 946, Page 96. All deeds are recorded in the Office of the Clerk of Court for York County, South Carolina.

TAX MAP NOS.: Portion of both 728-00-00-026 and 728-00-00-027

DERIVATION FOR TRACT SIX: Deed from Miller F. Coggins and Molly F. Coggins to Clear Springs-Springfield, LLC by deed dated February 17, 2000, recorded February 17, 2000, in Record Book 3024, Page 113, Office of the Clerk of Court for York County, South Carolina.

TRACT SEVEN:

ALL that certain piece, parcel or tract of land lying being and situate in Fort Mill Township, York County, South Carolina, containing **191.53 ACRES**, more or less, the perimeter boundaries of which are described by courses and distances on a plat prepared by Robert R. Medford, R.L.S. and J.B. Fisher, R.L.S., dated September 1, 1986, revised July 12, 1989 and last revised October 20, 1989, recorded in **PLAT BOOK 103, PAGE 90**, Office of the Clerk of Court for York County, South Carolina, to which plat reference is hereby made for a more particular description of the said **191.53-acre** tract of land.

DERIVATION: The said 191.53-acre tract of land is a portion of that property conveyed by Crandall C. Bowles, Trustee, Close Family Real Estate Trust u/a Crandall C. Bowles, et al, to Close Family Real Estate Partnership No. 1 by deed dated December 20, 1989, recorded December 20, 1989, in Record Book 1136, Page 315, Office of the Clerk of Court for York County, South Carolina.

TAX MAP NO.: 730-00-00-002

TRACT EIGHT (8.37 acres):

ALL that certain piece, parcel or tract of land lying being and situate in Fort Mill Township, York County, South Carolina, containing **8.37 ACRES**, more or less, the perimeter boundaries of which are described by courses and distances on a plat prepared by J.B. Fisher, R.L.S., dated September 4, 1980 and revised October 17, 1980, recorded in **PLAT BOOK 61, PAGE 161**, Office of the Clerk of Court for York County, South Carolina, to which plat reference is hereby made for a more particular description of the said **8.37-acre** tract of land.

DERIVATION: The said 8.37-acre tract of land is that property conveyed by Miller Floyd Coggins and Molly Ann F. Coggins to Close Family Real Estate Partnership No. 1 by deed dated March 27, 1996, recorded April 2, 1996, in Record Book 1489, Page 134, Office of the Clerk of Court for York County, South Carolina.

TAX MAP NO.: 730-00-00-006

TRACT NINE (7.89 acres):

ALL that certain piece, parcel or tract of land lying being and situate in Fort Mill Township, York County, South Carolina, containing **7.89 ACRES**, more or less, the perimeter boundaries of which are described by

courses and distances on a plat prepared by J.B. Fisher, R.L.S., dated November 18, 1994, recorded in PLAT BOOK 129, PAGE 47, Office of the Clerk of Court for York County, South Carolina, to which plat reference is hereby made for a more particular description of the said 7.89-acre tract of land.

DERIVATION: The said 7.89-acre tract of land is all of the property conveyed by David B. Thompson, Bishop of Charleston, A Corp. Sole to Close Family Real Estate Partnership No. 1 by deed dated February 28, 1995, recorded March 3, 1995, in Record Book 1200, Page 306, Office of the Clerk of Court for York County, South Carolina.

TAX MAP NO.: 728-00-00-032

DERIVATION FOR TRACTS SEVEN EIGHT AND NINE: Deed from Close Family Real Estate Partnership No. 1 to Clear Springs Land Company, LLC dated December 29, 1999, recorded December 29, 1999, in Record Book 2975, Page 141, Office of the Clerk of Court for York County, South Carolina.

EXHIBIT A-4

Description of Property for Baxter Health Campus

[See attached drawing]

EXHIBIT B

Preliminary Site Plan for Baxter Health Campus

[See Preliminary Site plan attached hereto.]

EXHIBIT C
Required Improvements - Phase I

I. Required Improvements:

Land Use	Dept. Size (sq. ft.)	Gross Building Area (sq. ft.)
Building #1 (One Story Building)	5,000 square feet Medical Office Building ("MOB") 5,000 square feet Urgent Care	10,000 square feet total space
Building #2 (Two Story Building)	12,000 square feet MOB (1st floor) 12,000 square feet MOB (2nd floor)	24,000 square feet total space
Total Phase I - Required Improvements		34,000 square feet total space

II. **Projected Construction Commencement Date:**
Building #1 – January 1, 2001 (i)
(i) This date is subject to modification pursuant to Section 4, Paragraph f of the Agreement.
Building #2 – January 1, 2001

III. **Required Completion Date:**
Building #1 – October 1, 2001(i)
(i) This date is subject to modification pursuant to Section 4, Paragraph f of the Agreement
Building #2 – December 1, 2001

IV. **Permitted Uses:**

Building #1	Urgent Care or Occupational Medicine Center Physician or Dentist Leased Office Space
Building #2	Physician Leased Office Space Dentist Leased Office Space

EXHIBIT D

Permitted Improvements - Phase II

I.. Permitted Improvements:

Land Use	Dept. Size (sq. ft.)	Gross Building Area (sq. ft.)
Building #3 (Two Story Building)	12,000 square feet Diagnostic Center (1st floor) 12,000 square feet MOB (2nd floor)	24,000 square feet total space
Building #4 (Two Story Building)	9,000 square feet MOB (1st floor) 9,000 square feet MOB (2nd floor)	18,000 square feet total space
Total Phase II – Required Improvements		42,000 square feet total space

II. **Projected Construction Commencement Date:**
Building #3 February 1, 2002(i)
(i) This date is subject to modification pursuant to Section 4, Paragraph f of the Agreement.
Building #4 February 1, 2002(i)
(i) This date is subject to modification pursuant to Section 4, Paragraph f of the Agreement.

III. **Projected Completion Date:**
Building #3 January 1, 2003(i)
(i) This date is subject to modification pursuant to Section 4, Paragraph f of the Agreement.
Building #4 December 1, 2002(i)
(i) This date is subject to modification pursuant to Section 4, Paragraph f of the Agreement.

IV. **Permitted Uses:**
Building #3 Physician Leased Office Space; Dentist Leased Office Space; PHS Support Services Space on 2nd story.
Diagnostic Center uses may include Radiography, EEG, Ultrasound, Physical Therapy, Mammography, Nuclear Medicine, Bone Density

	Scan, Endoscopy, MRI, CT Scan. The non use of any such Diagnostic Center use shall not constitute an Inactive Use, provided the Diagnostic Center furnishes a reasonable scope and volume of diagnostic services to support medical providers who have offices within the Clear Springs Plan.
Building #4	Same as Building #3 for 2nd story

EXHIBIT E

Additional Permitted Improvements - Phase III

I. **Permitted Improvements:**

Land Use	Dept. Size (sq. ft.)	Gross Building Area (sq. ft.)
Building #5 (Two Story Building)	15,000 square feet Ambulatory Surgery Center (1st floor) 15,000 square feet MOB (2nd floor)	30,000 square feet total space
Building #6 (Three Story Building)	9,333 square feet MOB (1st floor) 9,333 square feet MOB (2nd floor) 9,334 square feet MOB (3rd floor)	28,000 square feet total space
Total Phase III – Required Improvements		58,000 square feet total space

II. **Projected Construction Commencement Date:**
Building #5 July 1, 2003 (i)
(i) This date is subject to modification pursuant to Section 4, Paragraph f of the Agreement.
Building #6 October 1, 2004(i)
(i) This date is subject to modification pursuant to Section 4, Paragraph f of the Agreement.

III. **Projected Completion Date:**
Building #5 June 1, 2004(i)
(i) This date is subject to modification pursuant to Section 4, Paragraph f of the Agreement.
Building #6 September 1, 2005(i)
(i) This date is subject to modification pursuant to Section 4, Paragraph f of the Agreement.

IV. **Permitted Uses:**

Building #5	Ambulatory Surgery Center Out Patient Surgical, Recovery, and Testing as approved by DHEC. Second Floor Offices same as Building #3.

Building #6	Same as Building #3

EXHIBIT F

Additional Permitted Improvements - Phase IV

INTENTIONALLY OMITTED

EXHIBIT G

Additional Permitted Improvements - Phase V

I. Permitted Improvements:

Land Use	Dept. Size (sq. ft.)	Gross Building Area (sq. ft.)
Acute Care Hospital	TBD	125,000*
Physician Office/Urgent Care Center	TBD	10,000

* or as approved by South Carolina DHEC's Certificate of need regulations.

Total Phase V - Required Improvements 135,000 square feet total space

II. **Projected Construction Commencement Date:**
Acute Care Hospital – December, 2008 (i)
(i) This date is subject to modification pursuant to Section 4, Paragraph f of the Agreement.

Physician Office/Urgent Care Center – This facility will be located in any of the Clear Springs Villages. Construction on this facility will commence when the designated village has had 10% of its residential lots purchased by homeowners. However, the Projected Construction Date is subject to modification pursuant to Section 4, Paragraph 4 of the Agreement.

III. **Projected Completion Date:**
Acute Care Hospital - within 30 months of the later of CON final approval by DHEC or a final judicial order from which no appeal is taken or granted reversing the denial or affirming the approval of the CON application, provided that pursuant to Section, Paragraph f of the Agreement Piedmont meets all the procedural time limitations prescribed by law, rule or regulation and otherwise takes all measures required of it under Section 4, Paragraph f of the Agreement.

Physician Office/Urgent Care Center – within 12 months of project construction commencement, unless CON is required, in which case construction shall be completed within 12 months from the later of CON final approval by DHEC or a final judicial order from which no appeal is taken or granted reversing the denial or affirming the approval of the CON application, provided that pursuant to Section 4, Paragraph f of the Agreement Piedmont meets all the procedural time limitations prescribed by law, rule or regulation and otherwise takes all measures required of it under Section 4, Paragraph f of the Agreement.

IV. **Permitted Uses:**

Acute Care Hospital	Services as regulated under South Carolina DHEC regulations for Hospital and General Institutional Infirmaries
Physician Office/Urgent Care Center	Medical services may include Family Practice, Internal Medicine, Pediatrics, and OB/Gyn

EXHIBIT H

Schematic Plans Submittal Process

Required Materials to be Submitted by Piedmont to CSDC in Conjunction with CSDC's Review of Schematic Plans for Each Proposed Improvement

1. A general description of the proposed development in terms of: acreage of land area; percentages of building coverage, roads, open space; the location size (height and floor area) and function of proposed facilities; the general disposition of the various elements of the Improvements on the Property; the relationship of those elements to adjacent properties; and government requirements and timetables for submittals.

2. Preliminary site plans (1" = 20': north arrow and scale) indicating: existing topography and proposed site grading; site boundaries; proposed Buildings, and existing and proposed facilities, drainageways, hardscaped areas, landscaped areas, fences, walls, signs and other site Improvements; proposed impacts to water bodies; development phases; and proposed pedestrian access and circulation.

3. Site cross-section showing the relationship of proposed Buildings and facilities with existing and proposed grade lines.

4. A preliminary utilities/service plan and report indicating; water supply requirements; wastewater flow requirements; natural gas and electrical lighting and other electrical requirements; and a list of industrial discharges.

5. Preliminary engineering drawings and specifications providing structural, mechanical, electrical and civil design.

6. Preliminary architectural plans and drawings (1/8" = 1'0": north arrow and scale) indicating: floor and roof plans; exterior building materials, colors, finishes and textures; architectural sections and elevations.

7. Architectural renderings and perspectives of interiors and exteriors of the Improvements. CSDC shall have the right to require more than one rendering and to determine the viewpoint from which the renderings are produced.

8. Such other documents, reports, drawings or plans as CSDC shall reasonably require in connection with the matters to be submitted to CSDC for approval.

EXHIBIT I

Design Development Plans Submittal Process

Required Materials to be Submitted by Piedmont to CSDC in Conjunction with CSDC's Review of Design Plans for each Proposed Improvement

1. A further refinement of and revised copies of all the items included in the Schematic Plans and described in Exhibit F above;

2. A preliminary landscape plan (1" = 20': north arrow and scale) indicating: landscape design concepts; tree and shrub material groupings and planting; existing and proposed site grading; site graphics; site lighting; and irrigation design.

3. A preliminary site drainage plan (1" = 20': north arrow and scale) indicating: drainage ways; stormwater retention, on-site; and stormwater disposition, on-site.

4. A preliminary site grading plan (1" = 20': north arrow and scale) indicating: proposed finished floor elevations; and size and inverts of primary storm drain mains.

5. An equipment plan, with a list of major building equipment, including, but not limited to, size, type, weight and utility requirements.

6. Plans and drawings (1/8" = 1'0": north arrow and scale) indicating: floor and roof plans; exterior building materials colors and textures; architectural sections and elevations.

7. Details on interior, including, but not limited to, finishes and design interior lighting.

8. Such other reports, drawings, plans and documents, as CSDC shall reasonably require in connection with the matters to be submitted to CSDC for approval.

EXHIBIT J

Final Plans Submittal Process

Required Materials to be Submitted by Piedmont to CSDC in Conjunction with CSDC's Review of Final Plans for each Proposed Improvement

1. A detailed description of the proposed development in terms of: acreage of land area; percentages of building coverage, roads, open space; the location, size (height and floor area) and function of proposed facilities; the specific disposition of the various elements of the Improvements on the Property, the relationship of those elements to adjacent properties; and status reports on such state and federal approvals as Piedmont is obligated to obtain.

2. Final site plans (1" = 20': north arrow and scale) indicating: existing topography, proposed grading and cut and fill calculations; site boundaries; proposed Buildings, facilities, drainageways, landscaped areas, fences, walls, signs and other site improvements; development phases; and proposed pedestrian access and circulation.

3. Site cross-sections showing the relationship of the proposed Building with existing and proposed gradelines.

4. A final landscape plan (1" = 20': north arrow and scale) indicating: the location and identification of plant material, site furniture, signs, etc.; existing and proposed grading and drainage; landscape installation details; site graphics; site lighting; and irrigation installation design and system.

5. A final site drainage plan (north arrow and appropriate scale) meeting all applicable governmental and permit requirements, indicating: drainage; stormwater retention, on-site; and stormwater disposition, on-site; and plan and profile of storm drains to the points of connection to CSDC's storm water lines.

6. A final site grading plan (north arrow and appropriate scale) indicating: proposed finished floor elevations; parking lot and main road elevations; and the size and inverts of primary storm drain mains.

7. A final utilities/services plan and report indicating: water supply requirements; wastewater flow requirements; natural gas and electrical requirements; and a list of industrial discharges.

8. Final engineering drawings and specification indicating structural, mechanical, electrical and civil designs and systems.

9. Final architectural and engineering drawings, details, calculations required for approvals and construction of proposed improvements indicating: floor and roof plans; exterior building materials, colors and textures; exterior building lighting; architectural sections

and elevations; architectural/engineering detail sections; complete specifications for plumbing, architectural, structural, heating, ventilation and air-conditioning, electrical, landscaping and irrigation systems; underground utilities; and designs for site lighting, signage, site furnace, on-site streets and paved areas;

10. Final interior floor and furnishings plans showing style, type, number and location of all furnishings, display and trade fixtures; and

11. Such other reports, drawings, plans and documents, as CSDC shall reasonably require in connection with the matters to be submitted to CSDC for approval.

EXHIBIT K

Land Purchase Price Schedule

Year	Price/Acre
2000	$225,000
2001	$262,500
2002	$283,500
2003	$306,200
2004	$330,700
2005	$357,200
2006	$385,800
2007	$416,700

EXHIBIT L

STATE OF SOUTH CAROLINA

COUNTY OF YORK

AGREEMENT OF PURCHASE AND SALE OF REAL PROPERTY

THIS CONTRACT FOR PURCHASE OF PROPERTY (the "Purchase Contract") is made and entered into this ____ day of _____, 2000 by and between CLEAR SPRINGS - BAXTER, LLC., a North Carolina limited liability company ("Seller"), and AMISUB OF SOUTH CAROLINA, INC. a South Carolina corporation d.b.a. PIEDMONT HEALTH SYSTEM("Buyer").

STATEMENT OF PURPOSE

Seller is the owner of that certain tract of land and related improvements located in York County, South Carolina, as more particularly described below. Buyer desires to acquire from Seller the Property, as hereafter defined, upon the terms and conditions contained in this Purchase Contract and subject to the terms and conditions set forth in that certain "Alliance Agreement" executed between Buyer and Seller on _____, 2000, the terms and conditions of which are incorporated herein by reference. Seller is willing to sell and convey the Property, as hereafter defined, pursuant to the terms and conditions of this Purchase Contract and the Alliance Agreement.

NOW, THEREFORE, subject to the terms and conditions of this Purchase Contract, and in consideration of the premises and the respective agreements hereinafter set forth, Seller and Buyer agree as follows:

1. Description of Subject Property. The property now owned by Seller which is the subject of this Contract is as follows:

a. All that certain parcel of land located in York County, South Carolina, containing in the aggregate approximately _____ acres, more or less, and which is designated as ____ Building Site, Phase ____ in the Alliance Agreement and as more particularly described on Exhibit A attached hereto and made a part hereof by reference (the "Property").

b. Except as expressly set forth in herein, the Property is being sold and acquired "AS IS, WHERE IS", including, without limitation, with respect to its physical condition, environmental condition, value, suitability, fitness, due diligence and investigatory documents, ordinances, regulations, and title (except as to Seller's limited warranty of title in the deed to be provided pursuant to Section 5 below), and Buyer acknowledges, except as specifically provided herein, that no such representations or warranties have been made or will be made by Seller, its agents, representatives, or employees regarding the same.

c. The Property shall be sold subject to the covenants and restrictions which have been filed by Seller in the Office of the Clerk of Court, York County, South Carolina. In

particular, the Property is subject to (1) the Declaration of Covenants, Conditions and Restrictions for Baxter dated November 6, 1998, recorded November 6, 1998 in Record Book 2463, page 242, re-recorded December 6, 1998, in Record Book 2513, Page 119 in the Office of the Clerk of Court, York County, South Carolina, as amended; (2) the Articles of Incorporation, the By-Laws and the rules and regulations of the Baxter Community Association, Inc.; (3) the Design Guidelines and Architectural Review Standards, and; (4) the requirement that all plans for construction of all improvements to the Property be approved buy Seller.

2. Purchase Price. The purchase price (the "Purchase Price") to be paid by Buyer for the Property shall be _____ Dollars ($_____) calculated on the basis of $_____ per acre for the year of _____ as set forth in Exhibit L attached to the Alliance Agreement. The Purchase Price shall be payable as follows:

a. Pursuant to the terms of the Alliance Agreement, Buyer will pay a rolling deposit in the amount of One Hundred Thousand and no/100 ($100,000.00) Dollars (the "Binder") upon the execution of the first purchase contract contemplated thereunder. The Binder shall be paid by Buyer to Escrow Agent (as hereinafter defined) no later than 5:00 p.m. on the third (3rd) business day (the "Delivery Date") following the date upon which all parties have fully executed this Purchase Contract if this is the first contract contemplated under the Alliance Agreement. The Escrow Agent shall deposit the Binder in an insured interest bearing account with a financial institution reasonably acceptable to Seller and Buyer. The Binder shall be applied only to the purchase price of the final transaction contemplated under the Alliance Agreement or refunded to Buyer pursuant to Section 6, Paragraph f, as applicable; and

b. The Purchase Price shall be payable in cash or other readily available funds or by federal wire transfer at Closing, subject to price adjustments and prorations as hereinafter provided.

3. Survey. Buyer shall, at Buyer's sole expense, cause a current or updated boundary and physical survey of the Property (the "Survey") to be prepared by a registered land surveyor. Buyer shall provide Seller with a copy of the Survey at the earliest practicable time after completion of same, and a description of the Property contained in the deed required in this Purchase Contract shall be prepared from the Survey.

4. Closing Date. The closing of the sale and purchase of the Property (the "Closing") shall take place on the date which is fifteen (15) days after the expiration of the "Inspection Period" (as hereinafter defined). The Closing shall take place at a location mutually acceptable to Buyer and Seller. The date of the Closing shall be referred to herein as the "Closing Date." Buyer may elect to close prior to the date indicated above upon five (5) days advance written notice to Seller, but in no event shall the Closing take place prior to the expiration of the Inspection Period.

5. Title to the Property. At the Closing, Seller shall deliver to Buyer a limited warranty deed in form and content for recording, containing a complete description of the Property. Title shall be conveyed to the Buyer free and clear of any and all liens, security agreements, pledges and other encumbrances, except for ad valorem taxes for the year of closing and which are not yet due and payable, easements which do not materially interfere with the

contemplated use of the property, and those matters listed in Section 1, Paragraph c of this Purchase Contract

6. Inspections and Examinations.

a. For purposes hereof, "Inspection Period" shall be the period commencing on the Delivery Date and end at 11:59 p.m. E.S.T. on the 60th day following such date.

b. Buyer with Seller's reasonable cooperation shall make all such inspections as it deems desirable within the Inspection Period. Buyer agrees to indemnify and hold Seller harmless from all liabilities, claims, damages, liens, costs and expenses (including reasonable attorneys' fees) in connection with its inspection of the Property and Improvements. Buyer is authorized to conduct customary environmental inspections and subsurface soil tests, (including without limitation a "Phase I" and a "Phase II" environmental investigation).

c. Within five (5) days after the full execution of this Purchase Contract, Seller shall provide Buyer copies of all title information in Seller's possession or reasonably available to Seller, including, but not limited to, title insurance policies, attorneys' opinions on title, copies of all documents relating to all title exceptions, surveys, site plans, deeds, deeds of trust, promissory notes, loan agreements relating to the Property, plus plans, drawings, studies, environmental reports and studies, soil tests and subsurface evaluations, and zoning letters, certificates or other information.

d. Buyer may, at its sole expense, during the Inspection Period examine the title and obtain an ALTA commitment for title insurance issued by a nationally recognized title insurance company insuring title to the company. Before the expiration of the Inspection Period, Buyer shall notify Seller in writing of any matters of title to which Buyer objects.

e. It is understood that during the Inspection Period Buyer will use good faith efforts to satisfy the following contingencies to Buyer's obligations under this Contract:

i. verifying that it can take all measures required of the Developer under the Alliance Agreement to obtain all permits and approvals necessary to construct the Required Improvements on the Property ("Developer" and "Required Improvements" shall have the respective meanings ascribed to them in the Alliance Agreement). The parties acknowledge that to the extent a particular Required Improvement cannot be developed and operated without a Certificate of Need ("CON"). Buyer's obligation to construct such Required Improvements shall be satisfied by taking all of the measures required of Piedmont to obtain the CON under Section 4, Paragraph f of the Alliance Agreement.

ii. obtaining the results of all of its inspections with regard to environmental matters, engineering issues, and all other feasibility issues with regard to the Contemplated Use of the Property, as defined in Paragraph E of the Recitals in the Alliance Agreement.

f. If during the Inspection Period, Buyer is not satisfied with any of the matters inspected, examined or reviewed by it with respect to the Property, or any other matter respecting the Property or the Contemplated Use thereof, Buyer may elect in its sole and absolute discretion to terminate the Purchase Contract by giving written notice of such decision to Seller. Upon such notification, the full amount of the Binder (plus interest earned thereon) shall be refunded to Buyer within ten (10) days after demand for same, whereupon the parties hereto shall have no further rights, obligations or liabilities with respect to each other hereunder. Failure to provide notice prior to the end of the Buyer's Inspection Period shall be deemed a waiver of the Buyer's rights to such termination hereunder.

g. If Buyer notifies Seller of its title objection(s) before the end of the Inspection Period, the Inspection Period will be extended not more than sixty (60) days for Seller to cure such title objections to Buyer's reasonable satisfaction or until five (5) days after Seller notifies Buyer in writing that Seller cannot or will not cure the same, whichever occurs later.

7. Closing Costs. Buyer shall pay all closing costs including, but not limited to recording costs, survey and title examination fees and the title insurance premiums, the cost to prepare the deed to the Property, the South Carolina Deed Recording Fee due with the filing thereof (transfer tax) and the cost of discharging any mortgage, lien or title encumbrance other than those permitted hereunder. Except as otherwise provided herein, each party shall be responsible for its own attorneys' fees.

8. Settlement Adjustments. Unless otherwise specified in this Purchase Contract, all Taxes and assessments related to the Property shall be prorated as of the day Closing actually occurs, (the "Effective Closing Date") as follows:

a. Seller shall pay all ad valorem property taxes respecting the Property for that portion of the calendar year through the day before the Effective Closing Date, and Buyer shall pay the remaining portion of the ad valorem property taxes; in the event either the tax assessment or tax rate for the year in which the Closing occurs is not known as of the Effective Closing Date, the parties shall prorate at Closing on the basis of 100% of the prior year's assessment and adjusted when final tax information is available to the parties. Buyer shall pay all deferred or "roll back" taxes respecting the Property that may be applicable for calendar years prior to the year of Closing.

9. Brokerage Commission. Seller and Buyer mutually acknowledge and represent that they have dealt with no broker in connection with this transaction. Each party agrees to indemnify and hold the other harmless from and against any and all other claims, demands or the cost and expense thereof, including reasonable attorneys' fees arising out of any brokerage commission, fee or other compensation due or alleged to be due in connection with the transaction contemplated by this Contract based upon an agreement alleged to have been made or other action alleged to have been taken by the indemnifying party.

10. Eminent Domain. If, prior to the Closing Date, all or any material part of the Property is taken by eminent domain or if condemnation proceedings are commenced, Buyer shall have the option, by giving written notice to Seller, to terminate this Purchase Contract, and Buyer shall receive an immediate refund of the full amount of the Binder plus interest earned

thereon if the Purchase Contract is for the final transaction contemplated under the Alliance Agreement or if the whole or in Buyer's sole but reasonable opinion a material part of all the "Property" as defined in the Alliance Agreement. If the eminent domain proceedings take all or a material part of the Property, but do not take all or a material part of the remaining property which is described in the Alliance Agreement as reasonably determined by Buyer, the Binder shall not be returned but shall "roll over" to the next transaction. If Buyer does not so elect to terminate this Purchase Contract, the Purchase Contract shall remain in full force and effect, and Seller shall assign, transfer and set over to Buyer at the Closing all of Seller's right, title and interest in and to any awards that may be made for such taking.

11. Representations and Warranties of Seller. In addition to the other warranties and representations set forth herein, Seller hereby makes the following representations and warranties to Buyer, each of which shall be deemed material and shall survive past the Closing Date:

a. To the best of Seller's knowledge and belief without independent investigation, the Property does not contain any hazardous wastes, hazardous substances, hazardous materials, toxic substances, hazardous air pollutants or toxic pollutants as those terms are used in the Resource Conservation and Recovery Act, the Comprehensive Environmental Response, Compensation and Liability Act, the Hazardous Materials Transportation Act, the Toxic Substances Control Act, The Clean Air Act and the Clean Water Act, and in any amendments thereto, or in any regulations promulgated pursuant thereto, or in any applicable federal, state or local law, regulation or ordinance (collectively, "Hazardous Substances"). Seller has not introduced, nor allowed any other party to introduce, any Hazardous Substances to the Property during Seller's period of ownership of the Property.

b. Seller currently owns or will own at the Closing Date fee simple title to the Property, subject only to those exceptions permitted under Paragraph 1 above, free and clear from all other liens and encumbrances.

c. Seller is not a "foreign person" within the meaning of Section 1445 of the Internal Revenue Code of 1986, as amended.

d. All representations and warranties of Seller contained in this Purchase Contract are true and correct as of the date hereof and will be true and correct as of the Closing Date.

e. Seller is a limited liability company, duly created and validly existing pursuant to the law of the jurisdiction of its organization and is duly qualified to do business in the jurisdiction in which the Property is situated.

12. Representations, Warranties and Covenants of Parties at Closing. All representations, warranties and covenants of Buyer and Seller contained in this Purchase Contract are conditions precedent to the performance by them of their obligations hereunder and shall be true in all material respects at Closing, as though such representations, warranties and covenants were made at Closing.

13. Conditions Precedent to Seller's Obligation to Sell and to Buyer's Obligation to Buy.

The obligation of Seller to sell the Property and to perform the other covenants and obligations to be performed by Seller on the Closing Date shall be subject to the following conditions precedent (which conditions precedent shall inure solely to the benefit of Seller, and no other person or entity, including, without limitation, Buyer, shall have any right to waive or defer any of such conditions):

a. At or before the Closing, Buyer shall tender to Seller the full amount of the Purchase Price (taking into consideration the Binder for the final transaction contemplated under the Alliance Agreement, and all prorations, credits and adjustments made pursuant to this Purchase Contract), together with any and all other sums that are to be paid by Buyer in connection with the closing of its purchase of the Property, and any other amounts shown as payable by Buyer on a settlement statement to be prepared in connection with the transactions contemplated hereby and approved and signed by Buyer or its Agent.

b. Buyer shall tender to Seller each and all of the Buyer Closing Documents fully executed and acknowledged where appropriate.

c. Buyer shall have performed in all material respects its covenants and obligations required by this Purchase Contract to be performed or complied with by on or before the Closing Date.

The obligation of Buyer to buy the Property and to perform the other covenants obligations to be performed by Buyer on the Closing Date shall be subject to the following conditions precedent (which conditions precedent shall inure solely to the benefit of Buyer, and no other person or entity, including, without limitation, Seller, shall have any right to waive or defer any of such conditions):

a. At or before Closing Seller shall tender each and all of the Seller Closing documents referenced in Section 15, Paragraph a.

b. Seller shall provide Buyer free of charge to Buyer a copy of any drainage plans for the area of Baxter Village in the vicinity of the Property that Seller may have, with no representation or warranty by Seller to Buyer of the accuracy of any such furnished drainage plans, and Buyer shall have satisfied itself prior to the expiration of the Inspection Period regarding all issues of storm water drainage.

d. Seller and Buyer shall have agreed upon the location and boundary lines of the Baxter Health Campus and the Building Site (which constitutes the Property being sold pursuant to this Purchase Contract).

e. Seller shall obtain and furnish free of charge to Buyer a certificate from the applicable governmental jurisdiction that the Property is located in a zoning classification that permits the Contemplated Use.

f. As to Phase II and all subsequent Phases defined in the Alliance Agreement, Seller shall have commenced construction of all roadways, drives, sidewalks, and parking areas up to the boundary line(s) of the Building Site constituting the Property being sold pursuant to this Purchase Contract and utility connections from the roadway stubbed up to the boundary line of the Property and completed so much of such construction so as not to interfere with Developer's ability to meet applicable construction commencement and completion deadlines set forth in the Alliance Agreement. As to Phase I, Seller shall have stubbed water and sewer connections to the boundary line of the Baxter Health Campus abutting North Sutton Road..

g. Seller shall provide Buyer free of charge to Buyer a copy of any utility and roadway plans for the area of Baxter Village in the vicinity of the Property that Seller may have, and Buyer shall have satisfied itself prior to the expiration of the Inspection Period that the roadways and utility systems that will serve the Baxter Health Campus are adequately designed and have sufficient reserved capacities to service the Baxter Health Campus and the Required Improvements, as defined in the Alliance Agreement, to be built on the Property.

h. Buyer shall have received the CON from DHEC to construct the Required Improvements and operate the Permitted Uses on the Property, as set forth in the Alliance Agreement, to the extent CON approval is required for such Required Improvements and Permitted Uses; provided, however, that Buyer must take all measures to obtain such CON required of it under Section 4, Paragraph f of the Alliance Agreement.

14. Default and Remedies.

a. In the event Buyer defaults or fails to perform any of the conditions or obligations of Buyer under this Purchase Contract or the Alliance Agreement or in the event any of the representations and warranties contained herein are not true and correct as of the date hereof and as of the Closing Date, Seller shall have the right to retain the Binder and all interest deemed thereon as liquidated damages. The retention of the Binder and all interest accrued thereon, shall be Seller's only remedy in the event of Buyer's default at or prior to Closing. If Seller shall retain the Binder, as liquidated damages, upon delivery of written notice of such fact to Buyer from Seller, this Purchase Contract shall be terminated and all copies will be surrendered to Seller for cancellation.

b. In the event Seller defaults or fails to perform any of the conditions or obligations of Seller under this Purchase Contract or the Alliance Agreement or in the event any of the representations and warranties contained herein are not true and correct as of the date hereof and as of the Closing Date, Buyer shall have the right to either (i) to terminate this Purchase Contract and to have the Binder and interest accrued thereon paid to Buyer, at which time this Purchase Contract shall be and become null and void and neither party shall have any further rights or obligations hereunder; or (ii) elect either (A) to bring an action for specific performance of Seller's obligations hereunder, or (B) to bring an action to recover actual damages (but not consequential damages, lost profits or other similar damages)proximately caused by Seller's default hereunder, provided, however that Seller's maximum liability to Buyer in any such suit shall not exceed $100,000.

15. Closing Documents.

a. At Closing, the Seller shall deliver to Buyer the following documents which shall herein be referred to as the "Seller Closing Documents:"

i. a duly executed and acknowledged limited warranty deed in recordable form conveying good, fee simple and marketable title to the Land with full warranties, free and clear of all liens and encumbrances, except as provided in this Contract;

ii. a duly executed lien affidavit warranting and holding Buyer and the Title Company harmless against unpaid laborers' and materialmen's liens and claims of third parties to rights of possession of the Property;

iii. Any information with respect to Seller in connection with the conveyance of the Real Property by Seller to Buyer required by either (i) IRC Sec. 6045 or Treas. Regs. Sec. 1.6045, or (ii) Treas. Form 1099 or its instructions. If required thereby, the Escrow Agent shall timely (x) prepare and file a Form 1099 in accordance with the provisions of Treas. Regs. Sec. 1.6045, and (y) furnish the Parties with copies.

iv. a certificate given under penalty of perjury and on a form approved under temporary regulations promulgated under Section 1445 of the Internal Revenue Code of 1986, as amended, that Seller is not a foreign person;

v. such other documents as Buyer's counsel or the Title Company may reasonably request to evidence Seller's authority to execute and perform under this Purchase Contract and to execute and deliver all documents conveying the Property to Buyer;

b. At Closing, Buyer shall deliver to Seller:

i. the full Purchase Price minus any prorations or attorneys' fees attributable to Seller; provided, however that the Purchase Price for the final transaction contemplated under the Alliance Agreement shall be reduced by the Binder and interest accrued thereon ; and

ii. such other documents and papers which may be necessary to the consummation of the transaction described in this Purchase Contract or as may be reasonably requested by Seller or Seller's counsel to evidence Buyer's authority to execute and perform under the Purchase Agreement and to execute and deliver all Buyer's closing documents (herein the "Buyer's Closing Documents").

16. Escrow of Binder. The Binder shall be held in escrow (the "Escrow") by Kennedy Covington Lobdell & Hickman, L.L.P. (the "Escrow Agent") subject to the terms and provisions of this Purchase Contract. The Escrow Agent shall hold and disburse the Binder in accordance with the terms and provisions hereof and invest said funds in an interest-bearing account as mutually agreed by Seller and Buyer until payment or disbursement. The parties to this Purchase Contract agree that Escrow Agent may resign or withdraw as escrow agent and

designate a successor escrow agent in the event a controversy or dispute arises in connection with this Purchase Contract. After such resignation or withdrawal by Escrow Agent, the parties hereto agree that Escrow Agent may provide Seller with legal services and so represent Seller in any dispute with Buyer, including litigation, that arises in connection with this Purchase Contract.

At Closing, in accordance with the terms of this Purchase Contract and the Alliance Agreement, the full amount of the Binder shall be held by the Escrow Agent and rolled over to be applied to the deposit due by Buyer in subsequent transactions as contemplated under the Alliance Agreement. In the event of default by Buyer or Seller, the deposit shall be applied as contemplated under Section 14 of this Purchase Contract. In the event of Closing of the last transaction contemplated under the Alliance Agreement, the Binder and all interest accrued thereon shall be paid to Seller with a credit against the balance of the Purchase Price due from Buyer at Closing.

If the Escrow shall be terminated by the mutual agreement of the Seller and Buyer or if the Escrow Agent shall be unable to determine at any time to whom the Binder should be paid or if a dispute should develop between Seller and Buyer concerning to whom the Binder should be paid, then in any such event, the Escrow Agent shall pay the same in accordance with the joint written instructions of the Seller and Buyer. In the event that such written instructions shall not be received by the Escrow Agent within ten (10) days after the Escrow Agent shall have served written requests for instructions upon Seller and Buyer, the said Escrow Agent shall have the right to pay all or any portion of the Binder into any state or federal court located in York County, South Carolina and interplead Seller and Buyer in respect thereof, and thereafter the Escrow Agent shall be discharged of any obligations in connection with the Binder, with the non-prevailing party (i.e., either Seller or Buyer) paying the Escrow Agent its reasonable costs and expenses incurred. The Escrow Agent's address for purposes of mailing or delivery of documents and notices is as follows:

Kennedy Covington Lobdell & Hickman, L.L.P.
First Union Center
113 East Main Street, Suite 300
P.O. Box 11429
Rock Hill, SC 29731-1429

17. Assignment. This Purchase Contract shall not be assigned by Seller. This Purchase Contract shall be assignable by Buyer without the consent of Seller provided that the assignee shall be liable for performance of Buyer's obligations hereunder.

18. Entry. Buyer shall have the right to enter upon the Property at any time after the date of this Purchase Contract for any purpose including but not limited to site planning, surveying and environmental inspections. Such entry right shall be exercised so as to not unreasonably interrupt any business activities of Seller upon the Property.

19. Attorney's Fees. In the event suit is brought to enforce or interpret all or any portion of this Purchase Contract, or if suit is brought for liquidated damages or for any other remedy or relief permitted hereunder, the party, if any, awarded costs in such suit shall be

entitled to recover, as an element of such costs, and not as damages, reasonable attorney's fees incurred in connection therewith.

20. Miscellaneous.

a. Survival of Provisions. All the warranties, representations and indemnities contained herein shall, as applicable, survive the Closing and the delivery of the deed and other documents.

b. Notices. Any notice required or permitted to be given under this Purchase Contract shall be in writing and shall be deemed to have been given when deposited in Federal Express (or any other national "next day" delivery service) or in the United States mail via registered or certified mail, postage prepaid, return receipt requested, and addressed as follows:

SELLER: Clear Springs Development Company, LLC
Post Office Box 1777
1030 Assembly Drive
Fort Mill, SC 29716 (29708)
Attention: Donald E. Killoren

With copies to: Kennedy Covington Lobdell & Hickman, L.L.P.
First Union Center
113 East Main Street, Suite 300
P.O. Box 11429
Rock Hill, SC 29731-1429
Attention: Stephen McCrae, Esq.

Celebration Associates, LLC
Post Office Box 699
Fort Mill, SC 29716
Attention: Dan Simmons and Charles E. Adams

BUYER: AmiSub of South Carolina, Inc.
222 South Herlong Avenue
Rock Hill, SC 29732
Attention: William D. Henning
Vice President, Development

with copy to: Tenet HealthSystem
1500 Market Street
West Tower, 34th Floor
Philadelphia, PA 19102
Attention: Southern Region Senior Counsel

Either party may, from time to time, by notice as herein provided, designate a different address to which notice to it shall be sent.

c. Applicable Law. This Purchase Contract shall be governed by and construed in accordance with the laws of the State of South Carolina.

d. Entire Agreement. This Purchase Contract and the Exhibit(s) hereto contain the entire understanding and agreement by and between the parties and all prior or contemporaneous oral or written agreements or instruments are merged herein, and no amendment to this Purchase Contract shall be effective unless the same is in writing and signed by the parties hereto.

e. Binding Effect. This Purchase Contract shall be binding upon and shall inure to the benefit of the parties hereto and their respective permitted successors and assigns.

f. Saturdays, Sundays, Holidays. If any date called for under this Purchase Contract falls on a Saturday, Sunday or legal holiday observed by national banks in Rock Hill, South Carolina, such date shall be extended to the next day not falling on a Saturday, Sunday or legal holiday observed by national banks in Rock Hill, South Carolina.

g. Captions and Headings. The captions and headings throughout this Purchase Contract are for convenience and reference only, and the words contained therein shall in no way be held to define or add to the interpretation, construction or meaning of any provision of this Contract.

h. Counterpart Originals. This Purchase Contract has been executed in four (4) originals, and Seller and Buyer each acknowledge receipt of two of the executed originals.

i. No Offer. The parties agree that the submission of this Purchase Contract for review or execution by one party to the other does not constitute an offer to sell or purchase the Property, and that this Contract shall not be valid, binding or enforceable until duly and fully executed by all parties hereto.

j. Memorandum. A memorandum of this Purchase Agreement may be recorded by Buyer. Upon execution hereof, Seller and Buyer agree to jointly prepare such document (which shall not contain a statement of the Purchase Price) if Buyer so requests.

IN WITNESS WHEREOF, the parties hereto have caused this Purchase Contract to be

executed and sealed as of the date set forth below each signature.

WITNESSES:

"SELLER"

Clear Springs - Baxter, LLC a
North Carolina limited liability company

_____
_____

By: _____
Name: _____
Its: _____
Date: _____

"BUYER"

AmiSub of South Carolina , Inc., a South Carolina corporation

_____
_____

By: _____
Name: _____
Its: _____
Date: _____

"ESCROW AGENT"

KENNEDY COVINGTON LOBDELL
& HICKMAN,L.L.P.

_____
_____

By:_____
Name: Stephen R. McCrae, Jr.
Its Partner
Date: _____

Exhibit A

EXHIBIT M

Secretary's Certificate as to Approval by Tenet HealthCare Corporation Board of Directors

TENET
HEALTHCARE CORPORATION

Senders
Location: Piedmont Healthcare System - Administration

To: Reynold Jennings **Date:** October 5, 2000

From: Charles Miller **cc:**

Subject: Healthcare Alliance Agreement
Clear Springs Development Corporation

A major portion of Piedmont Healthcare System's (PHS) strategic plan for the last decade has been centered on initiatives to reduce out-migration from York County to Charlotte based facilities. These initiatives have been primarily service related to eliminate the clinical reasons for patients to leave the market. With the completion in the last three years of the open heart, neurosurgery, and neonatology services, PHS can provide the clinical services required by 98 percent of the patients from this market. Therefore, future volume growth initiatives will need to be centered on increasing market share for the services available at PHS.

The health care alliance between PHS and Clear Springs Development Corporation (CSDC) is a major initiative in an area of the county with the highest level of out-migration. This agreement is the cornerstone for Improving access to PHS affiliated physicians and outpatient services to the residents of Fort Mill. The following provides a brief summary of the background, strategy, and agreement for your review.

Background
Fort Mill is located in the NE section of York County. This area is located approximately halfway between Rock Hill and Charlotte, NC. The area has the highest level of growth for York County and highly favorable demographics for population and income. Unfortunately, many of the residents of this area, particularly the newcomers, are oriented to Charlotte from a work, shopping, entertainment, and also health care standpoint. This, combined with a lack of presence by PHS and its affiliated physicians in this area, has resulted in a high level of out-migration to Charlotte physicians and hospitals.

In 1998, PHS' market share in Fort Mill was only 43.3 percent compared to 70.7 percent in the remainder of York County. This resulted in a total of 1,413 admissions to Charlotte facilities from residents of the Fort Mill area. The primary facilities that these patients utilized were Carolinas Medical Center (16 miles from Fort Mill), Presbyterian Hospital (17 miles from Fort Mill), and Mercy South (10 miles from Fort Mill). This market is located approximately 9 miles from PHS.

Strategic Overview
To redirect the out-migration from the Fort Mill market, PHS must first create a relationship between those residents and PHS associated physicians and outpatient services such as diagnostic testing and outpatient surgery. This strategy is designed to overcome the natural tendency of residents in this area to look to Charlotte for health care. Once a patient is tied into PHS' affiliated physicians, they will more likely choose PHS facilities in Rock Hill for more advanced diagnostic testing or inpatient care that would not be available in Fort Mill.

As part of its FY00 Business Plan, PHS proposed to assist physicians in locating space and developing practices in the Fort Mill area. At the same time that PHS was reviewing its options to implement this initiative,



CONFIDENTIAL

RECORD 004994

Clear Springs Development Corporation sent out a RFP to health care providers for the provision of health care services in villages it was developing in the Fort Mill market. PHS responded to the RFP and was chosen by CSDC to provide these services on an exclusive basis under the terms of the Healthcare Alliance Agreement. PHS has developed a long range plan utilizing the base it would generate in the initial village (Baxter) developed by CSDC to move forward with its Fort Mill initiative. Outlined below is the time frame and capital requirements for this plan.

Phase	Construction Start	Services to be Provided	Capital
I	January/2001	Urgent Care Center/MOB	$1,524,082
II	February/2002	Imaging Center/MOB	5,376,406
III	July/2003	Amb. Surgery Center/MOB	5,150,156
IV	TBD	Acute Care Hospital	TBD
V	TBD	Additional MOBs	TBD

PHS has placed particular importance on completing Phase I as it provides the base presence needed in the Fort Mill market. Please note that the alliance agreement gives Piedmont the option to utilize a developer to construct the above facilities. The capital outlined above assumes a developer model and includes the NPV of anticipated leases. Attached is an outline of how this initiative (Phases I-III) interrelates to the other out-migration initiatives that PHS has undertaken.

Clear Springs Development Corporation
This corporation is a privately owned company of the Close family set up to develop its property in Fort Mill. The family has voting control and a major ownership position in Springs Industries, Inc., a NYSE traded, $2.2 billion world-wide home furnishings and textile company. The family owns 6,200 acres of land in Fort Mill, which it will be developing under CSDC. The first village to be developed, Baxter Village, is the location of the medical campus. This village is located adjacent to I-77 and is in the approximate center of the Fort Mill area.

The Close family has developed a multi-year vision for the development of the 6,200 acres, which will effectively become the centerpiece for development in Fort Mill. CSDC has retained Celebration Associates, whose principals developed the town of Celebration in Orlando, FL, as their development consultants for these villages. Baxter Village is currently under development with the initial three phases of homes under construction.

Alliance Agreement
The agreement between PHS and CSDC is the framework for PHS to be the exclusive provider of health care services in all of the villages that will be developed in the Fort Mill area. The agreement outlines the services and facilities to be developed during the 10-year term of the agreement. The actual execution of the agreement does not obligate PHS to the capital expenditures, but does outline the time frames for the various services and facilities to be developed by PHS. If these deadlines are not met, the exclusivity is lost and the $100,000 rolling deposit is forfeited by PHS. PHS has the right to assign the land purchase and construction obligations to a third party developer.

Summary
PHS has proposed this agreement as a method of aligning its out-migration redirection strategy with the premier developer in Fort Mill. This strategy will lead to the redirection of a significant level of business from the Charlotte facilities to PHS. In addition, it will solidify PHS' presence in the fast growing area of York County with significant growth opportunities for the next 15 years. I recommend approval of the proposed agreement.

Piedmont Healthcare Syste
Market Opportunity Analysis**

Service Line or Area of Out-migration	Admissions Out-Migrating to Charlotte(5) 1998	1999	2000	2001	2002	2003	2004	2005	2006
(1)Ob/Gyn - All York Cty	1,274	1,293	1,313	1,332	1,352	1,372	1,393	1,414	1,435
(2)All Other* - Ft Mill	1,210	1,228	1,247	1,265	1,284	1,304	1,323	1,343	1,363
(3)All Other* - RH/SE York Cty	838	851	863	876	889	903	916	930	944
(4)All Other* - Other York Cty	2,096	2,127	2,159	2,192	2,225	2,258	2,292	2,326	2,361
Total	5,418	5,499	5,582	5,665	5,750	5,837	5,924	6,013	6,103
Womens Tower Project									
Proj. Ob/Gyn Admits					139	278	398	485	591
% of Ob/Gyn - All York Cty(1)					10%	20%	29%	34%	41%
Proj. Med/Surg Admits					265	530	795	994	1,242
% of All Other - Other York Cty(4)					12%	23%	35%	43%	53%
Baxter/Ft Mill Project									
Phase I - Projected Admits					223	234	243	255	267
Phase II - Projected Admits					0	75	150	158	165
Phase III - Projected Admits					0	0	50	125	131
Total					223	309	443	538	564
% Total of All Other - Ft Mill(2)					17%	24%	33%	40%	41%
I-77 Urgent Care Center									
Projected Admits				80	137	154	167	174	179
% of All Other - RH/SE York Cty(3)				9%	15%	17%	18%	19%	19%
Summary of All Projects - All York County(6)									
Proj. Ob/Gyn Admits					139	278	398	485	591
% of Ob/Gyn - All York Cty(1)					10%	20%	29%	34%	41%
Proj. All Other Admits				80	625	993	1,405	1,706	1,985
% of All Other - All York County(2) +(3) +(4)				2%	14%	22%	31%	37%	43%
Total Admissions(1) +(2) +(3) +(4)				80	764	1,271	1,803	2,191	2,576
% of all Admissions Out-migrating				1%	13%	22%	30%	36%	42%

Footnotes
* "All Other" represents all admissions except Ob/Gyn - All York Cty(1).
** All projected admissions assume no in-migration occuring from Chester and Lancaster counties (SSA).
(5) 1998 admissions out-migrating based on actual data providied by HCIA. 1999 - 2006 assume 2% growth based on the underlying market growth and no change in market share if these projects are not done.
(6) "Summary" represents the aggregate of out-migration captured from all projects.

FIRST AMENDMENT TO AUGUST 22, 2000 ALLIANCE AGREEMENT

between

CLEAR SPRINGS DEVELOPMENT COMPANY, LLC

and

AMISUB OF SOUTH CAROLINA, INC.

Dated February 4, 2005



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This **FIRST AMENDMENT TO ALLIANCE AGREEMENT** (this "First Amendment") is made this 4th day of February, 2005, by and between **Clear Springs Development Company, LLC**, a North Carolina limited liability company ("CSDC"), on behalf of itself and as manager and on behalf of Clear Springs-Baxter, LLC, Clear Springs-Kingsley, LLC, and Clear Springs Springfield, LLC (individually the owners of the respective Clear Springs Developments except for those parcels that have been conveyed to third parties on or before the Effective Date of this First Amendment), and **AmiSub of South Carolina, Inc.**, a South Carolina corporation, d/b/a "Piedmont Health System" and also d/b/a "Fort Mill Medical Center"("Piedmont").

RECITALS

A. CSDC and Piedmont entered into an Alliance Agreement dated August 22, 2000, which was supplemented by a First Addendum dated December 20, 2000 (collectively the "Alliance Agreement"), whereunder CSDC selected Piedmont as the limited-exclusive health care system provider for the Clear Springs Developments, as their boundaries may change from time to time.

B. Under the terms of the Alliance Agreement, Piedmont was to develop, design and equip an urgent care center, diagnostic center, ambulatory surgery center, and rehabilitation center, and to staff, operate and manage each of these facilities within the boundaries of the Baxter Development upon a tract of land consisting of approximately 15.5 acres known as "Baxter Health Campus."

C. Pursuant to and in compliance with the Alliance Agreement, Piedmont gave its Designation Notice to CSDC and purchased or caused an approved third-party Developer to purchase from Clear Springs – Baxter, LLC, an affiliate of CSDC ("Baxter"), five (5) Building Sites in Baxter Health Campus for Phases I , II and a portion of Phase III described on Exhibits C, D and E of the Alliance Agreement.

D. Prior to the Effective Date of this First Amendment, CSDC extended the due dates of Piedmont's obligations under Section 3 of the Alliance Agreement regarding its purchase of the Building Sites in Baxter Health Campus for Phase III as set forth in Exhibit E of the Alliance Agreement and the due date of its Designation Notice to CSDC regarding those Building Sites pursuant to Section 4 of the Alliance Agreement. As of the date hereof, Piedmont is in full compliance with the terms and conditions of the Alliance Agreement.

E. Simultaneously with the execution of this First Amendment, Clear Springs – Kingsley, LLC, an affiliate of CSDC ("Kingsley"), has granted to Piedmont an exclusive option to purchase, with a term of two (2) years commencing October 7, 2004 (the "Option to Purchase"), a tract of approximately 41 acres located in the Kingsley Development as defined in paragraph eee of Section 2 of the Alliance Agreement, which tract is more particularly described on the attached Exhibit A (the "Kingsley Tract"), upon a portion of which Piedmont intends to develop, design and equip various health care facilities, including but not limited to, an acute care hospital as Part of Phase V as shown on Exhibit G attached hereto.

F. Pursuant to the Option to Purchase, Piedmont shall receive a credit against the purchase price of the Kingsley Tract in exchange for Piedmont's re-conveyance to Baxter of all of the Building Sites in Baxter Health Campus that Piedmont has or will acquire from Baxter pursuant to the Alliance Agreement, as amended hereby, except for the Building Site upon which Piedmont has caused to be constructed an urgent care center.

G. Also pursuant and as a condition precedent to the Option to Purchase, at its closing Piedmont and The New Peach Stand, Inc., a South Carolina corporation, an affiliate of Kingsley, shall enter into a lease, whereunder Piedmont, as landlord, grants, leases and demises to The New Peach Stand, Inc., as tenant, a portion of the Kingsley Tract at the intersection of S.C. Highway 160 and U.S. Highway 21 By-Pass containing approximately 1.1 acres, as depicted on an exhibit to the Option to Purchase (the "Old Peach Stand Parcel"), for a term of ninety-nine (99) years and for annual rent of One Dollar and No/100 ($1.00) and containing such other terms and conditions as set forth in the Option to Purchase (the "Lease").

H. The Parties intend by this First Amendment to memorialize their agreements and understandings regarding the health care services to be offered and facilities to be constructed upon the Kingsley Tract, less the Old Peach Stand Parcel. and to modify certain provisions of the Alliance Agreement that affect certain of the Building Sites in Baxter Health Campus.

I. Tenet Healthcare Corporation, a Nevada corporation ("Tenet Parent"), an indirect parent of Piedmont, has agreed to guarantee the performance by Piedmont of its obligations under the Alliance Agreement and the Option to Purchase ("Tenet Parent's Guarantee"), and Tenet Parent's Guarantee is a condition precedent to both CSDC's entering into this First Amendment and Kingsley's grant of the Option to Purchase.

NOW, THEREFORE, for and in consideration of the recitals and the mutual covenants and conditions contained in this First Amendment, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to amend the Alliance Agreement, as follows:

1. **Reaffirmation of Goals of Alliance between CSDC and Piedmont**. The parties hereby reaffirm the goals of their alliance as set forth in Section 1 of the Alliance Agreement.

2. **Definitions**. For purposes of this First Amendment, capitalized terms used herein shall have the meanings ascribed to them in the Alliance Agreement unless otherwise defined herein.

3. **Piedmont's Commitment to Purchase**.

a. Piedmont or an approved third-party Developer has already purchased the Building Sites for Buildings #1 and #2 as set forth in Exhibit C to the Alliance Agreement, the Building Sites for Buildings #3 and #4 as set forth in Exhibit D to the Alliance Agreement, and the Building Site for Building #5 as set forth in Exhibit E to the Alliance Agreement. The lot number designation, acreage size, present ownership and present uses of each of the Building Sites acquired directly by Piedmont or by an approved third party are as follows:

Baxter Lot No.	Acreage	Date Acquired	Purchase Price	Present Owner	Present Use	Phase	Building Number
359	1.250	10/19/01	$250,000	Crosland affiliate	Urgent Care Medical Office	I	#1
441	0.794	10/21/01	$148,766	Piedmont	Vacant	I	#2
442	1.928	12/21/01	$361,234	Piedmont	Vacant	I	#2
461	3.000	11/22/02	$850,500	Piedmont	Vacant	II	#3
497	2.500	12/30/03	$765,500	Piedmont	Vacant	II	#4
700	3.028	01/19/05	$1,001,360	Piedmont	Vacant	III	#5
Total	12.500						

b. The legal descriptions of the 6 parcels of land comprising five (5) Building Sites referenced in subsection 3.a of this First Amendment, together with the associated Building # and the particular Phase, referenced to the relevant Exhibit to the Alliance Agreement, are set forth on Exhibits C-1, C-2, D-1, D-2, and E-1 to this First Amendment.

c. Piedmont is still obligated to purchase the Building Site for Building #6 as set forth in Exhibit E to the Alliance Agreement, with the lot number designation, acreage size, purchase price, amended outside closing date for acquisition, the associated Building # and particular Phase of each Building Site, being as follows:

Baxter Lot No.	Acreage	Date to be Acquired	Purchase Price	Phase	Building Number
498	1.880	01/31/2006	$ 671,536	III	#6
496	1.120	01/31/2006	$ 400,064	III	#6
Total	3.000				

d. Exhibits C, D and E of the Alliance Agreement, indicating amended information regarding the Required and Permitted Improvements, Projected Construction Commencement Dates and Projected Completion Dates, are hereby amended and superseded by Exhibits C, D, and E attached to this First Amendment.

e. Exhibit B of the Alliance Agreement, being the Preliminary Site Plan for Baxter Health Campus, is hereby amended and superseded by Exhibit B attached to this First Amendment.

f. Exhibit G of the Alliance Agreement is hereby amended and superseded by Exhibit G attached to this First Amendment.

4. **Further Amendments to Alliance Agreement if Option to Purchase is Exercised.**

a. As a condition precedent to Piedmont's exercise of its Option to Purchase pursuant to its terms, the following conditions shall have been met, which both parties agree to diligently pursue, and cooperate with, as applicable:

(i) Piedmont must have received all necessary permits to build on the Kingsley Tract, less the Old Peach Stand Parcel, its initial phase of its new acute care hospital, pursuant to its Application for a Certificate of Need that has already been filed (the "CON Application"), which is part of the contemplated Fort Mill Medical Center, as is more fully described on Exhibit G hereto. The parties acknowledge that the CON Application provides that the initial phase of its new acute care hospital will contain 64 beds, and that Piedmont intends for such facility to contain not less than approximately 150,000 square feet and to have a projected cost estimated to be in excess of $82,000,000.00 to construct and equip.

(ii) CSDC must have received assurances satisfactory to CSDC that Piedmont will furnish to CSDC the construction completion bond further explained in subsection 4.d(ii) of this First Amendment.

(iii) Piedmont must have received CSDC's architectural review and approval of the proposed Improvements pursuant to Section 6 of the Alliance Agreement, as modified or supplemented by the Option to Purchase.

(iv) Piedmont must have timely purchased Baxter Lots Nos. 498, and 496 in accordance with the terms set forth in subsection 3.c of this First Amendment and the applicable provisions of the Alliance Agreement, and if this condition is not met, Piedmont will forfeit all of its rights under the Alliance Agreement and the Option to Purchase.

(v) CSDC and Piedmont must have agreed upon and finalized all of the terms and conditions of the Lease for the Old Peach Stand Parcel, as more particularly set forth in the Option to Purchase.

b. Simultaneously with the closing of the acquisition of the Kingsley Tract by Piedmont, Piedmont shall re-convey to Baxter marketable and insurable fee simple title to Baxter Lots Nos. 441, 442, 461, 497, 700, 498, and 496, in the same condition as the Lots existed at the time Piedmont purchased them and free of all liens and encumbrances other than those existing on the Lots at the time Piedmont purchased them, or those agreed upon by CSDC, with closing costs, prorations and other obligations and rights allocated or assigned between the parties set forth in the Option to Purchase. Piedmont will be entitled to a credit against its purchase price of the Kingsley Tract equal to approximately $3,723,525.00 [computed on the basis of 14.25 acres (the presently estimated acreage to be reconveyed) times $261,300.00 per acre].

c. If Piedmont exercises the Option to Purchase:

(i) Piedmont will continue to operate Baxter Lot No. 359 as an urgent care center and medical office pursuant to the terms of the Alliance Agreement and also pursuant to the additional terms and provisions that were imposed upon Baxter Lot No. 359 when it was sold by Baxter to the Crosland affiliate, so long as Piedmont's lease to occupy and operate Baxter Lot No. 359 remains in effect with the understanding that Piedmont will not cause or agree to an early termination of that lease for the term of this Alliance Agreement, as amended hereby.

(ii) As of the time of Piedmont's transfer of title to Baxter of Baxter Lots Nos. 441, 442, 461, 497, 700, 498, and 496 as set forth in subsection 4.b of this First Amendment, those re-conveyed lots in Baxter Health Campus shall no longer be subject to and shall be specifically released from the restrictions and conditions of the Alliance Agreement, as amended hereby, and the other conditions and restrictions applicable to Piedmont or a Developer that were imposed upon those re-conveyed lots when they were acquired by Piedmont from Baxter; notwithstanding, however, that the provisions of Section 5 of the Alliance Agreement, as amended hereby, regarding Piedmont's Limited Exclusivity Rights with respect to all of the Clear Springs Developments, shall remain in full force and effect.

(iii) The Kingsley Tract, less the Old Peach Stand Parcel, shall be subject to the conditions of approval of construction and of alterations of Improvements set forth in Section 7 (except for paragraph l of Section 7 which is applicable only to Baxter Health Campus) and Section 8 of the Alliance Agreement, the conditions of Exhibit G of the Alliance Agreement, as amended hereby, and the promotional rights and obligations of Section 10 of the Alliance Agreement, all as specifically modified or supplemented by the Option to Purchase.

(iv) The phrase "and Kingsley Development" shall be inserted directly after the term "Village of Baxter" wherever that term appears in Sections 1, 3, 5, 7, and 10 of the Alliance Agreement.

(v) The phrase "and/or Kingsley Tract" shall be inserted directly after the term "Baxter Health Campus" wherever that term appears in Sections 1, 3, 6, 7 (except paragraph l of Section 7 which is applicable only to Baxter Health Campus), 8, 10, 11, and 13 of the Alliance Agreement.

(vi) The term "Kingsley Development" shall be inserted in the place of "Village of Kingsley" wherever that latter term appears in the Alliance Agreement.

(vii) The term "Clear Springs Developments" shall be inserted in the place of "Clear Springs Villages" wherever that latter term appears in the Alliance Agreement.

(viii) With respect to the Kingsley Tract, less the Old Peach Stand Parcel, Piedmont shall have all the rights and obligations and shall be deemed subject to the same covenants and liabilities of Piedmont applicable to the Baxter Health Campus under the Alliance Agreement, except as set forth specifically in this First Amendment or in the Option to Purchase.

(ix) With respect to the Kingsley Tract, CSDC and Piedmont will collaborate on the rezoning and replatting process which may be with either the Town of Fort Mill or with York County depending on further research by both parties. CSDC will pay for the rezoning and replatting expenses, including planning, preliminary engineering and legal review of applicable ordinances. Piedmont will pay the expenses of its own architects, planners, engineers, consultants and attorneys related to the development of the Kingsley Tract, less the Old Peach Stand Parcel.

(x) With respect to the Kingsley Tract, CSDC will bring water, sewer and electricity service to the edge of the highway right of way (at a location mutually agreeable to both parties) at its sole expense. In addition, Kingsley will grant to Piedmont at no expense to Piedmont an easement over property owned by Kingsley adjacent to the Property for installation and operation, at the sole expense of Piedmont, of storm water control pipes and other devices, the location, the extent and other conditions of which shall be subject to the reasonable discretion of Kingsley, to the storm water detention pond located on Kingsley's property. The internal roadway system on the Kingsley Tract, less the Old Peach Stand Parcel, will be constructed by Piedmont at its sole expense and there will be no other infrastructure expenses borne by CSDC or Kingsley related to the Kingsley Tract.

(xi) Paragraph a of Section 8 of the Alliance Agreement is amended to read as follows:

"Routine maintenance, repair and replacement operations with respect to the Required Improvements on each Building Site, and any changes, alterations, or improvements to the interior of the Improvements, which are undertaken by Piedmont, shall not require CSDC's consent. However, Piedmont shall not have the right to make any changes, alterations, additions or improvements to the exterior of the Improvements without the prior written consent of CSDC, except those Piedmont is required to make by applicable law. All alterations, changes, additions and improvements to the Baxter Health Campus, the Kingsley Tract or any other health care site to be developed under this Alliance Agreement made by Piedmont shall become a part of the particular health care facility and shall be surrendered to CSDC upon a repurchase by CSDC of the particular health care facility, as more particularly provided in Section 18 of this Alliance Agreement, except to the extent those improvements constitute trade fixtures or personal property."

(xii) Section 12 of the Alliance Agreement is amended to add the following new paragraph f thereto:

f. Piedmont acknowledges that the Kingsley Tract will be an integral part of the Kingsley Development. The Kingsley Development, less the Old Peach Stand Parcel, will be subjected by Kingsley to a Declaration of Covenants, Conditions and Restrictions for Kingsley Development to be recorded in the Office of the Clerk of Court, York County, South Carolina, as supplemented from time to time (the "Kingsley Master Declaration"). The nature and extent of the rights and obligations of Piedmont in acquiring and owning property in the Kingsley Tract, less the Old Peach Stand Parcel, will be controlled by and expressly subject to all of the following, as each of the foregoing documents may be amended, from time to time:

i. the Kingsley Master Declaration, for imposition on the Kingsley Tract, less the Old Peach Stand Parcel, to be delivered to Piedmont no later than July 7, 2005;

ii. the Articles of Incorporation, the By-Laws, and the rules and regulations of the Kingsley Community Association, Inc. (the "Kingsley Association");

iii. the Design Guidelines and Architectural Review Standards, as set forth or incorporated by reference into the Kingsley Master Declaration; and

iv. the requirement that all Plans for construction of all Improvements be approved by CSDC.

CSDC agrees that the Kingsley Master Declaration will not be drafted in such a way as to have a material adverse effect upon Piedmont or the Kingsley Tract, without Piedmont's express written consent thereto. Piedmont agrees to comply with and be bound by all of the terms, conditions, and obligations set forth in the documents listed in Section 12, Paragraph f of this Alliance Agreement. Piedmont hereby agrees that Piedmont, its agents, employees, General Contractor and subcontractors will comply fully with the Kingsley Master Declaration and the By-Laws of the Kingsley Association, as such documents may be amended from time to time, provided that any such amendment shall not have a material adverse effect upon Piedmont or the Kingsley Tract. Piedmont shall be permitted to impose limitations or restrictions on permitted types or scope of medical business activity to be conducted on any portion of the Kingsley Tract, less the Old Peach Stand Parcel, hereafter owned or purchased by Piedmont in the Clear Springs Plan, by leases or other similar agreements with its tenants or assignees without any approval required of CSDC. However, Piedmont shall not impose any other additional protective covenants, deed restrictions or similar restrictions on

all or any part of the Kingsley Tract hereafter owned or purchased by Piedmont in the Clear Springs Plan without CSDC's prior written approval. Upon conveyance of title to any portion of the Kingsley Tract to Piedmont, Piedmont shall automatically become a member of the Kingsley Association and shall be subject to the assessment obligations and all other provisions set forth in the Kingsley Master Declaration.

(xiii) Subparagraph 18.a.ii of the Alliance Agreement is amended by removing the words "(but not consequential damages, lost profits or other similar types of damages)", by placing a period after "proximately caused by Seller's default hereunder" and removing the remainder of that sentence.

(xiv) Subparagraph 18.b.iv of the Alliance Agreement is deleted.

(xv) The second sentence of Section 33 of the Alliance Agreement is hereby amended to read as follows:

"This Agreement may not be assigned by either party without the prior written consent of the other party thereto until issuance of the building permit for the acute care hospital on the Kingsley Tract as contemplated under subsection 4.a(i) of the First Amendment. After the building permit has been issued for the acute care hospital on the Kingsley Tract, this Agreement may be assigned by either party without the written consent of the other party hereto, provided that the assigning party shall give notice to the other party within fifteen (15) days of such assignment."

d. If the Option to Purchase is exercised, then in addition to the approval of the construction conditions of Section 7 of the Alliance Agreement, the Required Construction Commencement Date and Projected Completion Date conditions set forth in Exhibit G attached hereto, and the repurchase option for construction default as set forth in paragraph d of Section 18 of the Alliance Agreement, the Kingsley Tract and Piedmont's obligations with respect thereto shall be subject to the following additional conditions (the "Kingsley Tract Special Conditions"):

(i) In the event Piedmont does not meet its obligation to begin construction of the acute care hospital, *i.e.*, by performing preliminary site work, installing a construction trailer, connecting electricity to the work site, and otherwise being mobilized to begin and continuously prosecute construction, within ninety (90) days after the closing of the Kingsley Tract pursuant to the Option to Purchase (subject to *force majeure* as set forth in Section 25 of the Alliance Agreement), which is the Construction Commencement Date for the Required Improvements on the Kingsley Tract subject to modification pursuant to paragraph f of Section 4 and Exhibit G of the Alliance Agreement, or if there is any other Construction Default, then the Limited Exclusivity Rights of Piedmont will terminate immediately and in addition CSDC shall be entitled to exercise its Repurchase Option with respect to the Kingsley Tract, including the Old Peach Stand Parcel,

pursuant to paragraph d of Section 18 of the Alliance Agreement, except that the unadjusted Repurchase Price for the Kingsley Tract, as determined by subparagraph 18.d.iii(1)(A) of the Alliance Agreement, shall be adjusted by deducting therefrom One Million Dollars and No/100 ($1,000,000.00), rather than applying the adjustments to the Repurchase Price provided in paragraph d of Section 18 of the Alliance Agreement, and CSDC shall not be obligated to pay Piedmont anything for the improvements installed on the Old Peach Stand Parcel.

(ii) Prior to commencement of construction of the acute care hospital pursuant to Exhibit G of the Alliance Agreement, Piedmont shall furnish to CSDC a completion bond for the full amount of the projected construction and other development costs thereof, issued by a surety reasonably acceptable to CSDC, guaranteeing completion of the Required Improvements within the time frame as set forth on Exhibit G and the applicable provisions of Section 7 of the Alliance Agreement; provided, however, that notwithstanding anything to the contrary stated herein, CSDC is not waiving its right to exercise its Repurchase Option for a Construction Default as set forth in the applicable provisions of Sections 7 and 8 and in paragraph d of Section 18 of the Alliance Agreement.

5. **Limited Exclusivity Rights of Piedmont to Continue in the Absence of a Default**.

a. So long as the Option to Purchase has not been terminated, and thereafter upon Piedmont's exercise of the Option to Purchase and its purchase of the Kingsley Tract, then so long as Piedmont continues to perform its obligations under the Alliance Agreement, as amended by this First Amendment, Piedmont shall be entitled to Limited Exclusivity Rights with respect to all of the Clear Springs Developments, provided, however, that (i) from now until commencement of construction of the acute care hospital as set forth in subsection 4.d(i) above, the expiration of Piedmont's Limited Exclusivity Rights shall be controlled by Subsection 5.d of the Alliance Agreement; and (ii) after commencement of construction of the acute care hospital as set forth in subsection 4.d(i) above, Subsection 5.d of the Alliance Agreement shall no longer control and the period of Piedmont's Limited Exclusivity Rights shall be extended from that date until ten (10) years from the date a certificate of occupancy is issued for the acute care hospital contemplated by Exhibit G hereto. The parties agree that for either such period, any sale or lease of any portion of the Clear Springs Developments by CSDC or its successor in title to any portion thereof, shall bar the use of such property for any of the Permitted Uses specified on Exhibits C, D, E and G (which such restrictions shall be included in any purchaser's deed) except that such property may be used for Physician or Dentist Leased Office Space (provided that none of the Permitted Uses specified on Exhibits C, D, E and G shall be permitted within such office space) and those uses set forth in paragraph c of Section 5 of the Alliance Agreement. The provisions of paragraphs a, b, and e

of Section 5 of the Alliance Agreement shall have no force and effect and shall be specifically superseded by this subsection 5.a.

b. A new paragraph g is added to Section 5 of the Alliance Agreement:

g. After the Effective Date of this First Amendment, any deed of conveyance of the Kingsley Tract by Kingsley to Piedmont or its permitted assignee hereunder shall contain the following restrictive covenant: No portion of the Kingsley Tract, less the Old Peach Stand Parcel, shall be put to any use other than medical and related healthcare purposes, and uses ancillary thereto, without the prior written consent of CSDC or Kingsley.

c. In the event Piedmont terminates the Option to Purchase as provided in Section 9.f thereof, then this First Amendment shall have no further force and effect but Piedmont's Limited Exclusivity Rights, subject to the conditions of Section 5 of the Alliance Agreement, shall continue in full force and effect as existed prior to this First Amendment.

6. **Naming of Facilities and Roads on Kingsley Tract**. CSDC will retain the right to approve the names of all Buildings and roads to be constructed on the Kingsley Tract.

7. **Ratification of Alliance Agreement**. Except as modified by this First Amendment, the CSDC and Piedmont hereby ratify and reaffirm all provisions of the Alliance Agreement.

8. **Effective Date of this First Amendment**. The Effective Date of this First Amendment is the date handwritten by or at the direction of the parties in the appropriate blank in the first part of the First Amendment.

[REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK]

IN WITNESS WHEREOF, the parties have caused this First Amendment to be executed by a duly authorized representative, as of the date first above written.

CSDC:

Clear Springs Development Company, LLC

By: _____
Donald E. Killoren
Its: Chairman and Chief Executive Officer

PIEDMONT:

AmiSub of South Carolina, Inc.

By: _____
Charles F. Miller
Its: President

Guarantee by Tenet Parent

The undersigned, as indirect parent of AmiSub of South Carolina, Inc.(the "Tenet Party"), unconditionally guarantees the full and punctual performance of all obligations, covenants and agreements of indemnification of the Tenet Party under the August 22, 2000 Alliance Agreement, as amended by the within First Amendment, and also agrees to pay the reasonable attorney's fees incurred by Clear Springs Development Company, LLC to enforce this guarantee.

Given under seal this ___ day of February, 2005.

Tenet Parent:

Tenet Healthcare Corporation, a Nevada corporation

By: _____

Its: _____

Referrals to CMHA Facilities. As a condition to the receipt of consideration provided for in this Agreement, Physician agrees to refer all patients in need of hospitalization, diagnosis or treatment on an outpatient or an inpatient basis to a facility owned, operated or managed, directly or indirectly, by CMHA and/or to a practitioner who is a member of the medical staff of any such facility (or any such practitioner's group practice) unless: (a) the patient expresses a preference for a different facility or practitioner; (b) the patient's insurer determines the facility or practitioner; or (c) the referral is not in the patient's best medical interests according to Physician's judgment. The above requirement shall not apply with respect to any ambulatory surgery center owned in part, directly or indirectly, by CMHA and in part by practitioners or group practices.



Fort Mill Market Share by Facility-Total, Primary & Secondary
Source: Thomson (formerly Solucient); Trendstar; CMC-NE and CMC-L internal data; SC Office of Research and Statistics
Note: Excludes Normal Newborns, behavioral health and rehab.

	2005	2006	2007	2008	2009	2010	2005	2006	2007	2008	2009	2010
29704												
Carolinas Medical Center	27	25	34	37	30	40	67.5%	49.0%	42.5%	44.0%	41.7%	43.0%
CMC-Pineville	13	18	33	28	30	38	32.5%	35.3%	41.3%	33.3%	41.7%	40.9%
CMC-Mercy	0	6	11	19	10	15	0.0%	11.8%	13.8%	22.6%	13.9%	16.1%
CMC-NorthEast	0	1	0	0	0	0	0.0%	2.0%	0.0%	0.0%	0.0%	0.0%
CMC-Union	0	0	2	0	1	0	0.0%	0.0%	2.5%	0.0%	1.4%	0.0%
CMC-University	0	1	0	0	0	0	0.0%	2.0%	0.0%	0.0%	0.0%	0.0%
Other CHS Facilities	0	0	0	0	1	0	0.0%	0.0%	0.0%	0.0%	1.4%	0.0%
Total 29704	40	51	80	84	72	93	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
29707												
CMC-Pineville	0	0	85	247	283	389	#DIV/0!	#DIV/0!	51.5%	54.0%	48.0%	52.9%
Carolinas Medical Center	0	0	57	165	251	257	#DIV/0!	#DIV/0!	34.5%	36.1%	42.5%	34.9%
CMC-Mercy	0	0	20	39	43	82	#DIV/0!	#DIV/0!	12.1%	8.5%	7.3%	11.1%
CMC-Union	0	0	2	4	10	6	#DIV/0!	#DIV/0!	1.2%	0.9%	1.7%	0.8%
CMC-NorthEast	0	0	0	1	1	0	#DIV/0!	#DIV/0!	0.0%	0.2%	0.2%	0.0%
CMC-University	0	0	1	1	1	1	#DIV/0!	#DIV/0!	0.6%	0.2%	0.2%	0.1%
Other CHS Facilities	0	0	0	0	1	1	#DIV/0!	#DIV/0!	0.0%	0.0%	0.2%	0.1%
Total 29707	0	0	165	457	590	736	#DIV/0!	#DIV/0!	100.0%	100.0%	100.0%	100.0%
29708												
CMC-Pineville	270	265	300	334	337	404	51.8%	51.8%	47.5%	48.6%	#REF!	44.2%
Carolinas Medical Center	226	251	259	251	349	354	43.4%	43.4%	45.0%	42.0%	#REF!	45.8%
CMC-Mercy	20	31	41	50	69	104	3.8%	3.8%	5.6%	6.6%	#REF!	9.1%
CMC-University	2	5	8	4	3	1	0.4%	0.4%	0.9%	1.3%	#REF!	0.4%
CMC-Union	0	0	3	1	1	3	0.0%	0.0%	0.0%	0.5%	#REF!	0.1%
Other CHS Facilities	1	5	6	1	3	0	0.2%	0.2%	0.9%	1.0%	#REF!	0.4%
CMC-NorthEast	2	1	0	0	0	2	0.4%	0.4%	0.2%	0.0%	#REF!	0.0%
Total 29708	521	558	617	641	762	868	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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PET-EX025.0002

Fort Mill Market Share by Zip and CHS - Patient Days
Source: Thomson (formerly Solucient); Trendstar; CMC-NE and CMC-L internal data; SC Office of Research and Statistics
Note: Excludes Normal Newborns, behavioral health and rehab.

	2005	2006	2007	2008	2009	2010	2005	2006	2007	2008	2009	2010
29704												
Carolinas Medical Center	149	177	227	202	136	218	80.5%	63.0%	56.2%	53.3%	44.7%	51.5%
CMC-Pineville	36	70	105	105	114	165	19.5%	24.9%	26.0%	27.7%	37.5%	39.0%
CMC-Mercy	0	21	53	72	44	40	0.0%	7.5%	13.1%	19.0%	14.5%	9.5%
CMC-NorthEast	0	7	0	0	0	0	0.0%	2.5%	0.0%	0.0%	0.0%	0.0%
CMC-Union	0	0	19	0	5	0	0.0%	0.0%	4.7%	0.0%	1.6%	0.0%
CMC-University	0	6	0	0	0	0	0.0%	2.1%	0.0%	0.0%	0.0%	0.0%
Other CHS Facilities	0	0	0	0	5	0	0.0%	0.0%	0.0%	0.0%	1.6%	0.0%
Total 29704	185	281	404	379	304	423	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
29707												
CMC-Pineville	0	0	284	1,064	1,110	1,633	#DIV/0!	#DIV/0!	40.1%	52.0%	37.1%	46.6%
Carolinas Medical Center	0	0	316	828	1,586	1,474	#DIV/0!	#DIV/0!	44.6%	40.4%	53.0%	42.1%
CMC-Mercy	0	0	99	138	234	377	#DIV/0!	#DIV/0!	14.0%	6.7%	7.8%	10.8%
CMC-Union	0	0	2	14	56	16	#DIV/0!	#DIV/0!	0.3%	0.7%	1.9%	0.5%
CMC-NorthEast	0	0	0	2	4	0	#DIV/0!	#DIV/0!	0.0%	0.1%	0.1%	0.0%
CMC-University	0	0	7	2	2	2	#DIV/0!	#DIV/0!	1.0%	0.1%	0.1%	0.1%
Other CHS Facilities	0	0	0	0	3	2	#DIV/0!	#DIV/0!	0.0%	0.0%	0.1%	0.1%
Total 29707	0	0	708	2,046	2,995	3,504	#DIV/0!	#DIV/0!	100.0%	100.0%	100.0%	100.0%
29708												
CMC-Pineville	959	964	986	1,384	1,327	1,401	49.8%	49.8%	39.5%	41.3%	44.5%	39.1%
Carolinas Medical Center	866	1251	1,083	1,303	1,744	1,615	45.0%	45.0%	51.3%	45.9%	45.5%	51.4%
CMC-Mercy	82	184	238	205	287	437	4.3%	4.3%	7.5%	8.9%	8.4%	8.5%
CMC-University	9	15	29	9	9	2	0.5%	0.5%	0.6%	1.2%	0.8%	0.3%
Other CHS Facilities	4	25	34	5	14	0	0.2%	0.2%	1.0%	1.4%	0.0%	0.4%
CMC-Union	0	0	21	4	9	30	0.0%	0.0%	0.0%	0.9%	0.2%	0.3%
CMC-NorthEast	4	1	0	0	0	9	0.2%	0.2%	0.0%	0.0%	0.6%	0.0%
Total 29708	1,924	2,440	2,389	2,910	3,390	3,494	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
29710												
Carolinas Medical Center	1491	1500	1,503	1,602	1,650	2,586	57.0%	60.5%	55.4%	57.4%	56.6%	60.0%
CMC-Pineville	697	622	756	799	832	1,050	26.7%	25.1%	27.9%	28.6%	28.5%	24.6%
CMC-Mercy	177	152	141	225	142	454	6.8%	6.1%	5.2%	8.1%	4.9%	10.6%
Other CHS Facilities	196	162	284	136	240	188	7.5%	6.5%	10.5%	4.9%	8.2%	4.4%
CMC-NorthEast	41	26	9	13	5	5	1.6%	1.0%	0.3%	0.5%	0.2%	0.1%
CMC-University	9	1	13	11	19	12	0.3%	0.0%	0.5%	0.4%	0.7%	0.3%
CMC-Lincoln	4	7	0	5	0	0	0.2%	0.3%	0.0%	0.2%	0.0%	0.0%
CMC-Union	0	8	5	0	27	0	0.0%	0.3%	0.2%	0.0%	0.9%	0.0%
Stanly Regional	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total 29710	2,615	2,478	2,711	2,791	2,915	4,275	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
29715												
CMC-Pineville	2040	2449	2,233	2,303	2,094	2,159	43.1%	45.8%	48.0%	47.5%	48.2%	46.9%
Carolinas Medical Center	2117	2485	1,970	1,999	1,766	1,835	44.7%	46.1%	42.3%	41.3%	40.6%	39.9%
CMC-Mercy	534	392	373	495	350	564	11.3%	7.3%	8.0%	10.2%	8.1%	12.3%
CMC-University	2	11	33	31	54	3	0.0%	0.2%	0.7%	0.6%	1.2%	0.1%
CMC-NorthEast	10	17	10	12	17	3	0.2%	0.3%	0.2%	0.2%	0.4%	0.1%
CMC-Union	30	8	20	5	61	18	0.6%	0.1%	0.4%	0.1%	1.4%	0.4%
CMC-Lincoln	0	0	7	0	0	0	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%
Other CHS Facilities	0	8	9	0	3	14	0.0%	0.1%	0.2%	0.0%	0.1%	0.3%
Stanly Regional	0	0	0	0	0	4	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
Total 29715	4,733	5,350	4,655	4,845	4,345	4,600	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
29717												
Carolinas Medical Center	11	17	45	44	44	106	64.7%	37.8%	67.2%	86.3%	74.6%	64.6%
CMC-Pineville	6	7	12	5	9	6	35.3%	15.6%	17.9%	9.8%	15.3%	3.7%
CMC-Union	0	0	0	2	0	0	0.0%	0.0%	0.0%	3.9%	0.0%	0.0%
CMC-Mercy	0	10	10	0	6	43	0.0%	22.2%	14.9%	0.0%	10.2%	26.2%
CMC-NorthEast	0	7	0	0	0	0	0.0%	15.6%	0.0%	0.0%	0.0%	0.0%
Other CHS Facilities	0	4	0	0	0	9	0.0%	8.9%	0.0%	0.0%	0.0%	5.5%
Total 29717	17	45	67	51	59	164	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
29726												
Carolinas Medical Center	41	93	100	54	84	210	41.0%	84.5%	86.2%	74.0%	82.4%	69.3%
CMC-Pineville	27	5	11	17	16	82	27.0%	4.5%	9.5%	23.3%	15.7%	27.1%
CMC-Mercy	32	11	5	2	2	11	32.0%	10.0%	4.3%	2.7%	2.0%	3.6%
CMC-NorthEast	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other CHS Facilities	0	1	0	0	0	0	0.0%	0.9%	0.0%	0.0%	0.0%	0.0%
Total 29726	100	110	116	73	102	303	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
29730												
Carolinas Medical Center	2958	2676	2,996	3,085	3,705	3,949	70.7%	67.6%	66.5%	63.6%	67.3%	68.5%
CMC-Pineville	962	1032	1,222	1,337	1,442	1,447	23.0%	26.1%	27.1%	27.6%	26.2%	25.1%
CMC-Mercy	236	228	238	329	327	337	5.6%	5.8%	5.3%	6.8%	5.9%	5.8%
CMC-Union	0	9	3	47	8	0	0.0%	0.2%	0.1%	1.0%	0.1%	0.0%

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CMC-NorthEast	0	0	16	31	6	5	0.0%	0.0%	0.4%	0.6%	0.1%	0.1%
CMC-University	16	7	30	14	12	12	0.4%	0.2%	0.7%	0.3%	0.2%	0.2%
Other CHS Facilities	11	9	3	9	9	6	0.3%	0.2%	0.1%	0.2%	0.2%	0.1%
CMC-Lincoln	0	0	0	0	0	5	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
Stanly Regional	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total 29730	4,183	3,961	4,508	4,852	5,509	5,761	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
29732												
Carolinas Medical Center	1707	2244	2,564	2,992	3,145	2,591	63.8%	61.2%	62.2%	67.1%	68.7%	56.0%
CMC-Pineville	803	1146	1,233	1,144	1,395	1,504	30.0%	31.3%	29.9%	25.7%	29.6%	32.5%
CMC-Mercy	103	221	225	244	156	454	3.8%	6.0%	5.5%	5.5%	3.3%	9.8%
CMC-NorthEast	12	10	49	46	3	5	0.4%	0.3%	1.2%	1.0%	0.1%	0.1%
CMC-University	18	8	31	23	8	34	0.7%	0.2%	0.8%	0.5%	0.2%	0.7%
CMC-Union	1	8	0	10	0	30	0.0%	0.2%	0.0%	0.2%	0.0%	0.6%
Other CHS Facilities	29	21	23	1	8	6	1.1%	0.6%	0.6%	0.0%	0.2%	0.1%
CMC-Lincoln	4	7	0	0	2	0	0.1%	0.2%	0.0%	0.0%	0.0%	0.0%
Total 29732	2,677	3,665	4,125	4,460	4,717	4,624	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
29742												
Carolinas Medical Center	104	71	180	181	146	199	78.8%	59.2%	69.0%	90.0%	91.8%	80.6%
CMC-Pineville	16	25	53	13	11	29	12.1%	20.8%	20.3%	6.5%	6.9%	11.7%
CMC-Mercy	2	4	2	7	0	19	1.5%	3.3%	0.8%	3.5%	0.0%	7.7%
CMC-Lincoln	0	4	0	0	0	0	0.0%	3.3%	0.0%	0.0%	0.0%	0.0%
CMC-NorthEast	0	3	0	0	0	0	0.0%	2.5%	0.0%	0.0%	0.0%	0.0%
CMC-Union	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
CMC-University	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other CHS Facilities	10	13	26	0	2	0	7.6%	10.8%	10.0%	0.0%	1.3%	0.0%
Total 29742	132	120	261	201	159	247	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
29743												
Carolinas Medical Center	35	10	16	87	28	66	56.5%	13.9%	34.0%	84.5%	51.9%	46.2%
CMC-Pineville	3	1	7	13	5	9	4.8%	1.4%	14.9%	12.6%	9.3%	6.3%
Other CHS Facilities	24	17	24	3	15	30	38.7%	23.6%	51.1%	2.9%	27.8%	21.0%
CMC-Mercy	0	44	0	0	0	38	0.0%	61.1%	0.0%	0.0%	0.0%	26.6%
CMC-Union	0	0	0	0	6	0	0.0%	0.0%	0.0%	0.0%	11.1%	0.0%
Total 29743	62	72	47	103	54	143	100.0%	160.0%	70.1%	202.0%	91.5%	87.2%
29745												
Carolinas Medical Center	1452	1523	1,573	1,312	1,908	1,824	67.2%	67.9%	70.7%	66.8%	68.2%	64.3%
CMC-Pineville	513	488	452	461	513	734	23.7%	21.8%	20.3%	23.5%	18.3%	25.9%
CMC-Mercy	148	154	111	102	269	179	6.8%	6.9%	5.0%	5.2%	9.6%	6.3%
Other CHS Facilities	34	33	58	73	72	68	1.6%	1.5%	2.6%	3.7%	2.6%	2.4%
CMC-NorthEast	7	12	2	9	6	3	0.3%	0.5%	0.1%	0.5%	0.2%	0.1%
CMC-University	5	5	21	8	14	13	0.2%	0.2%	0.9%	0.4%	0.5%	0.5%
CMC-Lincoln	0	2	2	0	2	0	0.0%	0.1%	0.1%	0.0%	0.1%	0.0%
CMC-Union	3	25	5	0	12	14	0.1%	1.1%	0.2%	0.0%	0.4%	0.5%
Stanly Regional	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total 29745	2,162	2,242	2,224	1,965	2,796	2,835	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total Meck. Co. CHS	18,366	20,310	21,584	24,249	26,745	29,803						

SUMMARY OF ADMISSIONS AND REFERRAL DATA

Admissions by employed physicians are based on IDX Admission codes. (List in IDX IP Billing Codes tab)

Referrals to other employed physicians-2009-2012 only. Selection of employed physicians was by manually reviewing list as the referred to name is free text.

York County zip codes exclude 29707, which is included in the market share data for York County.

Some York County Zip codes bleed into other counties.

The patient's zip code is as of the most current date. Data will exclude patients who have moved out of York County since service date and include patients who were not in York County at the time of the service.

Any practice that was not on IDX during this time frame will be excluded from the data.

All data specific to the York County practices are a subset of the overall data.

Referrals by Zip Code based on Referral Portal data

Year	Zip	Total Referral Count
2009	29703	5
2009	29704	37
2009	29708	916
2009	29710	518
2009	29715	885
2009	29716	27
2009	29717	5
2009	29726	8
2009	29730	560
2009	29731	8
2009	29732	795
2009	29742	10
2009	29743	4
2009	29745	269
2010	29703	4
2010	29704	65
2010	29708	1323
2010	29710	858
2010	29715	1091
2010	29716	34
2010	29717	10
2010	29726	15
2010	29730	704
2010	29731	10
2010	29732	977
2010	29742	14
2010	29743	15
2010	29745	427
2011	29703	7
2011	29704	69
2011	29708	1701
2011	29710	984
2011	29715	1392

2011 29716	27
2011 29717	12
2011 29726	17
2011 29730	898
2011 29731	11
2011 29732	1275
2011 29733	1
2011 29742	32
2011 29743	10
2011 29745	509
2012 29703	4
2012 29704	130
2012 29708	2032
2012 29710	1350
2012 29715	1670
2012 29716	49
2012 29717	21
2012 29726	40
2012 29730	1541
2012 29731	24
2012 29732	2179
2012 29733	2
2012 29742	46
2012 29743	25
2012 29745	911

Based on Admission billing codes from IDX

Service Year	Facility	Admissions
2005	CMC INPATIENT	685
2005	CMC PINEVILLE INPATIENT	62
2005	LINCOLN MEDICAL CTR INPATIENT	1
2005	MERCY HOSPITAL - INPATIENT	39
2005	UNION REGIONAL MEDICAL-INPATIENT	5
2005	UNIVERSITY HOSPITAL-INPATIENT	8
2006	CMC INPATIENT	809
2006	CMC PINEVILLE INPATIENT	40
2006	MERCY HOSPITAL - INPATIENT	19
2006	UNION REGIONAL MEDICAL-INPATIENT	7
2006	UNIVERSITY HOSPITAL-INPATIENT	5
2007	CMC INPATIENT	1,376
2007	CMC PINEVILLE INPATIENT	191
2007	MERCY HOSPITAL - INPATIENT	38
2007	UNION REGIONAL MEDICAL-INPATIENT	3
2007	UNIVERSITY HOSPITAL-INPATIENT	8
2008	CMC INPATIENT	1,157
2008	CMC PINEVILLE INPATIENT	647
2008	MERCY HOSPITAL - INPATIENT	88
2008	UNION REGIONAL MEDICAL-INPATIENT	3
2008	UNIVERSITY HOSPITAL-INPATIENT	16
2009	CMC INPATIENT	1,561
2009	CMC NORTHEAST IP	4
2009	CMC PINEVILLE INPATIENT	797
2009	MERCY HOSPITAL - INPATIENT	132
2009	UNION REGIONAL MEDICAL-INPATIENT	3
2009	UNIVERSITY HOSPITAL-INPATIENT	16
2010	CMC INPATIENT	1,614
2010	CMC NORTHEAST IP	14
2010	CMC PINEVILLE INPATIENT	946
2010	MERCY HOSPITAL - INPATIENT	304
2010	UNION REGIONAL MEDICAL-INPATIENT	3
2010	UNIVERSITY HOSPITAL-INPATIENT	9
2011	CMC INPATIENT	1,896

2011 CMC NORTHEAST IP	27
2011 CMC PINEVILLE INPATIENT	1,118
2011 MERCY HOSPITAL - INPATIENT	383
2011 UNION REGIONAL MEDICAL-INPATIENT	1
2011 UNIVERSITY HOSPITAL-INPATIENT	30
2012 CMC INPATIENT	1,739
2012 CMC NORTHEAST IP	37
2012 CMC PINEVILLE INPATIENT	1,732
2012 LINCOLN MEDICAL CTR INPATIENT	1
2012 MERCY HOSPITAL - INPATIENT	306
2012 UNION REGIONAL MEDICAL-INPATIENT	11
2012 UNIVERSITY HOSPITAL-INPATIENT	19
	17,910

Procedure Code	Procedure Code Description
99221	INIT HOSP CARE-DA E&M LOW SEVERITY 30 MIN
99222	INIT HOSP CARE-DA E&M MODERATE SEVERITY 50 MIN
99223	INIT HOSP CARE-DA E&M HIGH SEVERITY 70 MIN
99234	OBS OR INPAT HOSP CARE, ADM & DISCHARGE SAME DATE,LOW
99235	OBS OR INPAT HOST CARE,ADM & DISCHARGE SAME DATE,MOD
99236	OBS OR INPAT HOSP CARE,ADM & DISCHARGE SAME DATE,HI
99293	INIT PEDIA CRIT CARE;29 DAYS THRU 24 MTHS;PER DAY
99295	INITIAL NEONATE CRIT CARE PER DAY, AGE 28 DAYS OR LESS
99468	1ST INPATIENT CRITICAL CARE PR DAY AGE 28 DAYS/OR LESS
99471	INITIAL PED CRITICAL CARE 29 D THRU 24 MO
99475	INITIAL PED CRITICAL CARE 2 THRU 5 YEARS
99477	INIT HOSP CARE 28 DAYS OR LESS INTEN CARE

Payor Type	Division Name	Provider Full Name	Address	Address 2	City	State	Zip
2005	MEDICAL ASSOCIATES ROCK HILL	MCMAHON MD,SANDRA E	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2005	MEDICAL ASSOCIATES ROCK HILL	MILLER MD,FRED H	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2005	MEDICAL ASSOCIATES ROCK HILL	NETZLER MD,CLIFFORD K	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2005	MEDICAL ASSOCIATES ROCK HILL	PENNISSON MD,ANNE M	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2005	MEDICAL ASSOCIATES ROCK HILL	WEBER MD,KARL	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2005	PALMETTO PEDIATRICS	COPPLE MD,HAL E	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2005	PALMETTO PEDIATRICS	HANSEN MD,DOUGLAS B	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2005	PALMETTO PEDIATRICS	HRKAL MD,MILOSLAV M LAN	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2005	PIEDMONT GYNOB ROCK HILL	BALE MD,C STEPHEN	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2005	PIEDMONT GYNOB ROCK HILL	BARKLEY MD,DAVID A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2005	PIEDMONT GYNOB ROCK HILL	DEMCHAK MD,SUSAN M	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2005	PIEDMONT GYNOB ROCK HILL	GARCIA MD,TED	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2005	PIEDMONT GYNOB ROCK HILL	HAYES GAULTNA J	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2005	PIEDMONT GYNOB ROCK HILL	HELMS CNM,KAREN A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2005	PIEDMONT GYNOB ROCK HILL	LOWDER MD,LAURA H	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2005	PIEDMONT GYNOB ROCK HILL	NORTHCUTT MD,HUGH N	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2005	PIEDMONT GYNOB ROCK HILL	PHILLIPS MD,JOHN G	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2005	PIEDMONT GYNOB ROCK HILL	PILLAI MD,PRIYA B	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2005	PIEDMONT GYNOB ROCK HILL	PPIGO,LAB	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2005	PIEDMONT GYNOB ROCK HILL	PPIGO,NURSE	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2005	PIEDMONT GYNOB ROCK HILL	PPIGO,ULTRASOUND	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2005	PIEDMONT GYNOB ROCK HILL	REVELL MD,WILLIAM S	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2005	PIEDMONT GYNOB ROCK HILL	SMITH CNM,JANICE S	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2005	ROCK HILL PEDIATRIC ASSOCIATES	ALEXANDER MD,ROBERT M	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2005	ROCK HILL PEDIATRIC ASSOCIATES	COOK JR MD,DEXTER L	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2005	ROCK HILL PEDIATRIC ASSOCIATES	EDWARDS MD,MARTHA M	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2005	ROCK HILL PEDIATRIC ASSOCIATES	GOODBAR MD,ROBERT C	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2005	ROCK HILL PEDIATRIC ASSOCIATES	LIHOSAY MD,NIKITA WILLIAMS	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2005	ROCK HILL PEDIATRIC ASSOCIATES	THREATT MD,DEANNA R	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2005	ROCK HILL PEDIATRIC ASSOCIATES	TOMKOWICZ MD,PATRICIA A	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2005	ROCK HILL PEDIATRIC FORT MILL	ALEXANDER MD,ROBERT M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2005	ROCK HILL PEDIATRIC FORT MILL	COOK JR MD,DEXTER L	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2005	ROCK HILL PEDIATRIC FORT MILL	EDWARDS MD,MARTHA M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2005	ROCK HILL PEDIATRIC FORT MILL	GOODBAR MD,ROBERT C	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2005	ROCK HILL PEDIATRIC FORT MILL	LIHOSAY MD,NIKITA WILLIAMS	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2005	ROCK HILL PEDIATRIC FORT MILL	OREHEK CPNP,BRIDGETTE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2005	ROCK HILL PEDIATRIC FORT MILL	START MD,SUSAN J	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2005	ROCK HILL PEDIATRIC FORT MILL	THREATT MD,DEANNA R	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2005	ROCK HILL PEDIATRIC FORT MILL	TOMKOWICZ MD,PATRICIA A	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2005	SHILAND FAMILY MEDICINE	ANANDPURA MD,PARAG S	2633 CELANESE ROAD		ROCK HILL	SC	29732
2005	SHILAND FAMILY MEDICINE	BARRON MD,GEORGE T	2633 CELANESE ROAD		ROCK HILL	SC	29732
2005	SHILAND FAMILY MEDICINE	FULNER MD,ROBERT V	2633 CELANESE ROAD		ROCK HILL	SC	29732
2005	SHILAND FAMILY MEDICINE	JACKSON MD,WILLIAM A	2633 CELANESE ROAD		ROCK HILL	SC	29732
2005	SHILAND FAMILY MEDICINE	MARTIN MD,STEPHEN R	2633 CELANESE ROAD		ROCK HILL	SC	29732
2005	SHILAND FAMILY MEDICINE	PENNINGTON MD,AMANDA M	2633 CELANESE ROAD		ROCK HILL	SC	29732
2005	SHILAND FAMILY MEDICINE	RUTLEDGE MD,RION M	2633 CELANESE ROAD		ROCK HILL	SC	29732
2005	SHILAND FAMILY MEDICINE	SAMPLE MD,JERRY J	2633 CELANESE ROAD		ROCK HILL	SC	29732
2005	SHILAND FAMILY MEDICINE	SICK MD,BRANDON R	2633 CELANESE ROAD		ROCK HILL	SC	29732
2005	SHILAND FAMILY MEDICINE	TRUESDALE MD,DORENDA G	2633 CELANESE ROAD		ROCK HILL	SC	29732
2006	MEDICAL ASSOCIATES FORT MILL	MCMAHON MD,SANDRA E	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2006	MEDICAL ASSOCIATES FORT MILL	MILLER MD,FRED H	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2006	MEDICAL ASSOCIATES FORT MILL	NETZLER MD,CLIFFORD K	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2006	MEDICAL ASSOCIATES FORT MILL	PENNISSON MD,ANNE M	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2006	MEDICAL ASSOCIATES FORT MILL	WEBER MD,KARL	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2006	MEDICAL ASSOCIATES ROCK HILL	MCMAHON MD,SANDRA E	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2006	MEDICAL ASSOCIATES ROCK HILL	MILLER MD,FRED H	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2006	MEDICAL ASSOCIATES ROCK HILL	NETZLER MD,CLIFFORD K	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2006	MEDICAL ASSOCIATES ROCK HILL	PENNISSON MD,ANNE M	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2006	MEDICAL ASSOCIATES ROCK HILL	WEBER MD,KARL	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2006	PALMETTO PEDIATRICS	COPPLE MD,HAL E	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2006	PALMETTO PEDIATRICS	HANSEN MD,DOUGLAS B	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2006	PALMETTO PEDIATRICS	HRKAL MD,MILOSLAV M LAN	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2006	PIEDMONT GYNOB ROCK HILL	BALE MD,C STEPHEN	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2006	PIEDMONT GYNOB ROCK HILL	BARKLEY MD,DAVID A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732

2006 PIEDMONT GYNOB ROCK HILL	DEMCHAK MD SUSAN M	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2006 PIEDMONT GYNOB ROCK HILL	FLOYD CNM,JANET A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2006 PIEDMONT GYNOB ROCK HILL	GARCIA MD,TED	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2006 PIEDMONT GYNOB ROCK HILL	HAYES CNM,TINA J	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2006 PIEDMONT GYNOB ROCK HILL	LOWDER MD,LAURA H	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2006 PIEDMONT GYNOB ROCK HILL	NORTHCUTT MD,HUGH N	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2006 PIEDMONT GYNOB ROCK HILL	PHILLIPS MD,JOHN G	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2006 PIEDMONT GYNOB ROCK HILL	PILLAI MD,PRIYA B	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2006 PIEDMONT GYNOB ROCK HILL	PPIGO,LAB	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2006 PIEDMONT GYNOB ROCK HILL	PPIGO,NST	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2006 PIEDMONT GYNOB ROCK HILL	PPIGO,NURSE	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2006 PIEDMONT GYNOB ROCK HILL	PPIGO,ULTRASOUND	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2006 PIEDMONT GYNOB ROCK HILL	REVELL MD,WILLIAM S	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2006 ROCK HILL PEDIATRIC ASSOCIATES	ALEXANDER MD,ROBERT M	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2006 ROCK HILL PEDIATRIC ASSOCIATES	COOK JR MD,DEXTER L	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2006 ROCK HILL PEDIATRIC ASSOCIATES	EDWARDS MD,MARTHA M	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2006 ROCK HILL PEDIATRIC ASSOCIATES	GOODBAR MD,ROBERT C	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2006 ROCK HILL PEDIATRIC ASSOCIATES	LINDSAY MD,NIKITA WILLIAMS	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2006 ROCK HILL PEDIATRIC ASSOCIATES	OREHEK CPNP,BRIDGETTE	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2006 ROCK HILL PEDIATRIC ASSOCIATES	START MD,SUSAN J	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2006 ROCK HILL PEDIATRIC ASSOCIATES	THREATT MD,DEANNA R	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2006 ROCK HILL PEDIATRIC ASSOCIATES	TONKOWICZ MD,PATRICIA A	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2006 ROCK HILL PEDIATRIC FORT MILL	ALEXANDER MD,ROBERT M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2006 ROCK HILL PEDIATRIC FORT MILL	COOK JR MD,DEXTER L	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2006 ROCK HILL PEDIATRIC FORT MILL	EDWARDS MD,MARTHA M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2006 ROCK HILL PEDIATRIC FORT MILL	GOODBAR MD,ROBERT C	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2006 ROCK HILL PEDIATRIC FORT MILL	LINDSAY MD,NIKITA WILLIAMS	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2006 ROCK HILL PEDIATRIC FORT MILL	OREHEK CPNP,BRIDGETTE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2006 ROCK HILL PEDIATRIC FORT MILL	START MD,SUSAN J	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2006 ROCK HILL PEDIATRIC FORT MILL	THREATT MD,DEANNA R	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2006 ROCK HILL PEDIATRIC FORT MILL	TONKOWICZ MD,PATRICIA A	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2006 SHLAND FAMILY MEDICINE	ANANDPURA MD,PARAG S	2833 CELANESE ROAD		ROCK HILL	SC	29732
2006 SHLAND FAMILY MEDICINE	BARRON MD,GEORGE T	2833 CELANESE ROAD		ROCK HILL	SC	29732
2006 SHLAND FAMILY MEDICINE	FULMER MD,ROBERT V	2833 CELANESE ROAD		ROCK HILL	SC	29732
2006 SHLAND FAMILY MEDICINE	JACKSON MD,WILLIAM A	2833 CELANESE ROAD		ROCK HILL	SC	29732
2006 SHLAND FAMILY MEDICINE	MARTIN MD,STEPHEN R	2833 CELANESE ROAD		ROCK HILL	SC	29732
2006 SHLAND FAMILY MEDICINE	PENNINGTON MD,AMANDA M	2833 CELANESE ROAD		ROCK HILL	SC	29732
2006 SHLAND FAMILY MEDICINE	SAMPLE MD,JERRY J	2833 CELANESE ROAD		ROCK HILL	SC	29732
2006 SHLAND FAMILY MEDICINE	SICK MD,BRANDON R	2833 CELANESE ROAD		ROCK HILL	SC	29732
2006 SHLAND FAMILY MEDICINE	TRUESDALE MD,DORENDA G	2833 CELANESE ROAD		ROCK HILL	SC	29732
2007 MEDICAL ASSOCIATES FORT MILL	BELLANFONTE MD,LISA	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2007 MEDICAL ASSOCIATES FORT MILL	MCMAHON MD,SANDRA E	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2007 MEDICAL ASSOCIATES FORT MILL	MILLER MD,FRED H	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2007 MEDICAL ASSOCIATES FORT MILL	NETZLER MD,CLIFFORD K	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2007 MEDICAL ASSOCIATES FORT MILL	WEBER MD,KARL	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2007 MEDICAL ASSOCIATES ROCK HILL	BELLANFONTE MD,LISA	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2007 MEDICAL ASSOCIATES ROCK HILL	MCMAHON MD,SANDRA E	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2007 MEDICAL ASSOCIATES ROCK HILL	MILLER MD,FRED H	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2007 MEDICAL ASSOCIATES ROCK HILL	NETZLER MD,CLIFFORD K	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2007 MEDICAL ASSOCIATES ROCK HILL	WEBER MD,KARL	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2007 PALMETTO PEDIATRICS	BAKER NP,WENDY	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2007 PALMETTO PEDIATRICS	COPPLE MD,MAE	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2007 PALMETTO PEDIATRICS	HANSEN MD,DOUGLAS B	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2007 PALMETTO PEDIATRICS	HRKAL MD,MILOSLAV MILAN	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2007 PIEDMONT GYNOB ROCK HILL	BALE MD,G STEPHEN	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2007 PIEDMONT GYNOB ROCK HILL	BARKLEY MD,DAVID A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2007 PIEDMONT GYNOB ROCK HILL	DEMCHAK MD,SUSAN M	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2007 PIEDMONT GYNOB ROCK HILL	EISENBERG MD,BARBARA F	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2007 PIEDMONT GYNOB ROCK HILL	FLOYD CNM,JANET A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2007 PIEDMONT GYNOB ROCK HILL	GARCIA MD,TED	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2007 PIEDMONT GYNOB ROCK HILL	HAYES CNM,TINA J	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2007 PIEDMONT GYNOB ROCK HILL	LOWDER MD,LAURA H	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2007 PIEDMONT GYNOB ROCK HILL	NORTHCUTT MD,HUGH N	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2007 PIEDMONT GYNOB ROCK HILL	PHILLIPS MD,JOHN G	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2007 PIEDMONT GYNOB ROCK HILL	PILLAI MD,PRIYA B	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2007 PIEDMONT GYNOB ROCK HILL	PPIGO,LAB	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2007 PIEDMONT GYNOB ROCK HILL	PPIGO,NURSE	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732

2007 PIEDMONT GYNOB ROCK HILL	PPIGO,ULTRASOUND	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2007 PIEDMONT GYNOB ROCK HILL	PPIGO,ULTRASOUND2	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2007 PIEDMONT GYNOB ROCK HILL	REVELL MD,WILLIAM S	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2007 ROCK HILL PEDIATRIC ASSOCIATES	ALEXANDER MD,ROBERT M	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2007 ROCK HILL PEDIATRIC ASSOCIATES	COOK JR MD,DEXTER L	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2007 ROCK HILL PEDIATRIC ASSOCIATES	EDWARDS MD,MARTHA M	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2007 ROCK HILL PEDIATRIC ASSOCIATES	GOODBAR MD,ROBERT C	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2007 ROCK HILL PEDIATRIC ASSOCIATES	LINDSAY MD NIKITA WILLIAMS	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2007 ROCK HILL PEDIATRIC ASSOCIATES	MCCASKILL MD,QUIMBY E	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2007 ROCK HILL PEDIATRIC ASSOCIATES	OREHEK CPNP,BRIDGETTE	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2007 ROCK HILL PEDIATRIC ASSOCIATES	START MD,SUSAN J	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2007 ROCK HILL PEDIATRIC ASSOCIATES	THREATT MD,DEANNA R	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2007 ROCK HILL PEDIATRIC ASSOCIATES	TONKOWICZ MD,PATRICIA A	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2007 ROCK HILL PEDIATRIC FORT MILL	ALEXANDER MD,ROBERT M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2007 ROCK HILL PEDIATRIC FORT MILL	COOK JR MD,DEXTER L	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2007 ROCK HILL PEDIATRIC FORT MILL	EDWARDS MD,MARTHA M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2007 ROCK HILL PEDIATRIC FORT MILL	GOODBAR MD,ROBERT C	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2007 ROCK HILL PEDIATRIC FORT MILL	LINDSAY MD,NIKITA WILLIAMS	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2007 ROCK HILL PEDIATRIC FORT MILL	MCCASKILL MD,QUIMBY E	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2007 ROCK HILL PEDIATRIC FORT MILL	OREHEK CPNP,BRIDGETTE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2007 ROCK HILL PEDIATRIC FORT MILL	START MD,SUSAN J	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2007 ROCK HILL PEDIATRIC FORT MILL	THREATT MD,DEANNA R	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2007 ROCK HILL PEDIATRIC FORT MILL	TONKOWICZ MD,PATRICIA A	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2007 SHILAND FAMILY MEDICINE	ANANDPURA MD,PARAG S	2833 CELANESE ROAD		ROCK HILL	SC	29732
2007 SHILAND FAMILY MEDICINE	BARRON MD,GEORGE T	2833 CELANESE ROAD		ROCK HILL	SC	29732
2007 SHILAND FAMILY MEDICINE	FULMER MD,ROBERT V	2833 CELANESE ROAD		ROCK HILL	SC	29732
2007 SHILAND FAMILY MEDICINE	JACKSON MD,WILLIAM A	2833 CELANESE ROAD		ROCK HILL	SC	29732
2007 SHILAND FAMILY MEDICINE	MARTIN MD,STEPHEN R	2833 CELANESE ROAD		ROCK HILL	SC	29732
2007 SHILAND FAMILY MEDICINE	PARNELL FNP,PAULA B	2833 CELANESE ROAD		ROCK HILL	SC	29732
2007 SHILAND FAMILY MEDICINE	PENNINGTON MD,AMANDA M	2833 CELANESE ROAD		ROCK HILL	SC	29732
2007 SHILAND FAMILY MEDICINE	SAMPLE MD,JERRY J	2833 CELANESE ROAD		ROCK HILL	SC	29732
2007 SHILAND FAMILY MEDICINE	SICK MD,BRANDON R	2833 CELANESE ROAD		ROCK HILL	SC	29732
2007 SHILAND FAMILY MEDICINE	TRUESDALE MD,DORENDA G	2833 CELANESE ROAD		ROCK HILL	SC	29732
2008 CAROLINA CANCER SPECIALISTS	SINCLAIR MD,PAMELA R	225 S HERLONG AVENUE	SUITE 201	ROCK HILL	SC	29732
2008 MEDICAL ASSOCIATES FORT MILL	BELLANFONTE MD,LISA	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2008 MEDICAL ASSOCIATES FORT MILL	MCMAHON MD,SANDRA E	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2008 MEDICAL ASSOCIATES FORT MILL	MILLER MD,FRED H	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2008 MEDICAL ASSOCIATES FORT MILL	NETZLER MD,CLIFFORD K	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2008 MEDICAL ASSOCIATES FORT MILL	WEBER MD,KARL	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2008 MEDICAL ASSOCIATES ROCK HILL	BELLANFONTE MD,LISA	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2008 MEDICAL ASSOCIATES ROCK HILL	MCMAHON MD,SANDRA E	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2008 MEDICAL ASSOCIATES ROCK HILL	MILLER MD,FRED H	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2008 MEDICAL ASSOCIATES ROCK HILL	NETZLER MD,CLIFFORD K	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2008 MEDICAL ASSOCIATES ROCK HILL	WEBER MD,KARL	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2008 PALMETTO PEDIATRICS	BAKER NP,WENDY	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2008 PALMETTO PEDIATRICS	COPPLE MD,HALE	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2008 PALMETTO PEDIATRICS	HALES MD,ERIKA R	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2008 PALMETTO PEDIATRICS	HANSEN MD,DOUGLAS B	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2008 PIEDMONT GYNOB ROCK HILL	BALE MD,C STEPHEN	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2008 PIEDMONT GYNOB ROCK HILL	BARKLEY MD,DAVID A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2008 PIEDMONT GYNOB ROCK HILL	BROOK CNM,SAGE	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2008 PIEDMONT GYNOB ROCK HILL	DEMCHAK MD,SUSAN M	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2008 PIEDMONT GYNOB ROCK HILL	EISENBERG MD,BARBARA F	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2008 PIEDMONT GYNOB ROCK HILL	FLOYD CNM,JANET A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2008 PIEDMONT GYNOB ROCK HILL	GARCIA MD,TED	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2008 PIEDMONT GYNOB ROCK HILL	HAYES CNM,TINA J	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2008 PIEDMONT GYNOB ROCK HILL	LOWDER MD,LAURA H	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2008 PIEDMONT GYNOB ROCK HILL	NORTHCUTT MD,HUGH N	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2008 PIEDMONT GYNOB ROCK HILL	PHILLIPS MD,JOHN G	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2008 PIEDMONT GYNOB ROCK HILL	PILLAI MD,PRIYA B	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2008 PIEDMONT GYNOB ROCK HILL	PPIGO,LAB	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2008 PIEDMONT GYNOB ROCK HILL	PPIGO,NURSE	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2008 PIEDMONT GYNOB ROCK HILL	PPIGO,ULTRASOUND	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2008 PIEDMONT GYNOB ROCK HILL	PPIGO,ULTRASOUND2	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2008 PIEDMONT GYNOB ROCK HILL	REVELL MD,WILLIAM S	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2008 PIEDMONT GYNOB ROCK HILL	ROBERTSON, CNM,NANCY C	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2008 ROCK HILL PEDIATRIC ASSOCIATES	ALEXANDER MD,ROBERT M	1601 EBENEZER ROAD		ROCK HILL	SC	29732

2008	ROCK HILL PEDIATRIC ASSOCIATES	COOK JR,MD,DEXTER L	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2008	ROCK HILL PEDIATRIC ASSOCIATES	EDWARDS MD,MARTHA M	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2008	ROCK HILL PEDIATRIC ASSOCIATES	GOODBAR MD,ROBERT C	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2008	ROCK HILL PEDIATRIC ASSOCIATES	LINDSAY MD,NIKITA WILLIAMS	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2008	ROCK HILL PEDIATRIC ASSOCIATES	MCCASKILL MD,OLUMGY E	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2008	ROCK HILL PEDIATRIC ASSOCIATES	OREHEK CPNP,BRIDGETTE	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2008	ROCK HILL PEDIATRIC ASSOCIATES	START MD,SUSAN J	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2008	ROCK HILL PEDIATRIC ASSOCIATES	THREATT MD,DEANNA R	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2008	ROCK HILL PEDIATRIC ASSOCIATES	TONKOWICZ MD,PATRICIA A	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2008	ROCK HILL PEDIATRIC FORT MILL	ALEXANDER MD,ROBERT M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2008	ROCK HILL PEDIATRIC FORT MILL	COOK JR MD,DEXTER L	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2008	ROCK HILL PEDIATRIC FORT MILL	EDWARDS MD,MARTHA M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2008	ROCK HILL PEDIATRIC FORT MILL	GOODBAR MD,ROBERT C	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2008	ROCK HILL PEDIATRIC FORT MILL	LINDSAY MD,NIKITA WILLIAMS	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2008	ROCK HILL PEDIATRIC FORT MILL	MCCASKILL MD,OLUMGY E	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2008	ROCK HILL PEDIATRIC FORT MILL	OREHEK CPNP,BRIDGETTE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2008	ROCK HILL PEDIATRIC FORT MILL	START MD,SUSAN J	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2008	ROCK HILL PEDIATRIC FORT MILL	THREATT MD,DEANNA R	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2008	ROCK HILL PEDIATRIC FORT MILL	TONKOWICZ MD,PATRICIA A	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2008	SANGER ACARD FORT MILL	EDWARDS MD,NATHANIEL C	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715
2008	SANGER ACARD FORT MILL	HICKLIN III MD,HARRY E	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715
2008	SANGER ACARD FORT MILL	HUSIALOWSKI JR MD,RICHARD S	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715
2008	SANGER ACARD ROCK HILL	BOIK PA,DIANNE M	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2008	SANGER ACARD ROCK HILL	EDWARDS MD,NATHANIEL C	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2008	SANGER ACARD ROCK HILL	HAYNIE MD,JUSTIN F	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2008	SANGER ACARD ROCK HILL	HICKLIN III MD,HARRY E	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2008	SANGER ACARD ROCK HILL	JOHNSON MD,THOMAS V	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2008	SANGER ACARD ROCK HILL	MORAN NP,ALICE F	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2008	SANGER ACARD ROCK HILL	MUSIALOWSKI JR MD,RICHARD S	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2008	SANGER ACARD ROCK HILL	PATTERSON PA,RICHARD E	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2008	SANGER ROCK HILL PEDS CARDIO	RIOPEL MD,DONALD A	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2008	SANGER ROCK HILL PEDS CARDIO	SLIZ JR MD,NICHOLAS B	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2008	SHILAND FAMILY FORT MILL	POPE MD,BRIAN O	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715
2008	SHILAND FAMILY FORT MILL	TRUESDALE MD,DORENDA G	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715
2008	SHILAND FAMILY MEDICINE	ANANDPURA MD,PARAG S	2833 CELANESE ROAD		ROCK HILL	SC	29732
2008	SHILAND FAMILY MEDICINE	BARRON MD,GEORGE T	2833 CELANESE ROAD		ROCK HILL	SC	29732
2008	SHILAND FAMILY MEDICINE	BOWERS PA,HEATHER	2833 CELANESE ROAD		ROCK HILL	SC	29732
2008	SHILAND FAMILY MEDICINE	FULMER MD,ROBERT V	2833 CELANESE ROAD		ROCK HILL	SC	29732
2008	SHILAND FAMILY MEDICINE	JACKSON MD,WILLIAM A	2833 CELANESE ROAD		ROCK HILL	SC	29732
2008	SHILAND FAMILY MEDICINE	MARTIN MD,STEPHEN R	2833 CELANESE ROAD		ROCK HILL	SC	29732
2008	SHILAND FAMILY MEDICINE	PARNELL FNP,PAULA B	2833 CELANESE ROAD		ROCK HILL	SC	29732
2008	SHILAND FAMILY MEDICINE	PENNINGTON MD,AMANDA M	2833 CELANESE ROAD		ROCK HILL	SC	29732
2008	SHILAND FAMILY MEDICINE	POPE MD,BRIAN O	2833 CELANESE ROAD		ROCK HILL	SC	29732
2008	SHILAND FAMILY MEDICINE	SAMPLE MD,JERRY J	2833 CELANESE ROAD		ROCK HILL	SC	29732
2008	SHILAND FAMILY MEDICINE	SICK MD,BRANDON R	2833 CELANESE ROAD		ROCK HILL	SC	29732
2008	SHILAND FAMILY MEDICINE	TRUESDALE MD,DORENDA G	2833 CELANESE ROAD		ROCK HILL	SC	29732
2009	CAROLINA CANCER SPECIALISTS	SINCLAIR MD,PAMELA R	225 S HERLONG AVENUE	SUITE 201	ROCK HILL	SC	29732
2009	CHC URGENT CARE FORT MILL	ALLGOOD MD,SARA E	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2009	CHC URGENT CARE FORT MILL	ANOUILO MD,LOUIE A	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2009	CHC URGENT CARE FORT MILL	COLMENARES MD,GUSTAVO A	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2009	CHC URGENT CARE FORT MILL	DANI MD,NPA	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2009	CHC URGENT CARE FORT MILL	HERNANDEZ MD,LYNN J	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2009	CHC URGENT CARE FORT MILL	HILDEBRAND MD,HARTWELL	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2009	CHC URGENT CARE FORT MILL	KOEWLER MD,THOMAS J	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2009	CHC URGENT CARE FORT MILL	MCCUTCHEN DO,JEFFREY R	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2009	CHC URGENT CARE FORT MILL	RICHARDS MD,MICHAEL D	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2009	CHC URGENT CARE FORT MILL	SMITH MD,STEVEN A	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2009	MEDICAL ASSOCIATES FORT MILL	BELLANFONTE MD,LISA	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2009	MEDICAL ASSOCIATES FORT MILL	MCMAHON MD,SANDRA E	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2009	MEDICAL ASSOCIATES FORT MILL	MILLER MD,FRED H	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2009	MEDICAL ASSOCIATES FORT MILL	NETZLER MD,CLIFFORD K	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2009	MEDICAL ASSOCIATES FORT MILL	WEBER MD,KARL	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2009	MEDICAL ASSOCIATES ROCK HILL	BELLANFONTE MD,LISA	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2009	MEDICAL ASSOCIATES ROCK HILL	MCMAHON MD,SANDRA E	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2009	MEDICAL ASSOCIATES ROCK HILL	MILLER MD,FRED H	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2009	MEDICAL ASSOCIATES ROCK HILL	NETZLER MD,CLIFFORD K	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2009	MEDICAL ASSOCIATES ROCK HILL	WEBER MD,KARL	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732

2000	PALMETTO PEDIATRICS	BAKER NP,WENDY	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2000	PALMETTO PEDIATRICS	BUI MD,HONG	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2000	PALMETTO PEDIATRICS	COPPLE MD,HAL E	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2000	PALMETTO PEDIATRICS	HALES MD,ERIKA R	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2000	PALMETTO PEDIATRICS	HANSEN MD,DOUGLAS B	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2000	PIEDMONT GYNOB ROCK HILL	BALE MD,C STEPHEN	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2000	PIEDMONT GYNOB ROCK HILL	BARKLEY MD,DAVID A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2000	PIEDMONT GYNOB ROCK HILL	BRDOK CNM,SAGE	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2000	PIEDMONT GYNOB ROCK HILL	DEMCHAK MD,SUSAN M	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2000	PIEDMONT GYNOB ROCK HILL	FLOYD CNM,JANET A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2000	PIEDMONT GYNOB ROCK HILL	FOX MD,TAMARA B	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2000	PIEDMONT GYNOB ROCK HILL	GARCIA MD,TEO	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2000	PIEDMONT GYNOB ROCK HILL	HAYES CNM,TINA J	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2000	PIEDMONT GYNOB ROCK HILL	LOWDER MD,LAURA H	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2000	PIEDMONT GYNOB ROCK HILL	NORTHCUTT MD,HUGH N	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2000	PIEDMONT GYNOB ROCK HILL	PHILLIPS MD,JOHN G	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2000	PIEDMONT GYNOB ROCK HILL	PILLAI MD,PRIYA B	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2000	PIEDMONT GYNOB ROCK HILL	PPIGO,LAB	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2000	PIEDMONT GYNOB ROCK HILL	PPIGO,NURSE	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2000	PIEDMONT GYNOB ROCK HILL	PPIGO,ULTRASOUND	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2000	PIEDMONT GYNOB ROCK HILL	PPIGO,ULTRASOUND2	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2000	PIEDMONT GYNOB ROCK HILL	REVELL MD,WILLIAM S	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2000	PIEDMONT GYNOB ROCK HILL	ROBERTSON CNM,NANCY C	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2000	PIEDMONT GYNOB ROCK HILL	TERMIN MD,CHARLES S	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2000	PIEDMONT GYNOB ROCK HILL	WARD CNM,GANNON	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2000	ROCK HILL PEDIATRIC ASSOCIATES	ALEXANDER MD,ROBERT M	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2000	ROCK HILL PEDIATRIC ASSOCIATES	COOK JR MD,DEXTER L	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2000	ROCK HILL PEDIATRIC ASSOCIATES	EDWARDS MD,MARTHA M	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2000	ROCK HILL PEDIATRIC ASSOCIATES	GOODBAR MD,ROBERT C	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2000	ROCK HILL PEDIATRIC ASSOCIATES	HARTIGAN NP,ELSIE	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2000	ROCK HILL PEDIATRIC ASSOCIATES	LINDSAY MD,NKITA WILLIAMS	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2000	ROCK HILL PEDIATRIC ASSOCIATES	MCCASKILL MD,QUIMBY E	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2000	ROCK HILL PEDIATRIC ASSOCIATES	OREHEK CPNP,BRIDGETTE	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2000	ROCK HILL PEDIATRIC ASSOCIATES	OSTERBERG MD,HATTINA	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2000	ROCK HILL PEDIATRIC ASSOCIATES	START MD,SUSAN J	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2000	ROCK HILL PEDIATRIC ASSOCIATES	THREATT MD,DEANNA R	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2000	ROCK HILL PEDIATRIC ASSOCIATES	TONKOWICZ MD,PATRICIA A	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2000	ROCK HILL PEDIATRIC FORT MILL	ALEXANDER MD,ROBERT M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2000	ROCK HILL PEDIATRIC FORT MILL	COOK JR MD,DEXTER L	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2000	ROCK HILL PEDIATRIC FORT MILL	EDWARDS MD,MARTHA M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2000	ROCK HILL PEDIATRIC FORT MILL	GOODBAR MD,ROBERT C	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2000	ROCK HILL PEDIATRIC FORT MILL	HARTIGAN NP,ELSIE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2000	ROCK HILL PEDIATRIC FORT MILL	LINDSAY MD,NKITA WILLIAMS	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2000	ROCK HILL PEDIATRIC FORT MILL	MCCASKILL MD,QUIMBY E	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2000	ROCK HILL PEDIATRIC FORT MILL	OREHEK CPNP,BRIDGETTE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2000	ROCK HILL PEDIATRIC FORT MILL	OSTERBERG MD,HATTINA	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2000	ROCK HILL PEDIATRIC FORT MILL	START MD,SUSAN J	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2000	ROCK HILL PEDIATRIC FORT MILL	TONKOWICZ MD,PATRICIA A	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2000	SANGER ACARD FORT MILL	EDWARDS MD,NATHANIEL C	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715
2000	SANGER ACARD FORT MILL	HAYNIE MD,JUSTIN F	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715
2000	SANGER ACARD FORT MILL	HICKLIN III MD,HARRY E	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715
2000	SANGER ACARD FORT MILL	JOHNSON MD,THOMAS V	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715
2000	SANGER ACARD FORT MILL	MUSIALOWSKI JR MD,RICHARD S	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715
2000	SANGER ACARD FORT MILL	RINALDI MD,MICHAEL J	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715
2000	SANGER ACARD ROCK HILL	BOX PA,DIANNE M	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2000	SANGER ACARD ROCK HILL	EDWARDS MD,NATHANIEL C	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2000	SANGER ACARD ROCK HILL	HAYNIE MD,JUSTIN F	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2000	SANGER ACARD ROCK HILL	HICKLIN III MD,HARRY E	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2000	SANGER ACARD ROCK HILL	JOHNSON MD,THOMAS V	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2000	SANGER ACARD ROCK HILL	MORAN NP,ALICE F	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2000	SANGER ACARD ROCK HILL	MUSIALOWSKI JR MD,RICHARD S	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2000	SANGER ACARD ROCK HILL	PATTERSON PA,RICHARD E	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2000	SANGER ACARD ROCK HILL	ROUSH MD,TIMOTHY S	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2000	SANGER ROCK HILL PEDS CARDIO	HERLONG MD,JAMES R	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2000	SANGER ROCK HILL PEDS CARDIO	RIOPEL MD,DONALD A	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2000	SANGER ROCK HILL PEDS CARDIO	SUZ JR MD,NICHOLAS B	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2000	SHILAND FAMILY FORT MILL	PARNELL FNP,PAULA B	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715

2009 SHLAND FAMILY FORT MILL	POPE MD,BRIAN D	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715
2009 SHLAND FAMILY FORT MILL	TRUESDALE MD,DORENDA G	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715
2009 SHLAND FAMILY MEDICINE	ANAHOPURA MD,PARAG S	2833 CELANESE ROAD		ROCK HILL	SC	29732
2009 SHLAND FAMILY MEDICINE	BARRON MD,GEORGE T	2833 CELANESE ROAD		ROCK HILL	SC	29732
2009 SHLAND FAMILY MEDICINE	BECKER PA,ROBALINO V	2833 CELANESE ROAD		ROCK HILL	SC	29732
2009 SHLAND FAMILY MEDICINE	BOWERS PA,HEATHER	2833 CELANESE ROAD		ROCK HILL	SC	29732
2009 SHLAND FAMILY MEDICINE	CURRAN MD,MICHAEL M	2833 CELANESE ROAD		ROCK HILL	SC	29732
2009 SHLAND FAMILY MEDICINE	FULMER MD,ROBERT V	2833 CELANESE ROAD		ROCK HILL	SC	29732
2009 SHLAND FAMILY MEDICINE	JACKSON MD,WILLIAM A	2833 CELANESE ROAD		ROCK HILL	SC	29732
2009 SHLAND FAMILY MEDICINE	MARTIN MD,STEPHEN R	2833 CELANESE ROAD		ROCK HILL	SC	29732
2009 SHLAND FAMILY MEDICINE	PARNELL FNP,PAIR A B	2833 CELANESE ROAD		ROCK HILL	SC	29732
2009 SHLAND FAMILY MEDICINE	PENNINGTON MD,AMANDA M	2833 CELANESE ROAD		ROCK HILL	SC	29732
2009 SHLAND FAMILY MEDICINE	POPE MD,BRIAN D	2833 CELANESE ROAD		ROCK HILL	SC	29732
2009 SHLAND FAMILY MEDICINE	SAMPLE MD,JERRY J	2833 CELANESE ROAD		ROCK HILL	SC	29732
2009 SHLAND FAMILY MEDICINE	SICK MD,BRANDON R	2833 CELANESE ROAD		ROCK HILL	SC	29732
2009 SHLAND FAMILY MEDICINE	TRUESDALE MD,DORENDA G	2833 CELANESE ROAD		ROCK HILL	SC	29732
2010 CAROLINA CANCER SPECIALISTS	HIX MD,DAVID S	225 S HERLONG AVENUE	SUITE 201	ROCK HILL	SC	29732
2010 CAROLINA CANCER SPECIALISTS	SINCLAIR MD,PAMELA R	225 S HERLONG AVENUE	SUITE 201	ROCK HILL	SC	29732
2010 CHC URGENT CARE FORT MILL	ALLGOOD MD,SARA E	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2010 CHC URGENT CARE FORT MILL	ANDULO MD,LOUIE A	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2010 CHC URGENT CARE FORT MILL	COLMENARES MD,GUSTAVO A	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2010 CHC URGENT CARE FORT MILL	DANI MD,NIPA	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2010 CHC URGENT CARE FORT MILL	HERNANDEZ MD,LYNN J	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2010 CHC URGENT CARE FORT MILL	HILLMAN DO,JASON PAUL	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2010 CHC URGENT CARE FORT MILL	KOEWLER MD,THOMAS J	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2010 CHC URGENT CARE FORT MILL	MCCUTCHEN DO,JEFFREY R	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2010 CHC URGENT CARE FORT MILL	RICHARDS MD,MICHAEL D	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2010 CHC URGENT CARE FORT MILL	SNYDER MD,THOMAS J	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2010 CHC URGENT CARE FORT MILL	VERMA MD,ANURADHA	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2010 CHC URGENT CARE FORT MILL	VON KLAR MD,JOHN L	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2010 CHC URGENT CARE FORT MILL	WASHINGTON MD,EDWARD M	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2010 MEDICAL ASSOCIATES FORT MILL	BELLANFONTE MD,LISA	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2010 MEDICAL ASSOCIATES FORT MILL	MCMAHON MD,SANDRA E	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2010 MEDICAL ASSOCIATES FORT MILL	MILLER MD,FRED H	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2010 MEDICAL ASSOCIATES FORT MILL	NETZLER MD,CLIFFORD K	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2010 MEDICAL ASSOCIATES FORT MILL	WEBER MD,KARL	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2010 MEDICAL ASSOCIATES ROCK HILL	BELLANFONTE MD,LISA	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2010 MEDICAL ASSOCIATES ROCK HILL	MCMAHON MD,SANDRA E	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2010 MEDICAL ASSOCIATES ROCK HILL	MILLER MD,FRED H	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2010 MEDICAL ASSOCIATES ROCK HILL	NETZLER MD,CLIFFORD K	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2010 MEDICAL ASSOCIATES ROCK HILL	WEBER MD,KARL	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2010 PALMETTO PEDIATRICS	BAKER NP,WENDY	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2010 PALMETTO PEDIATRICS	BUI MD,HONG	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2010 PALMETTO PEDIATRICS	COPPLE MD,HAL E	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2010 PALMETTO PEDIATRICS	HANSEN MD,DOUGLAS B	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2010 PIEDMONT GYNOB ROCK HILL	BALE MD,C STEPHEN	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2010 PIEDMONT GYNOB ROCK HILL	BARKLEY MD,DAVID A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2010 PIEDMONT GYNOB ROCK HILL	BROOK CNM,SAGE	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2010 PIEDMONT GYNOB ROCK HILL	DEMCHAK MD,SUSAN M	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2010 PIEDMONT GYNOB ROCK HILL	FLOYD CNM,JANEY A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2010 PIEDMONT GYNOB ROCK HILL	FOX MD,TAMARA B	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2010 PIEDMONT GYNOB ROCK HILL	GARCIA MD,TED	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2010 PIEDMONT GYNOB ROCK HILL	HAYES CNM,TINA J	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2010 PIEDMONT GYNOB ROCK HILL	LOWDER MD,LAURA H	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2010 PIEDMONT GYNOB ROCK HILL	MACK CNM,JESSICA S	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2010 PIEDMONT GYNOB ROCK HILL	NORTHCUTT MD,HUGH N	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2010 PIEDMONT GYNOB ROCK HILL	PHILLIPS MD,JOHN G	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2010 PIEDMONT GYNOB ROCK HILL	PILLAI MD,PRIYA B	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2010 PIEDMONT GYNOB ROCK HILL	PPIGO,LAB	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2010 PIEDMONT GYNOB ROCK HILL	PPIGO,NURSE	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2010 PIEDMONT GYNOB ROCK HILL	PPIGO,ULTRASOUND	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2010 PIEDMONT GYNOB ROCK HILL	REVELL MD,WILLIAM S	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2010 PIEDMONT GYNOB ROCK HILL	ROBERTSON CNM,NANCY C	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2010 ROCK HILL PEDIATRIC ASSOCIATES	ALEXANDER MD,ROBERT M	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2010 ROCK HILL PEDIATRIC ASSOCIATES	COOK JR MD,DEXTER L	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2010 ROCK HILL PEDIATRIC ASSOCIATES	EDWARDS MD,MARTHA N	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2010 ROCK HILL PEDIATRIC ASSOCIATES	GOODBAR MD,ROBERT C	1601 EBENEZER ROAD		ROCK HILL	SC	29732

2010 ROCK HILL PEDIATRIC ASSOCIATES	HARTIGAN NP,ELSIE	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2010 ROCK HILL PEDIATRIC ASSOCIATES	LINDSAY MD,NIKITA WILLIAMS	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2010 ROCK HILL PEDIATRIC ASSOCIATES	MCCASKILL MD,QUIMBY E	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2010 ROCK HILL PEDIATRIC ASSOCIATES	OREHEK CPNP,BRIDGETTE	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2010 ROCK HILL PEDIATRIC ASSOCIATES	OSTERBERG MD,HATTINA	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2010 ROCK HILL PEDIATRIC ASSOCIATES	START MD,SUSAN J	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2010 ROCK HILL PEDIATRIC ASSOCIATES	SUPER MD,ELIZABETH ANNE	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2010 ROCK HILL PEDIATRIC ASSOCIATES	TONKOWICZ MD,PATRICIA A	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2010 ROCK HILL PEDIATRIC FORT MILL	ALEXANDER MD,ROBERT M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2010 ROCK HILL PEDIATRIC FORT MILL	COOK JR MD,DEXTER L	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2010 ROCK HILL PEDIATRIC FORT MILL	GOODBAR MD,ROBERT C	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2010 ROCK HILL PEDIATRIC FORT MILL	HARTIGAN NP,ELSIE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2010 ROCK HILL PEDIATRIC FORT MILL	LINDSAY MD,NIKITA WILLIAMS	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2010 ROCK HILL PEDIATRIC FORT MILL	MCCASKILL MD,QUIMBY E	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2010 ROCK HILL PEDIATRIC FORT MILL	OREHEK CPNP,BRIDGETTE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2010 ROCK HILL PEDIATRIC FORT MILL	OSTERBERG MD,HATTINA	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2010 ROCK HILL PEDIATRIC FORT MILL	SUPER MD,ELIZABETH ANNE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2010 ROCK HILL PEDIATRIC FORT MILL	TONKOWICZ MD,PATRICIA A	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2010 SANGER ACARD FORT MILL	EDWARDS MD,NATHANIEL C	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715
2010 SANGER ACARD FORT MILL	HAYNIE MD,JUSTIN F	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715
2010 SANGER ACARD FORT MILL	HICKLIN III MD,HARRY E	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715
2010 SANGER ACARD FORT MILL	JOHNSON MD,THOMAS Y.	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715
2010 SANGER ACARD FORT MILL	MUSIALOWSKI JR MD,RICHARD S	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715
2010 SANGER ACARD ROCK HILL	BOIK PA,DIANNE M	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2010 SANGER ACARD ROCK HILL	EDWARDS MD,NATHANIEL C	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2010 SANGER ACARD ROCK HILL	HAYNIE MD,JUSTIN F	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2010 SANGER ACARD ROCK HILL	HICKLIN III MD,HARRY E	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2010 SANGER ACARD ROCK HILL	JOHNSON MD,THOMAS Y	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2010 SANGER ACARD ROCK HILL	MORAN NP,ALICE F	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2010 SANGER ACARD ROCK HILL	MUSIALOWSKI JR MD,RICHARD S	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2010 SANGER ROCK HILL PEDS CARDIO	HERLONG MD,JAMES R	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2010 SANGER ROCK HILL PEDS CARDIO	RIOPEL MD,DONALD A	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2010 SANGER ROCK HILL PEDS CARDIO	SLIZ JR MD,NICHOLAS B	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2010 SHI AND FAMILY FORT MILL	PARNELL FNP,PAULA B	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715
2010 SHI AND FAMILY FORT MILL	POPE MD,BRIAN O	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715
2010 SHILAND FAMILY FORT MILL	SAMPLE MD,JERRY J	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715
2010 SHILAND FAMILY FORT MILL	TRUESDALE MD,DORENDA G	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715
2010 SHILAND FAMILY FORT MILL	WARD MD,JOYCE C	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715
2010 SHILAND FAMILY MEDICINE	ANANDPURA MD,PARAG S	2633 CELANESE ROAD		ROCK HILL	SC	29732
2010 SHILAND FAMILY MEDICINE	BARRON MD,GEORGE T	2633 CELANESE ROAD		ROCK HILL	SC	29732
2010 SHILAND FAMILY MEDICINE	BECKER PA,ROSALIND V	2633 CELANESE ROAD		ROCK HILL	SC	29732
2010 SHILAND FAMILY MEDICINE	CURRAN MD,MICHAEL M	2633 CELANESE ROAD		ROCK HILL	SC	29732
2010 SHILAND FAMILY MEDICINE	FULMER MD,ROBERT V	2633 CELANESE ROAD		ROCK HILL	SC	29732
2010 SHILAND FAMILY MEDICINE	JACKSON MD,WILLIAM A	2633 CELANESE ROAD		ROCK HILL	SC	29732
2010 SHILAND FAMILY MEDICINE	MARTIN MD,STEPHEN R	2633 CELANESE ROAD		ROCK HILL	SC	29732
2010 SHILAND FAMILY MEDICINE	PARNELL FNP,PAULA B	2633 CELANESE ROAD		ROCK HILL	SC	29732
2010 SHILAND FAMILY MEDICINE	PENNINGTON MD,AMANDA M	2633 CELANESE ROAD		ROCK HILL	SC	29732
2010 SHILAND FAMILY MEDICINE	POPE MD,BRIAN O	2633 CELANESE ROAD		ROCK HILL	SC	29732
2010 SHILAND FAMILY MEDICINE	SAMPLE MD,JERRY J	2633 CELANESE ROAD		ROCK HILL	SC	29732
2010 SHILAND FAMILY MEDICINE	SICK MD,BRANDON R	2633 CELANESE ROAD		ROCK HILL	SC	29732
2010 SHILAND FAMILY MEDICINE	SIMPSON NP,JILL E	2633 CELANESE ROAD		ROCK HILL	SC	29732
2010 SHILAND FAMILY MEDICINE	TRUESDALE MD,DORENDA G	2633 CELANESE ROAD		ROCK HILL	SC	29732
2010 SHILAND FAMILY MEDICINE	WARD MD,JOYCE C	2633 CELANESE ROAD		ROCK HILL	SC	29732
2011 CAROLINA CANCER SPECIALISTS	NIX MD,DAVID S	225 S HERLONG AVENUE	SUITE 201	ROCK HILL	SC	29732
2011 CAROLINA CANCER SPECIALISTS	SINCLAIR MD,PAMELA R	225 S HERLONG AVENUE	SUITE 201	ROCK HILL	SC	29732
2011 CHC URGENT CARE FORT MILL	ANQUILO MD,LOUIE A	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2011 CHC URGENT CARE FORT MILL	AROELEAN PA,RHONDA SUE	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2011 CHC URGENT CARE FORT MILL	COLMENARES MD,GUSTAVO A	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2011 CHC URGENT CARE FORT MILL	DANI MD,NPA	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2011 CHC URGENT CARE FORT MILL	HERNANDEZ MD,LYNN J	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2011 CHC URGENT CARE FORT MILL	HILDEBRAND MD,HARTWELL	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2011 CHC URGENT CARE FORT MILL	HILLMAN DO,JASON PAUL	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2011 CHC URGENT CARE FORT MILL	KOEWLER MD,THOMAS J	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2011 CHC URGENT CARE FORT MILL	MCCUTCHEON DO,JEFFREY R	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2011 CHC URGENT CARE FORT MILL	RICHARDS MD,MICHAEL D	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2011 CHC URGENT CARE FORT MILL	SNYDER MD,THOMAS J	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2011 CHC URGENT CARE FORT MILL	VERMA MD,ANURADHA	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715

2011 CHC URGENT CARE FORT MILL	VON KLAR MD,JOHN L	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2011 CHC URGENT CARE FORT MILL	WASHINGTON MD,EDWARD M	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2011 MEDICAL ASSOCIATES FORT MILL	BELLANFONTE MD,LISA	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2011 MEDICAL ASSOCIATES FORT MILL	MCMAHON MD,SANDRA E	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2011 MEDICAL ASSOCIATES FORT MILL	MILLER MD,FRED H	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2011 MEDICAL ASSOCIATES FORT MILL	NETZLER MD,CLIFFORD K	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2011 MEDICAL ASSOCIATES FORT MILL	WEBER MD,KARL	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2011 MEDICAL ASSOCIATES ROCK HILL	BELLANFONTE MD,LISA	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2011 MEDICAL ASSOCIATES ROCK HILL	MCMAHON MD,SANDRA E	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2011 MEDICAL ASSOCIATES ROCK HILL	MILLER MD,FRED H	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2011 MEDICAL ASSOCIATES ROCK HILL	NETZLER MD,CLIFFORD K	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2011 MEDICAL ASSOCIATES ROCK HILL	WEBER MD,KARL	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2011 PALMETTO PEDIATRICS	BAKER NP,WENDY	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2011 PALMETTO PEDIATRICS	BROWN NP,SARAH W	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2011 PALMETTO PEDIATRICS	BUI MD,HONG	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2011 PALMETTO PEDIATRICS	COPPLE MD,HAL E	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2011 PALMETTO PEDIATRICS	HANSEN MD,DOUGLAS B	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2011 PIEDMONT GYNOB ROCK HILL	BALE MD,C STEPHEN	200 SHERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2011 PIEDMONT GYNOB ROCK HILL	BARKLEY MD,DAVID A	200 SHERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2011 PIEDMONT GYNOB ROCK HILL	BROOK CNM,SAGE	200 SHERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2011 PIEDMONT GYNOB ROCK HILL	DEMCHAK MD,SUSAN M	200 SHERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2011 PIEDMONT GYNOB ROCK HILL	FLOYD CNM,JANET A	200 SHERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2011 PIEDMONT GYNOB ROCK HILL	FOX MD,TAMARA B	200 SHERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2011 PIEDMONT GYNOB ROCK HILL	GARCIA MD,FED	200 SHERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2011 PIEDMONT GYNOB ROCK HILL	HAYES CNM,TINA J	200 SHERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2011 PIEDMONT GYNOB ROCK HILL	LOWDER MD,LAURA H	200 SHERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2011 PIEDMONT GYNOB ROCK HILL	MACK CNM,JESSICA B	200 SHERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2011 PIEDMONT GYNOB ROCK HILL	NONA CNM,LISA H	200 SHERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2011 PIEDMONT GYNOB ROCK HILL	NORTHCUTT MD,HUGH N	200 SHERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2011 PIEDMONT GYNOB ROCK HILL	PHILLIPS MD,JOHN G	200 SHERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2011 PIEDMONT GYNOB ROCK HILL	PILLAI MD,PRIYA B	200 SHERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2011 PIEDMONT GYNOB ROCK HILL	PPIGO,LAB	200 SHERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2011 PIEDMONT GYNOB ROCK HILL	PPIGO,NURSE	200 SHERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2011 PIEDMONT GYNOB ROCK HILL	PPIGO,ULTRASOUND	200 SHERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2011 PIEDMONT GYNOB ROCK HILL	REVELL MD,WILLIAM S	200 SHERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2011 PIEDMONT GYNOB ROCK HILL	ROBERTSON CNM,NANCY C	200 SHERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2011 ROCK HILL PEDIATRIC ASSOCIATES	ALEXANDER MD,ROBERT M	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2011 ROCK HILL PEDIATRIC ASSOCIATES	COOK JR MD,DEXTER L	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2011 ROCK HILL PEDIATRIC ASSOCIATES	DAVIS MD,CRAIG CARLTON	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2011 ROCK HILL PEDIATRIC ASSOCIATES	EDWARDS MD,MARTHA M	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2011 ROCK HILL PEDIATRIC ASSOCIATES	GOODBAR MD,ROBERT C	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2011 ROCK HILL PEDIATRIC ASSOCIATES	HARTIGAN NP,ELSIE	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2011 ROCK HILL PEDIATRIC ASSOCIATES	LINDSAY MD,NIKITA WILLIAMS	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2011 ROCK HILL PEDIATRIC ASSOCIATES	MCCASKILL MD,QUIMBY E	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2011 ROCK HILL PEDIATRIC ASSOCIATES	OREMEK CPNP,BRIDGETTE	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2011 ROCK HILL PEDIATRIC ASSOCIATES	OSTERBERG MD,HATTINA	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2011 ROCK HILL PEDIATRIC ASSOCIATES	START MD,SUSAN J	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2011 ROCK HILL PEDIATRIC ASSOCIATES	SUPER MD,ELIZABETH ANNE	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2011 ROCK HILL PEDIATRIC ASSOCIATES	TONKOWICZ MD,PATRICIA A	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2011 ROCK HILL PEDIATRIC FORT MILL	ALEXANDER MD,ROBERT M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2011 ROCK HILL PEDIATRIC FORT MILL	COOK JR MD,DEXTER L	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2011 ROCK HILL PEDIATRIC FORT MILL	DAVIS MD,CRAIG CARLTON	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2011 ROCK HILL PEDIATRIC FORT MILL	GOODBAR MD,ROBERT C	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2011 ROCK HILL PEDIATRIC FORT MILL	HARTIGAN NP,ELSIE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2011 ROCK HILL PEDIATRIC FORT MILL	LINDSAY MD,NIKITA WILLIAMS	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2011 ROCK HILL PEDIATRIC FORT MILL	MCCASKILL MD,QUIMBY E	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2011 ROCK HILL PEDIATRIC FORT MILL	OREMEK CPNP,BRIDGETTE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2011 ROCK HILL PEDIATRIC FORT MILL	OSTERBERG MD,HATTINA	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2011 ROCK HILL PEDIATRIC FORT MILL	SUPER MD,ELIZABETH ANNE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2011 ROCK HILL PEDIATRIC FORT MILL	TONKOWICZ MD,PATRICIA A	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2011 SANGER ACARD FORT MILL	EDWARDS MD,NATHANIEL C	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715
2011 SANGER ACARD FORT MILL	HAYNIE MD,JUSTIN F	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715
2011 SANGER ACARD FORT MILL	JOHNSON MD,THOMAS V	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715
2011 SANGER ACARD FORT MILL	MUSIALOWSKI JR MD,RICHARD S	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715
2011 SANGER ACARD ROCK HILL	BOIK PA,DIANNE M	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2011 SANGER ACARD ROCK HILL	EDWARDS MD,NATHANIEL C	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2011 SANGER ACARD ROCK HILL	HAYNIE MD,JUSTIN F	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732

2011 SANGER ACARD ROCK HILL	JOHNSON MD,THOMAS V	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2011 SANGER ACARD ROCK HILL	MEHTA MD,ROHIT	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2011 SANGER ACARD ROCK HILL	MORAN NP,ALICE F	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2011 SANGER ACARD ROCK HILL	MUSIALOWSKI JR MD,RICHARD S	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2011 SANGER ROCK HILL PEDS CARDIO	HERLONG MD,JAMES R	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2011 SANGER ROCK HILL PEDS CARDIO	RIOPEL MD,DONALD A	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2011 SANGER ROCK HILL PEDS CARDIO	SLIZ JR MD,NICHOLAS B	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2011 SHILAND FAMILY FORT MILL	POPE MD,BRIAN O	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715
2011 SHILAND FAMILY FORT MILL	TRUESDALE MD,DORENDA G	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715
2011 SHILAND FAMILY FORT MILL	WARD MD,JOYCE C	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715
2011 SHILAND FAMILY MEDICINE	ANANDPURA MD,PARAG B	2833 CELANESE ROAD		ROCK HILL	SC	29732
2011 SHILAND FAMILY MEDICINE	BARRON MD,GEORGE T	2833 CELANESE ROAD		ROCK HILL	SC	29732
2011 SHILAND FAMILY MEDICINE	BECKER PA,ROSALIND V	2833 CELANESE ROAD		ROCK HILL	SC	29732
2011 SHILAND FAMILY MEDICINE	CURRAN MD,MICHAEL M	2833 CELANESE ROAD		ROCK HILL	SC	29732
2011 SHILAND FAMILY MEDICINE	FULMER MD,ROBERT V	2833 CELANESE ROAD		ROCK HILL	SC	29732
2011 SHILAND FAMILY MEDICINE	JACKSON MD,WILLIAM A	2833 CELANESE ROAD		ROCK HILL	SC	29732
2011 SHILAND FAMILY MEDICINE	MARTIN MD,STEPHEN R	2833 CELANESE ROAD		ROCK HILL	SC	29732
2011 SHILAND FAMILY MEDICINE	PENNINGTON MD,AMANDA M	2833 CELANESE ROAD		ROCK HILL	SC	29732
2011 SHILAND FAMILY MEDICINE	SAMPLE MD,JERRY J	2833 CELANESE ROAD		ROCK HILL	SC	29732
2011 SHILAND FAMILY MEDICINE	SICK MD,BRANDON R	2833 CELANESE ROAD		ROCK HILL	SC	29732
2011 SHILAND FAMILY MEDICINE	SIMPSON NP,JILL E	2833 CELANESE ROAD		ROCK HILL	SC	29732
2011 SHILAND FAMILY MEDICINE	TRUESDALE MD,DORENDA G	2833 CELANESE ROAD		ROCK HILL	SC	29732
2012 CAROLINA CANCER SPECIALISTS	NIX MD,DAVID S	275 S HERLONG AVENUE	SUITE 201	ROCK HILL	SC	29732
2012 CAROLINA CANCER SPECIALISTS	SINCLAIR MD,PAMELA R	275 S HERLONG AVENUE	SUITE 201	ROCK HILL	SC	29732
2012 CHC URGENT CARE FORT MILL	ALLGOOD MD,SARA E	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2012 CHC URGENT CARE FORT MILL	ANJOURLO MD,LOUIE A	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2012 CHC URGENT CARE FORT MILL	ARDELEAN PA,RHONDA SUE	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2012 CHC URGENT CARE FORT MILL	BOEGGMAN NP,KELLIE L	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2012 CHC URGENT CARE FORT MILL	COLMENARES MD,GUSTAVO A	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2012 CHC URGENT CARE FORT MILL	FARMER NP,BRANDY L	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2012 CHC URGENT CARE FORT MILL	HILDEBRAND MD,HARTWELL	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2012 CHC URGENT CARE FORT MILL	HILLMAN DO,JASON PAUL	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2012 CHC URGENT CARE FORT MILL	KOEHLER MD,THOMAS J	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2012 CHC URGENT CARE FORT MILL	MCCUTCHEN DO,JEFFREY R	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2012 CHC URGENT CARE FORT MILL	RICHARDS MD,MICHAEL D	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2012 CHC URGENT CARE FORT MILL	SNYDER MD,THOMAS J	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2012 CHC URGENT CARE FORT MILL	VERMA MD,ANURADHA	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2012 CHC URGENT CARE FORT MILL	WASHINGTON MD,EDWARD H	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715
2012 MACLEAN POWER	MACLEAN POWER,PROVIDER	2001 PARK PLACE ROAD		YORK	SC	29745
2012 MEDICAL ASSOCIATES FORT MILL	BELLANFONTE MD,LISA	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2012 MEDICAL ASSOCIATES FORT MILL	MCMAHON MD,SANDRA E	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2012 MEDICAL ASSOCIATES FORT MILL	MILLER MD,FRED H	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2012 MEDICAL ASSOCIATES FORT MILL	NETZLER MD,CLIFFORD K	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2012 MEDICAL ASSOCIATES FORT MILL	WEBER MD,KARL	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715
2012 MEDICAL ASSOCIATES ROCK HILL	BELLANFONTE MD,LISA	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2012 MEDICAL ASSOCIATES ROCK HILL	MCMAHON MD,SANDRA E	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2012 MEDICAL ASSOCIATES ROCK HILL	MILLER MD,FRED H	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2012 MEDICAL ASSOCIATES ROCK HILL	NETZLER MD,CLIFFORD K	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2012 MEDICAL ASSOCIATES ROCK HILL	WEBER MD,KARL	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732
2012 PALMETTO PEDIATRICS	BAKER NP,WENDY	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2012 PALMETTO PEDIATRICS	BROWN NP,SARAH W	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2012 PALMETTO PEDIATRICS	BUI MD,HONG	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2012 PALMETTO PEDIATRICS	COPPLE MD,HAL E	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2012 PALMETTO PEDIATRICS	HANSEN MD,DOUGLAS B	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732
2012 PIEDMONT GYNOB ROCK HILL	BALE MD,C STEPHEN	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2012 PIEDMONT GYNOB ROCK HILL	BARKLEY MD,DAVID A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2012 PIEDMONT GYNOB ROCK HILL	BROOK CNM,SAGE	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2012 PIEDMONT GYNOB ROCK HILL	DEMCHAK MD,SUSAN M	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2012 PIEDMONT GYNOB ROCK HILL	FLOYD CNM,JANET A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2012 PIEDMONT GYNOB ROCK HILL	FOX MD,TAMARA B	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2012 PIEDMONT GYNOB ROCK HILL	GARCIA MD,TED	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2012 PIEDMONT GYNOB ROCK HILL	HAYES CNM,TINA J	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2012 PIEDMONT GYNOB ROCK HILL	LOVIDER MD,LAURA H	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2012 PIEDMONT GYNOB ROCK HILL	MACK CNM,JESSICA S	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2012 PIEDMONT GYNOB ROCK HILL	NONA CNM,LISA H	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2012 PIEDMONT GYNOB ROCK HILL	NORTHCUTT MD,HUGH H	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2012 PIEDMONT GYNOB ROCK HILL	PHILLIPS MD,JOHN G	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732

2012 PIEDMONT GYNOB ROCK HILL	PILLAI MD,PRIYA B	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2012 PIEDMONT GYNOB ROCK HILL	PFIGO,LAB	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2012 PIEDMONT GYNOB ROCK HILL	PFIGO,NURSE	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2012 PIEDMONT GYNOB ROCK HILL	PFIGO,ULTRASOUND	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2012 PIEDMONT GYNOB ROCK HILL	REVELL MD,WILLIAM S	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2012 PIEDMONT GYNOB ROCK HILL	ROBERTSON CNM,NANCY C	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732
2012 ROCK HILL PEDIATRIC ASSOCIATES	ALEXANDER MD,ROBERT M	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2012 ROCK HILL PEDIATRIC ASSOCIATES	COOK JR MD,DEXTER L	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2012 ROCK HILL PEDIATRIC ASSOCIATES	DAVIS MD,CRAIG CARLTON	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2012 ROCK HILL PEDIATRIC ASSOCIATES	EDWARDS MD,MARTHA M	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2012 ROCK HILL PEDIATRIC ASSOCIATES	GOODDAR MD,ROBERT C	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2012 ROCK HILL PEDIATRIC ASSOCIATES	HARRIS NP,SANDRA	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2012 ROCK HILL PEDIATRIC ASSOCIATES	HARTIGAN NP,ELSIE	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2012 ROCK HILL PEDIATRIC ASSOCIATES	LINDSAY MD,NIKITA WILLIAMS	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2012 ROCK HILL PEDIATRIC ASSOCIATES	MCCASKILL MD,QUIMBY E	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2012 ROCK HILL PEDIATRIC ASSOCIATES	ORENEK CPNP,BRIDGETTE	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2012 ROCK HILL PEDIATRIC ASSOCIATES	OSTERBERG MD,HATTINA	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2012 ROCK HILL PEDIATRIC ASSOCIATES	START MD,SUSAN J	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2012 ROCK HILL PEDIATRIC ASSOCIATES	SUPER MD,ELIZABETH ANNE	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2012 ROCK HILL PEDIATRIC ASSOCIATES	TONKOWICZ MD,PATRICIA A	1601 EBENEZER ROAD		ROCK HILL	SC	29732
2012 ROCK HILL PEDIATRIC FORT MILL	ALEXANDER MD,ROBERT M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2012 ROCK HILL PEDIATRIC FORT MILL	COOK JR MD,DEXTER L	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2012 ROCK HILL PEDIATRIC FORT MILL	DAVIS MD,CRAIG CARLTON	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2012 ROCK HILL PEDIATRIC FORT MILL	EDWARDS MD,MARTHA M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2012 ROCK HILL PEDIATRIC FORT MILL	GOODDAR MD,ROBERT C	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2012 ROCK HILL PEDIATRIC FORT MILL	HARRIS NP,SANDRA	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2012 ROCK HILL PEDIATRIC FORT MILL	HARTIGAN NP,ELSIE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2012 ROCK HILL PEDIATRIC FORT MILL	LINDSAY MD,NIKITA WILLIAMS	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2012 ROCK HILL PEDIATRIC FORT MILL	MCCASKILL MD,QUIMBY E	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2012 ROCK HILL PEDIATRIC FORT MILL	ORENEK CPNP,BRIDGETTE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2012 ROCK HILL PEDIATRIC FORT MILL	OSTERBERG MD,HATTINA	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2012 ROCK HILL PEDIATRIC FORT MILL	SUPER MD,ELIZABETH ANNE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2012 ROCK HILL PEDIATRIC FORT MILL	TONKOWICZ MD,PATRICIA A	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715
2012 SANGER ACARD FORT MILL	EDWARDS MD,NATHANIEL C	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715
2012 SANGER ACARD FORT MILL	JOHNSON MD,THOMAS V	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715
2012 SANGER ACARD FORT MILL	MUSIALOWSKI JR MD,RICHARD S	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715
2012 SANGER ACARD FORT MILL	SHUGOLL MD,RICHARD A	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715
2012 SANGER ACARD ROCK HILL	BOX PA,DANNIE M	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2012 SANGER ACARD ROCK HILL	EDWARDS MD,NATHANIEL C	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2012 SANGER ACARD ROCK HILL	HAYNIE MD,JUSTIN F	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2012 SANGER ACARD ROCK HILL	JOHNSON MD,THOMAS V	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2012 SANGER ACARD ROCK HILL	MEHTA MD,ROHIT	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2012 SANGER ACARD ROCK HILL	MUSIALOWSKI JR MD,RICHARD S	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2012 SANGER ROCK HILL PEDS CARDIO	RIOPEL MD,DONALD A	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2012 SANGER ROCK HILL PEDS CARDIO	SLIZ JR MD,NICHOLAS B	107 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732
2012 SHLAND FAMILY FORT MILL	HATCHELL MD,JEFFREY FULTON	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715
2012 SHLAND FAMILY FORT MILL	NOBLES PA,MICHELLE B	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715
2012 SHLAND FAMILY FORT MILL	PENNINGTON MD,AMANDA M	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715
2012 SHLAND FAMILY FORT MILL	POPE MD,BRIAN O	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715
2012 SHLAND FAMILY FORT MILL	TRUESDALE MD,DORENDA G	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715
2012 SHLAND FAMILY FORT MILL	WARD MD,JOYCE C	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715
2012 SHLAND FAMILY MEDICINE	ANANDPURA MD,PARAG B	2833 CELANESE ROAD		ROCK HILL	SC	29732
2012 SHLAND FAMILY MEDICINE	BARRON MD,GEORGE T	2833 CELANESE ROAD		ROCK HILL	SC	29732
2012 SHLAND FAMILY MEDICINE	BECKER PA,ROSALIND V	2833 CELANESE ROAD		ROCK HILL	SC	29732
2012 SHLAND FAMILY MEDICINE	CURRAN MD,MICHAEL M	2833 CELANESE ROAD		ROCK HILL	SC	29732
2012 SHLAND FAMILY MEDICINE	FULMER MD,ROBERT V	2833 CELANESE ROAD		ROCK HILL	SC	29732
2012 SHLAND FAMILY MEDICINE	JACKSON MD,WILLIAM A	2833 CELANESE ROAD		ROCK HILL	SC	29732
2012 SHLAND FAMILY MEDICINE	MARTIN MD,STEPHEN R	2833 CELANESE ROAD		ROCK HILL	SC	29732
2012 SHLAND FAMILY MEDICINE	NOBLES PA,MICHELLE B	2833 CELANESE ROAD		ROCK HILL	SC	29732
2012 SHLAND FAMILY MEDICINE	PENNINGTON MD,AMANDA M	2833 CELANESE ROAD		ROCK HILL	SC	29732
2012 SHLAND FAMILY MEDICINE	POPE MD,BRIAN O	2833 CELANESE ROAD		ROCK HILL	SC	29732
2012 SHLAND FAMILY MEDICINE	SAMPLE MD,JERRY J	2833 CELANESE ROAD		ROCK HILL	SC	29732
2012 SHLAND FAMILY MEDICINE	SICK MD,BRANDON R	2833 CELANESE ROAD		ROCK HILL	SC	29732
2012 SHLAND FAMILY MEDICINE	TRUESDALE MD,DORENDA G	2833 CELANESE ROAD		ROCK HILL	SC	29732
2012 SHLAND FAMILY MEDICINE	WALKUP NP,RUTH C	2833 CELANESE ROAD		ROCK HILL	SC	29732
2012 SPRINGS CREATIVE	SPRINGS CREATIVE,PROVIDER	220 WEST WHITE STREET		ROCK HILL	SC	29730

Year	Practice	Provider	Address	Suite	City	State	Zip	Hospital
2005	ROCK HILL PEDIATRIC ASSOCIATES	ALEXANDER MD,ROBERT M	1601 EBENEZER ROAD		ROCK HILL	SC	29732	Not on Staff
2005	ROCK HILL PEDIATRIC FORT MILL	ALEXANDER MD,ROBERT M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	Not on Staff
2005	SHILAND FAMILY MEDICINE	ANANDPURA MD,PARAG S	2633 CELANESE ROAD		ROCK HILL	SC	29732	Mercy/Pineville
2005	PIEDMONT GYNOB ROCK HILL	BALE MD,C STEPHEN	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville
2005	PIEDMONT GYNOB ROCK HILL	BARKLEY MD,DAVID A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville
2005	SHILAND FAMILY MEDICINE	BARRON MD,GEORGE T	2633 CELANESE ROAD		ROCK HILL	SC	29732	Mercy/Pineville
2005	ROCK HILL PEDIATRIC ASSOCIATES	COOK JR MD,DEXTER L	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2005	ROCK HILL PEDIATRIC FORT MILL	COOK JR MD,DEXTER L	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2005	PALMETTO PEDIATRICS	COPPLE MD,HAL E	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	Mercy/Pineville, CMC
2005	PIEDMONT GYNOB ROCK HILL	DEMCHAK MD,SUSAN M	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville, CMC
2005	ROCK HILL PEDIATRIC ASSOCIATES	EDWARDS MD,MARTHA M	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2005	ROCK HILL PEDIATRIC FORT MILL	EDWARDS MD,MARTHA M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2005	SHILAND FAMILY MEDICINE	FULMER MD,ROBERT V	2633 CELANESE ROAD		ROCK HILL	SC	29732	Not on Staff
2005	PIEDMONT GYNOB ROCK HILL	GARCIA MD,TED	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2005	ROCK HILL PEDIATRIC ASSOCIATES	GOODBAR MD,ROBERT C	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2005	ROCK HILL PEDIATRIC FORT MILL	GOODBAR MD,ROBERT C	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2005	PALMETTO PEDIATRICS	HANSEN MD,DOUGLAS B	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	CMC, Mercy/Pineville
2005	PIEDMONT GYNOB ROCK HILL	HAYES CNM,TINA J	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Not on Staff
2005	PIEDMONT GYNOB ROCK HILL	HELMS CNM,KAREN A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2005	PALMETTO PEDIATRICS	HRKAL MD,MILOSLAV MILAN	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	Not on Staff
2005	SHILAND FAMILY MEDICINE	JACKSON MD,WILLIAM A	2633 CELANESE ROAD		ROCK HILL	SC	29732	Mercy/Pineville
2005	ROCK HILL PEDIATRIC ASSOCIATES	LINDSAY MD,NIKITA WILLIAMS	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2005	ROCK HILL PEDIATRIC FORT MILL	LINDSAY MD,NIKITA WILLIAMS	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2005	PIEDMONT GYNOB ROCK HILL	LOWDER MD,LAURA H	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2005	SHILAND FAMILY MEDICINE	MARTIN MD,STEPHEN R	2633 CELANESE ROAD		ROCK HILL	SC	29732	Mercy/Pineville
2005	MEDICAL ASSOCIATES ROCK HILL	MCMAHON MD,SANDRA E	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2005	MEDICAL ASSOCIATES ROCK HILL	MILLER MD,FRED H	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	CMC, Mercy/Pineville
2005	MEDICAL ASSOCIATES ROCK HILL	NETZLER MD,CLIFFORD K	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2005	PIEDMONT GYNOB ROCK HILL	NORTHCUTT MD,HUGH N	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville
2005	ROCK HILL PEDIATRIC FORT MILL	OREHEK CPNP,BRIDGETTE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2005	SHILAND FAMILY MEDICINE	PENNINGTON MD,AMANDA M	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2005	MEDICAL ASSOCIATES ROCK HILL	PENNISSON MD,ANNE M	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2005	PIEDMONT GYNOB ROCK HILL	PHILLIPS MD,JOHN G	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2005	PIEDMONT GYNOB ROCK HILL	PILLAI MD,PRIYA B	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville
2005	PIEDMONT GYNOB ROCK HILL	PPIGO,LAB	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2005	PIEDMONT GYNOB ROCK HILL	PPIGO,NURSE	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2005	PIEDMONT GYNOB ROCK HILL	PPIGO,ULTRASOUND	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2005	PIEDMONT GYNOB ROCK HILL	REVELL MD,WILLIAM S	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2005	SHILAND FAMILY MEDICINE	RUTLEDGE MD,RION M	2633 CELANESE ROAD		ROCK HILL	SC	29732	Mercy/Pineville
2005	SHILAND FAMILY MEDICINE	SAMPLE MD,JERRY J	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2005	SHILAND FAMILY MEDICINE	SICK MD,BRANDON R	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff

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2005	PIEDMONT GYNOB ROCK HILL	SMITH CNM,JANICE S	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2005	ROCK HILL PEDIATRIC FORT MILL	START MD,SUSAN J	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2005	ROCK HILL PEDIATRIC ASSOCIATES	THREATT MD,DEANNA R	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2005	ROCK HILL PEDIATRIC FORT MILL	THREATT MD,DEANNA R	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2005	ROCK HILL PEDIATRIC ASSOCIATES	TONKOWICZ MD,PATRICIA A	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2005	ROCK HILL PEDIATRIC FORT MILL	TONKOWICZ MD,PATRICIA A	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2005	SHILAND FAMILY MEDICINE	TRUESDALE MD,DORENDA G	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2005	MEDICAL ASSOCIATES ROCK HILL	WEBER MD,KARL	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2006	ROCK HILL PEDIATRIC ASSOCIATES	ALEXANDER MD,ROBERT M	1601 EBENEZER ROAD		ROCK HILL	SC	29732	Not on Staff
2006	ROCK HILL PEDIATRIC FORT MILL	ALEXANDER MD,ROBERT M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	Not on Staff
2006	SHILAND FAMILY MEDICINE	ANANDPURA MD,PARAG S	2633 CELANESE ROAD		ROCK HILL	SC	29732	Mercy/Pineville
2006	PIEDMONT GYNOB ROCK HILL	BALE MD,C STEPHEN	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville
2006	PIEDMONT GYNOB ROCK HILL	BARKLEY MD,DAVID A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville
2006	SHILAND FAMILY MEDICINE	BARRON MD,GEORGE T	2633 CELANESE ROAD		ROCK HILL	SC	29732	Mercy/Pineville
2006	ROCK HILL PEDIATRIC ASSOCIATES	COOK JR MD,DEXTER L	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2006	ROCK HILL PEDIATRIC FORT MILL	COOK JR MD,DEXTER L	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2006	PALMETTO PEDIATRICS	COPPLE MD,HAL E	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	Mercy/Pineville, CMC
2006	PIEDMONT GYNOB ROCK HILL	DEMCHAK MD,SUSAN M	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville, CMC
2006	ROCK HILL PEDIATRIC ASSOCIATES	EDWARDS MD,MARTHA M	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2006	ROCK HILL PEDIATRIC FORT MILL	EDWARDS MD,MARTHA M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2006	PIEDMONT GYNOB ROCK HILL	FLOYD CNM,JANET A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2006	SHILAND FAMILY MEDICINE	FULMER MD,ROBERT V	2633 CELANESE ROAD		ROCK HILL	SC	29732	Not on Staff
2006	PIEDMONT GYNOB ROCK HILL	GARCIA MD,TED	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2006	ROCK HILL PEDIATRIC ASSOCIATES	GOODBAR MD,ROBERT C	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2006	ROCK HILL PEDIATRIC FORT MILL	GOODBAR MD,ROBERT C	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2006	PALMETTO PEDIATRICS	HANSEN MD,DOUGLAS B	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	CMC, Mercy/Pineville
2006	PIEDMONT GYNOB ROCK HILL	HAYES CNM,TINA J	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2006	PALMETTO PEDIATRICS	HRKAL MD,MILOSLAV MILAN	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	Not on Staff
2006	SHILAND FAMILY MEDICINE	JACKSON MD,WILLIAM A	2633 CELANESE ROAD		ROCK HILL	SC	29732	Mercy/Pineville
2006	ROCK HILL PEDIATRIC ASSOCIATES	LINDSAY MD,NIKITA WILLIAMS	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2006	ROCK HILL PEDIATRIC FORT MILL	LINDSAY MD,NIKITA WILLIAMS	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2006	PIEDMONT GYNOB ROCK HILL	LOWDER MD,LAURA H	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2006	SHILAND FAMILY MEDICINE	MARTIN MD,STEPHEN R	2633 CELANESE ROAD		ROCK HILL	SC	29732	Mercy/Pineville
2006	MEDICAL ASSOCIATES FORT MILL	MCMAHON MD,SANDRA E	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	not on Staff
2006	MEDICAL ASSOCIATES ROCK HILL	MCMAHON MD,SANDRA E	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2006	MEDICAL ASSOCIATES FORT MILL	MILLER MD,FRED H	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	CMC, Mercy/Pineville
2006	MEDICAL ASSOCIATES ROCK HILL	MILLER MD,FRED H	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	CMC, Mercy/Pineville
2006	MEDICAL ASSOCIATES FORT MILL	NETZLER MD,CLIFFORD K	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	not on Staff
2006	MEDICAL ASSOCIATES ROCK HILL	NETZLER MD,CLIFFORD K	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2006	PIEDMONT GYNOB ROCK HILL	NORTHCUTT MD,HUGH N	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville
2006	ROCK HILL PEDIATRIC ASSOCIATES	OREHEK CPNP,BRIDGETTE	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2006	ROCK HILL PEDIATRIC FORT MILL	OREHEK CPNP,BRIDGETTE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff

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2006	SHILAND FAMILY MEDICINE	PENNINGTON MD,AMANDA M	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2006	MEDICAL ASSOCIATES FORT MILL	PENNISSON MD,ANNE M	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	not on Staff
2006	MEDICAL ASSOCIATES ROCK HILL	PENNISSON MD,ANNE M	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2006	PIEDMONT GYNOB ROCK HILL	PHILLIPS MD,JOHN G	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2006	PIEDMONT GYNOB ROCK HILL	PILLAI MD,PRIYA B	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville
2006	PIEDMONT GYNOB ROCK HILL	PPIGO,LAB	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2006	PIEDMONT GYNOB ROCK HILL	PPIGO,NST	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2006	PIEDMONT GYNOB ROCK HILL	PPIGO,NURSE	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2006	PIEDMONT GYNOB ROCK HILL	PPIGO,ULTRASOUND	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2006	PIEDMONT GYNOB ROCK HILL	REVELL MD,WILLIAM S	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2006	SHILAND FAMILY MEDICINE	SAMPLE MD,JERRY J	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2006	SHILAND FAMILY MEDICINE	SICK MD,BRANDON R	2633 CELANESE ROAD		ROCK HILL	SC	29732	Mercy/Pineville
2006	ROCK HILL PEDIATRIC ASSOCIATES	START MD,SUSAN J	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2006	ROCK HILL PEDIATRIC FORT MILL	START MD,SUSAN J	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2006	ROCK HILL PEDIATRIC ASSOCIATES	THREATT MD,DEANNA R	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2006	ROCK HILL PEDIATRIC FORT MILL	THREATT MD,DEANNA R	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2006	ROCK HILL PEDIATRIC ASSOCIATES	TONKOWICZ MD,PATRICIA A	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2006	ROCK HILL PEDIATRIC FORT MILL	TONKOWICZ MD,PATRICIA A	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2006	SHILAND FAMILY MEDICINE	TRUESDALE MD,DORENDA G	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2006	MEDICAL ASSOCIATES FORT MILL	WEBER MD,KARL	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	not on Staff
2006	MEDICAL ASSOCIATES ROCK HILL	WEBER MD,KARL	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2007	ROCK HILL PEDIATRIC ASSOCIATES	ALEXANDER MD,ROBERT M	1601 EBENEZER ROAD		ROCK HILL	SC	29732	Not on Staff
2007	ROCK HILL PEDIATRIC FORT MILL	ALEXANDER MD,ROBERT M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	Not on Staff
2007	SHILAND FAMILY MEDICINE	ANANDPURA MD,PARAG S	2633 CELANESE ROAD		ROCK HILL	SC	29732	Mercy/Pineville
2007	PALMETTO PEDIATRICS	BAKER NP,WENDY	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	Not on Staff
2007	PIEDMONT GYNOB ROCK HILL	BALE MD,C STEPHEN	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville
2007	PIEDMONT GYNOB ROCK HILL	BARKLEY MD,DAVID A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville
2007	SHILAND FAMILY MEDICINE	BARRON MD,GEORGE T	2633 CELANESE ROAD		ROCK HILL	SC	29732	Mercy/Pineville
2007	MEDICAL ASSOCIATES FORT MILL	BELLANFONTE MD,LISA	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	Not on Staff
2007	MEDICAL ASSOCIATES ROCK HILL	BELLANFONTE MD,LISA	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	Not on Staff
2007	ROCK HILL PEDIATRIC ASSOCIATES	COOK JR MD,DEXTER L	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2007	ROCK HILL PEDIATRIC FORT MILL	COOK JR MD,DEXTER L	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2007	PALMETTO PEDIATRICS	COPPLE MD,HAL E	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	Mercy/Pineville, CMC
2007	PIEDMONT GYNOB ROCK HILL	DEMCHAK MD,SUSAN M	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville, CMC
2007	ROCK HILL PEDIATRIC ASSOCIATES	EDWARDS MD,MARTHA M	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2007	ROCK HILL PEDIATRIC FORT MILL	EDWARDS MD,MARTHA M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2007	PIEDMONT GYNOB ROCK HILL	EISENBERG MD,BARBARA F	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2007	PIEDMONT GYNOB ROCK HILL	FLOYD CNM,JANET A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2007	SHILAND FAMILY MEDICINE	FULMER MD,ROBERT V	2633 CELANESE ROAD		ROCK HILL	SC	29732	Not on Staff
2007	PIEDMONT GYNOB ROCK HILL	GARCIA MD,TED	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2007	ROCK HILL PEDIATRIC ASSOCIATES	GOODBAR MD,ROBERT C	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2007	ROCK HILL PEDIATRIC FORT MILL	GOODBAR MD,ROBERT C	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff

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2007	PALMETTO PEDIATRICS	HANSEN MD,DOUGLAS B	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	CMC, Mercy/Pineville
2007	PIEDMONT GYNOB ROCK HILL	HAYES CNM,TINA J	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2007	PALMETTO PEDIATRICS	HRKAL MD,MILOSLAV MILAN	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	Not on Staff
2007	SHILAND FAMILY MEDICINE	JACKSON MD,WILLIAM A	2633 CELANESE ROAD		ROCK HILL	SC	29732	Mercy/Pineville
2007	ROCK HILL PEDIATRIC ASSOCIATES	LINDSAY MD,NIKITA WILLIAMS	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2007	ROCK HILL PEDIATRIC FORT MILL	LINDSAY MD,NIKITA WILLIAMS	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2007	PIEDMONT GYNOB ROCK HILL	LOWDER MD,LAURA H	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2007	SHILAND FAMILY MEDICINE	MARTIN MD,STEPHEN R	2633 CELANESE ROAD		ROCK HILL	SC	29732	Mercy/Pineville
2007	ROCK HILL PEDIATRIC ASSOCIATES	MCCASKILL MD,QUIMBY E	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2007	ROCK HILL PEDIATRIC FORT MILL	MCCASKILL MD,QUIMBY E	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2007	MEDICAL ASSOCIATES FORT MILL	MCMAHON MD,SANDRA E	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	not on Staff
2007	MEDICAL ASSOCIATES ROCK HILL	MCMAHON MD,SANDRA E	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2007	MEDICAL ASSOCIATES FORT MILL	MILLER MD,FRED H	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	CMC, Mercy/Pineville
2007	MEDICAL ASSOCIATES ROCK HILL	MILLER MD,FRED H	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	CMC, Mercy/Pineville
2007	MEDICAL ASSOCIATES FORT MILL	NETZLER MD,CLIFFORD K	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	not on Staff
2007	MEDICAL ASSOCIATES ROCK HILL	NETZLER MD,CLIFFORD K	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2007	PIEDMONT GYNOB ROCK HILL	NORTHCUTT MD,HUGH N	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville
2007	ROCK HILL PEDIATRIC ASSOCIATES	OREHEK CPNP,BRIDGETTE	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2007	ROCK HILL PEDIATRIC FORT MILL	OREHEK CPNP,BRIDGETTE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2007	SHILAND FAMILY MEDICINE	PARNELL FNP,PAULA B	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2007	SHILAND FAMILY MEDICINE	PENNINGTON MD,AMANDA M	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2007	PIEDMONT GYNOB ROCK HILL	PHILLIPS MD,JOHN G	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2007	PIEDMONT GYNOB ROCK HILL	PILLAI MD,PRIYA B	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville
2007	PIEDMONT GYNOB ROCK HILL	PPIGO,LAB	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2007	PIEDMONT GYNOB ROCK HILL	PPIGO,NURSE	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2007	PIEDMONT GYNOB ROCK HILL	PPIGO,ULTRASOUND	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2007	PIEDMONT GYNOB ROCK HILL	PPIGO,ULTRASOUND2	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2007	PIEDMONT GYNOB ROCK HILL	REVELL MD,WILLIAM S	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2007	SHILAND FAMILY MEDICINE	SAMPLE MD,JERRY J	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2007	SHILAND FAMILY MEDICINE	SICK MD,BRANDON R	2633 CELANESE ROAD		ROCK HILL	SC	29732	Mercy/Pineville
2007	ROCK HILL PEDIATRIC ASSOCIATES	START MD,SUSAN J	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2007	ROCK HILL PEDIATRIC FORT MILL	START MD,SUSAN J	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2007	ROCK HILL PEDIATRIC ASSOCIATES	THREATT MD,CEANNA R	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2007	ROCK HILL PEDIATRIC FORT MILL	THREATT MD,CEANNA R	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2007	ROCK HILL PEDIATRIC ASSOCIATES	TONKOWICZ MD,PATRICIA A	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2007	ROCK HILL PEDIATRIC FORT MILL	TONKOWICZ MD,PATRICIA A	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2007	SHILAND FAMILY MEDICINE	TRUESDALE MD,DORENDA G	2633 CELANESE ROAD		ROCK HILL	SC	29732	Mercy/Pineville
2007	MEDICAL ASSOCIATES FORT MILL	WEBER MD,KARL	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	not on Staff
2007	MEDICAL ASSOCIATES ROCK HILL	WEBER MD,KARL	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2008	CAROLINA CANCER SPECIALISTS	SINCLAIR MD,PAMELA R	225 S HERLONG AVENUE	SUITE 201	ROCK HILL	SC	29732	
2008	ROCK HILL PEDIATRIC ASSOCIATES	ALEXANDER MD,ROBERT M	1601 EBENEZER ROAD		ROCK HILL	SC	29732	Not on Staff
2008	ROCK HILL PEDIATRIC FORT MILL	ALEXANDER MD,ROBERT M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	Not on Staff

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2008	SHILAND FAMILY MEDICINE	ANANDPURA MD,PARAG S	2633 CELANESE ROAD		ROCK HILL	SC	29732	Mercy/Pineville, CMC, University, CR
2008	PALMETTO PEDIATRICS	BAKER NP,WENDY	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	Not on Staff
2008	PIEDMONT GYNOB ROCK HILL	BALE MD,G STEPHEN	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2008	PIEDMONT GYNOB ROCK HILL	BARKLEY MD,DAVID A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2008	SHILAND FAMILY MEDICINE	BARRON MD,GEORGE T	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2008	MEDICAL ASSOCIATES FORT MILL	BELLANFONTE MD,LISA	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	Not on Staff
2008	MEDICAL ASSOCIATES ROCK HILL	BELLANFONTE MD,LISA	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	Not on Staff
2008	SANGER ACARD ROCK HILL	BOIK PA,DIANNE M	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, University
2008	SHILAND FAMILY MEDICINE	BOWERS PA,HEATHER	2633 CELANESE ROAD		ROCK HILL	SC	29732	Not on Staff
2008	PIEDMONT GYNOB ROCK HILL	BROOK CNM,SAGE	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville
2008	ROCK HILL PEDIATRIC ASSOCIATES	COOK JR MD,DEXTER L	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2008	ROCK HILL PEDIATRIC FORT MILL	COOK JR MD,DEXTER L	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2008	PALMETTO PEDIATRICS	COPPLE MD,HAL E	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2008	PIEDMONT GYNOB ROCK HILL	DEMCHAK MD,SUSAN M	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2008	ROCK HILL PEDIATRIC ASSOCIATES	EDWARDS MD,MARTHA M	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2008	ROCK HILL PEDIATRIC FORT MILL	EDWARDS MD,MARTHA M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2008	SANGER ACARD FORT MILL	EDWARDS MD,NATHANIEL C	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715	not on Staff
2008	SANGER ACARD ROCK HILL	EDWARDS MD,NATHANIEL C	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	not on Staff
2008	PIEDMONT GYNOB ROCK HILL	EISENBERG MD,BARBARA F	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2008	PIEDMONT GYNOB ROCK HILL	FLOYD CNM,JANET A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2008	SHILAND FAMILY MEDICINE	FULMER MD,ROBERT V	2633 CELANESE ROAD		ROCK HILL	SC	29732	Not on Staff
2008	PIEDMONT GYNOB ROCK HILL	GARCIA MD,TED	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2008	ROCK HILL PEDIATRIC ASSOCIATES	GOODBAR MD,ROBERT C	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2008	ROCK HILL PEDIATRIC FORT MILL	GOODBAR MD,ROBERT C	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2008	PALMETTO PEDIATRICS	HALES MD,ERIKA R	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2008	PALMETTO PEDIATRICS	HANSEN MD,DOUGLAS B	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2008	PIEDMONT GYNOB ROCK HILL	HAYES CNM,TINA J	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2008	SANGER ACARD ROCK HILL	HAYNIE MD,JUSTIN F	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR, Lincoln
2008	SANGER ACARD FORT MILL	HICKLIN III MD,HARRY E	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715	CMC, Mercy/Pineville, University, CR, Lincoln
2008	SANGER ACARD ROCK HILL	HICKLIN III MD,HARRY E	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR, Lincoln
2008	SHILAND FAMILY MEDICINE	JACKSON MD,WILLIAM A	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2008	SANGER ACARD ROCK HILL	JOHNSON MD,THOMAS V	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2008	ROCK HILL PEDIATRIC ASSOCIATES	LINDSAY MD,NIKITA WILLIAMS	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2008	ROCK HILL PEDIATRIC FORT MILL	LINDSAY MD,NIKITA WILLIAMS	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2008	PIEDMONT GYNOB ROCK HILL	LOWDER MD,LAURA H	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2008	SHILAND FAMILY MEDICINE	MARTIN MD,STEPHEN R	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2008	ROCK HILL PEDIATRIC ASSOCIATES	MCCASKILL MD,QUIMBY E	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2008	ROCK HILL PEDIATRIC FORT MILL	MCCASKILL MD,QUIMBY E	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2008	MEDICAL ASSOCIATES FORT MILL	MCMAHON MD,SANDRA E	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	not on Staff
2008	MEDICAL ASSOCIATES ROCK HILL	MCMAHON MD,SANDRA E	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2008	MEDICAL ASSOCIATES FORT MILL	MILLER MD,FRED H	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	not on Staff
2008	MEDICAL ASSOCIATES ROCK HILL	MILLER MD,FRED H	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff

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2008	SANGER ACARD ROCK HILL	MORAN NP,ALICE F	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, CR, University
2008	SANGER ACARD FORT MILL	MUSIALOWSKI JR MD,RICHARD S	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715	CMC, Mercy/Pineville, University, CR
2008	SANGER ACARD ROCK HILL	MUSIALOWSKI JR MD,RICHARD S	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2008	MEDICAL ASSOCIATES FORT MILL	NETZLER MD,CLIFFORD K	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	not on Staff
2008	MEDICAL ASSOCIATES ROCK HILL	NETZLER MD,CLIFFORD K	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2008	PIEDMONT GYNOB ROCK HILL	NORTHCUTT MD,HUGH N	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2008	ROCK HILL PEDIATRIC ASSOCIATES	OREHEK CPNP,BRIDGETTE	1501 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2008	ROCK HILL PEDIATRIC FORT MILL	OREHEK CPNP,BRIDGETTE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2008	SHILAND FAMILY MEDICINE	PARNELL FNP,PAULA B	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2008	SANGER ACARD ROCK HILL	PATTERSON PA,RICHARD E	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC
2008	SHILAND FAMILY MEDICINE	PENNINGTON MD,AMANDA M	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2008	PIEDMONT GYNOB ROCK HILL	PHILLIPS MD,JOHN G	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2008	PIEDMONT GYNOB ROCK HILL	PILLAI MD,PRIYA B	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2008	SHILAND FAMILY FORT MILL	POPE MD,BRIAN O	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715	not on Staff
2008	SHILAND FAMILY MEDICINE	POPE MD,BRIAN O	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2008	PIEDMONT GYNOB ROCK HILL	PPIGO,LAB	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2008	PIEDMONT GYNOB ROCK HILL	PPIGO,NURSE	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2008	PIEDMONT GYNOB ROCK HILL	PPIGO,ULTRASOUND	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2008	PIEDMONT GYNOB ROCK HILL	PPIGO,ULTRASOUND2	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2008	PIEDMONT GYNOB ROCK HILL	REVELL MD,WILLIAM S	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2008	SANGER ROCK HILL PEDS CARDIO	RIOPEL MD,DONALD A	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR, Lincoln
2008	PIEDMONT GYNOB ROCK HILL	ROBERTSON CNM,NANCY C	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2008	SHILAND FAMILY MEDICINE	SAMPLE MD,JERRY J	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2008	SHILAND FAMILY MEDICINE	SICK MD,BRANDON R	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2008	SANGER ROCK HILL PEDS CARDIO	SLIZ JR MD,NICHOLAS B	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR, Lincoln
2008	ROCK HILL PEDIATRIC ASSOCIATES	START MD,SUSAN J	1501 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2008	ROCK HILL PEDIATRIC FORT MILL	START MD,SUSAN J	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2008	ROCK HILL PEDIATRIC ASSOCIATES	THREATT MD,DEANNA R	1501 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2008	ROCK HILL PEDIATRIC FORT MILL	THREATT MD,DEANNA R	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2008	ROCK HILL PEDIATRIC ASSOCIATES	TONKOWICZ MD,PATRICIA A	1501 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2008	ROCK HILL PEDIATRIC FORT MILL	TONKOWICZ MD,PATRICIA A	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2008	SHILAND FAMILY FORT MILL	TRUESDALE MD,DORENDA G	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715	CMC, Mercy/Pineville, University, CR
2008	SHILAND FAMILY MEDICINE	TRUESDALE MD,DORENDA G	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2008	MEDICAL ASSOCIATES FORT MILL	WEBER MD,KARL	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	not on Staff
2008	MEDICAL ASSOCIATES ROCK HILL	WEBER MD,KARL	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2009	ROCK HILL PEDIATRIC ASSOCIATES	ALEXANDER MD,ROBERT M	1501 EBENEZER ROAD		ROCK HILL	SC	29732	Not on Staff
2009	ROCK HILL PEDIATRIC FORT MILL	ALEXANDER MD,ROBERT M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	Not on Staff
2009	CHC URGENT CARE FORT MILL	ALLGOOD MD,SARA E	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	Not on Staff
2009	SHILAND FAMILY MEDICINE	ANANDPURA MD,PARAG S	2633 CELANESE ROAD		ROCK HILL	SC	29732	Mercy/Pineville, CMC, University, CR
2009	CHC URGENT CARE FORT MILL	ANQUILO MD,LOUIE A	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	Not on Staff
2009	PALMETTO PEDIATRICS	BAKER NP,WENDY	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	Not on Staff
2009	PIEDMONT GYNOB ROCK HILL	BALE MD,C STEPHEN	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR

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Confidential Discovery Material

2009	PIEDMONT GYNOB ROCK HILL	BARKLEY MD,DAVID A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2009	SHILAND FAMILY MEDICINE	BARRON MD,GEORGE T	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2009	SHILAND FAMILY MEDICINE	BECKER PA,ROSALIND V	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, CR
2009	MEDICAL ASSOCIATES FORT MILL	BELLANFONTE MD,LISA	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	Not on Staff
2009	MEDICAL ASSOCIATES ROCK HILL	BELLANFONTE MD,LISA	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	Not on Staff
2009	SANGER ACARD ROCK HILL	BOIK PA,DIANNE M	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, University
2009	SHILAND FAMILY MEDICINE	BOWERS PA,HEATHER	2633 CELANESE ROAD		ROCK HILL	SC	29732	Not on Staff
2009	PIEDMONT GYNOB ROCK HILL	BROOK CNM,SAGE	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville
2009	PALMETTO PEDIATRICS	BUI MD,HONG	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2009	CHC URGENT CARE FORT MILL	COLMENARES MD,GUSTAVO A	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2009	ROCK HILL PEDIATRIC ASSOCIATES	COOK JR MD,DEXTER L	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2009	ROCK HILL PEDIATRIC FORT MILL	COOK JR MD,DEXTER L	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2009	PALMETTO PEDIATRICS	COPPLE MD,HAL E	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2009	SHILAND FAMILY MEDICINE	CURRAN MD,MICHAEL M	2633 CELANESE ROAD		ROCK HILL	SC	29732	Not on Staff
2009	CHC URGENT CARE FORT MILL	DANI MD,NIPA	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	Not on Staff
2009	PIEDMONT GYNOB ROCK HILL	DEMCHAK MD,SUSAN M	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2009	ROCK HILL PEDIATRIC ASSOCIATES	EDWARDS MD,MARTHA M	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2009	ROCK HILL PEDIATRIC FORT MILL	EDWARDS MD,MARTHA M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2009	SANGER ACARD FORT MILL	EDWARDS MD,NATHANIEL C	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715	not on Staff
2009	SANGER ACARD ROCK HILL	EDWARDS MD,NATHANIEL C	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	not on Staff
2009	PIEDMONT GYNOB ROCK HILL	FLOYD CNM,JANET A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2009	PIEDMONT GYNOB ROCK HILL	FOX MD,TAMARA B	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2009	SHILAND FAMILY MEDICINE	FULMER MD,ROBERT V	2633 CELANESE ROAD		ROCK HILL	SC	29732	Not on Staff
2009	PIEDMONT GYNOB ROCK HILL	GARCIA MD,TEO	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2009	ROCK HILL PEDIATRIC ASSOCIATES	GOODBAR MD,ROBERT C	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2009	ROCK HILL PEDIATRIC FORT MILL	GOODBAR MD,ROBERT C	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2009	PALMETTO PEDIATRICS	HALES MD,ERIKA R	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2009	PALMETTO PEDIATRICS	HANSEN MD,DOUGLAS B	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2009	ROCK HILL PEDIATRIC ASSOCIATES	HARTIGAN NP,ELSIE	1601 EBENEZER ROAD		ROCK HILL	SC	29732	Not on Staff
2009	ROCK HILL PEDIATRIC FORT MILL	HARTIGAN NP,ELSIE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	Not on Staff
2009	PIEDMONT GYNOB ROCK HILL	HAYES CNM,TINA J	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2009	SANGER ACARD FORT MILL	HAYNIE MD,JUSTIN F	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715	CMC, Mercy/Pineville, University, CR, Lincoln
2009	SANGER ACARD ROCK HILL	HAYNIE MD,JUSTIN F	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR, Lincoln
2009	SANGER ROCK HILL PEDS CARDIO	HERLONG MD,JAMES R	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR, Lincoln
2009	CHC URGENT CARE FORT MILL	HERNANDEZ MD,LYNN J	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2009	SANGER ACARD FORT MILL	HICKLIN III MD,HARRY E	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715	CMC, Mercy/Pineville, University, CR, Lincoln
2009	SANGER ACARD ROCK HILL	HICKLIN III MD,HARRY E	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR, Lincoln
2009	CHC URGENT CARE FORT MILL	HILDEBRAND MD,HARTWELL	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	Not on Staff
2009	SHILAND FAMILY MEDICINE	JACKSON MD,WILLIAM A	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2009	SANGER ACARD FORT MILL	JOHNSON MD,THOMAS V	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715	CMC, Mercy/Pineville, University, CR
2009	SANGER ACARD ROCK HILL	JOHNSON MD,THOMAS V	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2009	CHC URGENT CARE FORT MILL	KOEWLER MD,THOMAS J	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff

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2009	ROCK HILL PEDIATRIC ASSOCIATES	LINDSAY MD,NIKITA WILLIAMS	1801 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2009	ROCK HILL PEDIATRIC FORT MILL	LINDSAY MD,NIKITA WILLIAMS	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2009	PIEDMONT GYNOB ROCK HILL	LOWDER MD,LAURA H	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2009	SHILAND FAMILY MEDICINE	MARTIN MD,STEPHEN R	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2009	ROCK HILL PEDIATRIC ASSOCIATES	MCCASKILL MD,QUIMBY E	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2009	ROCK HILL PEDIATRIC FORT MILL	MCCASKILL MD,QUIMBY E	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2009	CHC URGENT CARE FORT MILL	MCCUTCHEN DO,JEFFREY R	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2009	MEDICAL ASSOCIATES FORT MILL	MCMAHON MD,SANDRA E	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	not on Staff
2009	MEDICAL ASSOCIATES ROCK HILL	MCMAHON MD,SANDRA E	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2009	MEDICAL ASSOCIATES FORT MILL	MILLER MD,FRED H	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	not on Staff
2009	MEDICAL ASSOCIATES ROCK HILL	MILLER MD,FRED H	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2009	SANGER ACARD ROCK HILL	MORAN NP,ALICE F	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, CR, University
2009	SANGER ACARD FORT MILL	MUSIALOWSKI JR MD,RICHARD S	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715	CMC; Mercy/Pineville, University, CR
2009	SANGER ACARD ROCK HILL	MUSIALOWSKI JR MD,RICHARD S	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC; Mercy/Pineville, University, CR
2009	MEDICAL ASSOCIATES FORT MILL	NETZLER MD,CLIFFORD K	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	not on Staff
2009	MEDICAL ASSOCIATES ROCK HILL	NETZLER MD,CLIFFORD K	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2009	PIEDMONT GYNOB ROCK HILL	NORTHCUTT MD,HUGH N	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC; Mercy/Pineville, University, CR
2009	ROCK HILL PEDIATRIC ASSOCIATES	OREHEK CPNP,BRIDGETTE	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2009	ROCK HILL PEDIATRIC FORT MILL	OREHEK CPNP,BRIDGETTE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2009	ROCK HILL PEDIATRIC ASSOCIATES	OSTERBERG MD,HATTINA	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2009	ROCK HILL PEDIATRIC FORT MILL	OSTERBERG MD,HATTINA	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2009	SHILAND FAMILY FORT MILL	PARNELL FNP,PAULA B	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715	not on Staff
2009	SHILAND FAMILY MEDICINE	PARNELL FNP,PAULA B	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2009	SANGER ACARD ROCK HILL	PATTERSON PA,RICHARD E	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC
2009	SHILAND FAMILY MEDICINE	PENNINGTON MD,AMANDA M	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2009	PIEDMONT GYNOB ROCK HILL	PHILLIPS MD,JOHN G	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC; Mercy/Pineville, University, CR
2009	PIEDMONT GYNOB ROCK HILL	PILLAI MD,PRIYA B	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC; Mercy/Pineville, University, CR
2009	SHILAND FAMILY FORT MILL	POPE MD,BRIAN O	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715	not on Staff
2009	SHILAND FAMILY MEDICINE	POPE MD,BRIAN O	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2009	PIEDMONT GYNOB ROCK HILL	PPIGO,LAB	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2009	PIEDMONT GYNOB ROCK HILL	PPIGO,NURSE	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2009	PIEDMONT GYNOB ROCK HILL	PPIGO,ULTRASOUND	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2009	PIEDMONT GYNOB ROCK HILL	PPIGO,ULTRASOUND2	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2009	PIEDMONT GYNOB ROCK HILL	REVELL MD,WILLIAM S	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC; Mercy/Pineville; University, CR
2009	CHC URGENT CARE FORT MILL	RICHARDS MD,MICHAEL D	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2009	SANGER ACARD FORT MILL	RINALDI MD,MICHAEL J	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715	CMC; Mercy/Pineville, University, CR, Lincoln
2009	SANGER ROCK HILL PEDS CARDIO	RIOPEL MD,DONALD A	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC; Mercy/Pineville, University, CR, Lincoln
2009	PIEDMONT GYNOB ROCK HILL	ROBERTSON CNM,NANCY C	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2009	SANGER ACARD ROCK HILL	ROUSH MD,TIMOTHY S	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2009	SHILAND FAMILY MEDICINE	SAMPLE MD,JERRY J	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2009	SHILAND FAMILY MEDICINE	SICK MD,BRANDON R	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC; Mercy/Pineville, University, CR
2009	CAROLINA CANCER SPECIALISTS	SINCLAIR MD,PAMELA R	225 S HERLONG AVENUE	SUITE 201	ROCK HILL	SC	29732	not on Staff

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2009	SANGER ROCK HILL PEDS CARDIO	SLIZ,JR MD,NICHOLAS B	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR, Lincoln
2009	CHC URGENT CARE FORT MILL	SMITH MD,STEVEN A	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2009	ROCK HILL PEDIATRIC ASSOCIATES	START MD,SUSAN J	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2009	ROCK HILL PEDIATRIC FORT MILL	START MD,SUSAN J	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2009	PIEDMONT GYNOB ROCK HILL	TERMIN MD,CHARLES S	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR, Lincoln
2009	ROCK HILL PEDIATRIC ASSOCIATES	THREATT MD,DEANNA R	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2009	ROCK HILL PEDIATRIC ASSOCIATES	TONKOWICZ MD,PATRICIA A	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2009	ROCK HILL PEDIATRIC FORT MILL	TONKOWICZ MD,PATRICIA A	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2009	SHILAND FAMILY FORT MILL	TRUESDALE MD,DORENDA G	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715	CMC, Mercy/Pineville, University, CR
2009	SHILAND FAMILY MEDICINE	TRUESDALE MD,DORENDA G	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2009	PIEDMONT GYNOB ROCK HILL	WARD CNM,GANNON	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2009	MEDICAL ASSOCIATES FORT MILL	WEBER MD,KARL	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	not on Staff
2009	MEDICAL ASSOCIATES ROCK HILL	WEBER MD,KARL	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2010	ROCK HILL PEDIATRIC ASSOCIATES	ALEXANDER MD,ROBERT M	1601 EBENEZER ROAD		ROCK HILL	SC	29732	Not on Staff
2010	ROCK HILL PEDIATRIC FORT MILL	ALEXANDER MD,ROBERT M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	Not on Staff
2010	CHC URGENT CARE FORT MILL	ALLGOOD MD,SARA E	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	Not on Staff
2010	SHILAND FAMILY MEDICINE	ANANDPURA MD,PARAG S	2633 CELANESE ROAD		ROCK HILL	SC	29732	Mercy/Pineville, CMC, University, CR
2010	CHC URGENT CARE FORT MILL	ANQUILO MD,LOUIE A	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	Not on Staff
2010	PALMETTO PEDIATRICS	BAKER NP,WENDY	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	Not on Staff
2010	PIEDMONT GYNOB ROCK HILL	BALE MD,C STEPHEN	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2010	PIEDMONT GYNOB ROCK HILL	BARKLEY MD,DAVID A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2010	SHILAND FAMILY MEDICINE	BARRON MD,GEORGE T	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2010	SHILAND FAMILY MEDICINE	BECKER PA,ROSALIND V	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, CR
2010	MEDICAL ASSOCIATES FORT MILL	BELLANFONTE MD,LISA	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	Not on Staff
2010	MEDICAL ASSOCIATES ROCK HILL	BELLANFONTE MD,LISA	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	Not on Staff
2010	SANGER ACARD ROCK HILL	BOIK PA,DIANNE M	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, University
2010	PIEDMONT GYNOB ROCK HILL	BROOK CNM,SAGE	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville
2010	PALMETTO PEDIATRICS	BUI MD,HONG	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2010	CHC URGENT CARE FORT MILL	COLMENARES MD,GUSTAVO A	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2010	ROCK HILL PEDIATRIC ASSOCIATES	COOK JR MD,DEXTER L	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2010	ROCK HILL PEDIATRIC FORT MILL	COOK JR MD,DEXTER L	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2010	PALMETTO PEDIATRICS	COPPLE MD,HAL E	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2010	SHILAND FAMILY MEDICINE	CURRAN MD,MICHAEL M	2633 CELANESE ROAD		ROCK HILL	SC	29732	Not on Staff
2010	CHC URGENT CARE FORT MILL	DANI MD,NIPA	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	Not on Staff
2010	PIEDMONT GYNOB ROCK HILL	DEMCHAK MD,SUSAN M	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2010	ROCK HILL PEDIATRIC ASSOCIATES	EDWARDS MD,MARTHA M	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2010	SANGER ACARD FORT MILL	EDWARDS MD,NATHANIEL C	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715	not on Staff
2010	SANGER ACARD ROCK HILL	EDWARDS MD,NATHANIEL C	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	not on Staff
2010	PIEDMONT GYNOB ROCK HILL	FLOYD CNM,JANET A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2010	PIEDMONT GYNOB ROCK HILL	FOX MD,TAMARA B	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2010	SHILAND FAMILY MEDICINE	FULMER MD,ROBERT V	2633 CELANESE ROAD		ROCK HILL	SC	29732	Not on Staff
2010	PIEDMONT GYNOB ROCK HILL	GARCIA MD,TED	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR

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2010	ROCK HILL PEDIATRIC ASSOCIATES	GOODBAR MD,ROBERT C	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2010	ROCK HILL PEDIATRIC FORT MILL	GOODBAR MD,ROBERT C	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2010	PALMETTO PEDIATRICS	HANSEN MD,DOUGLAS B	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2010	ROCK HILL PEDIATRIC ASSOCIATES	HARTIGAN NP,ELSIE	1601 EBENEZER ROAD		ROCK HILL	SC	29732	Not on Staff
2010	ROCK HILL PEDIATRIC FORT MILL	HARTIGAN NP,ELSIE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	Not on Staff
2010	PIEDMONT GYNOB ROCK HILL	HAYES CNM,TINA J	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2010	SANGER ACARD FORT MILL	HAYNIE MD,JUSTIN F	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715	CMC, Mercy/Pineville, University, CR, Lincoln
2010	SANGER ACARD ROCK HILL	HAYNIE MD,JUSTIN F	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR, Lincoln
2010	SANGER ROCK HILL PEDS CARDIO	HERLONG MD,JAMES R	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR, Lincoln
2010	CHC URGENT CARE FORT MILL	HERNANDEZ MD,LYNN J	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2010	SANGER ACARD FORT MILL	HICKLIN III MD,HARRY E	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715	CMC, Mercy/Pineville, University, CR, Lincoln
2010	SANGER ACARD ROCK HILL	HICKLIN III MD,HARRY E	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR, Lincoln
2010	CHC URGENT CARE FORT MILL	HILLMAN DO,JASON PAUL	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	Not on Staff
2010	SHILAND FAMILY MEDICINE	JACKSON MD,WILLIAM A	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2010	SANGER ACARD FORT MILL	JOHNSON MD,THOMAS V	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715	CMC, Mercy/Pineville, University, CR
2010	SANGER ACARD ROCK HILL	JOHNSON MD,THOMAS V	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2010	CHC URGENT CARE FORT MILL	KOEWLER MD,THOMAS J	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2010	ROCK HILL PEDIATRIC ASSOCIATES	LINDSAY MD,NIKITA WILLIAMS	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2010	ROCK HILL PEDIATRIC FORT MILL	LINDSAY MD,NIKITA WILLIAMS	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2010	PIEDMONT GYNOB ROCK HILL	LOWDER MD,LAURA H	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2010	PIEDMONT GYNOB ROCK HILL	MACK CNM,JESSICA S	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2010	SHILAND FAMILY MEDICINE	MARTIN MD,STEPHEN R	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2010	ROCK HILL PEDIATRIC ASSOCIATES	MCCASKILL MD,QUIMBY E	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2010	ROCK HILL PEDIATRIC FORT MILL	MCCASKILL MD,QUIMBY E	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2010	CHC URGENT CARE FORT MILL	MCCUTCHEN DO,JEFFREY R	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2010	MEDICAL ASSOCIATES FORT MILL	MCMAHON MD,SANDRA E	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	not on Staff
2010	MEDICAL ASSOCIATES ROCK HILL	MCMAHON MD,SANDRA E	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2010	MEDICAL ASSOCIATES FORT MILL	MILLER MD,FRED H	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	not on Staff
2010	MEDICAL ASSOCIATES ROCK HILL	MILLER MD,FRED H	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2010	SANGER ACARD ROCK HILL	MORAN NP,ALICE F	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, CR, University
2010	SANGER ACARD FORT MILL	MUSIALOWSKI JR MD,RICHARD S	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715	CMC, Mercy/Pineville, University, CR
2010	SANGER ACARD ROCK HILL	MUSIALOWSKI JR MD,RICHARD S	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2010	MEDICAL ASSOCIATES FORT MILL	NETZLER MD,CLIFFORD K	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	not on Staff
2010	MEDICAL ASSOCIATES ROCK HILL	NETZLER MD,CLIFFORD K	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2010	CAROLINA CANCER SPECIALISTS	NIX MD,DAVID S	225 S HERLONG AVENUE	SUITE 201	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2010	PIEDMONT GYNOB ROCK HILL	NORTHCUTT MD,HUGH N	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2010	ROCK HILL PEDIATRIC ASSOCIATES	OREHEK CPNP,BRIDGETTE	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2010	ROCK HILL PEDIATRIC FORT MILL	OREHEK CPNP,BRIDGETTE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2010	ROCK HILL PEDIATRIC ASSOCIATES	OSTERBERG MD,HATTINA	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2010	ROCK HILL PEDIATRIC FORT MILL	OSTERBERG MD,HATTINA	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2010	SHILAND FAMILY FORT MILL	PARNELL FNP,PAULA B	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715	not on Staff
2010	SHILAND FAMILY MEDICINE	PARNELL FNP,PAULA B	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff

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2010	SHILAND FAMILY MEDICINE	PENNINGTON MD,AMANDA M	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2010	PIEDMONT GYNOB ROCK HILL	PHILLIPS MD,JOHN G	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2010	PIEDMONT GYNOB ROCK HILL	PILLAI MD,PRIYA B	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2010	SHILAND FAMILY FORT MILL	POPE MD,BRIAN O	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715	not on Staff
2010	SHILAND FAMILY MEDICINE	POPE MD,BRIAN O	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2010	PIEDMONT GYNOB ROCK HILL	PPIGO,LAB	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2010	PIEDMONT GYNOB ROCK HILL	PPIGO,NURSE	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2010	PIEDMONT GYNOB ROCK HILL	PPIGO,ULTRASOUND	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2010	PIEDMONT GYNOB ROCK HILL	REVELL MD,WILLIAM S	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2010	CHC URGENT CARE FORT MILL	RICHARDS MD,MICHAEL D	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2010	SANGER ROCK HILL PEDS CARDIO	RIOPEL MD,DONALD A	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR, Lincoln
2010	PIEDMONT GYNOB ROCK HILL	ROBERTSON CNM,NANCY C	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2010	SHILAND FAMILY FORT MILL	SAMPLE MD,JERRY J	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715	not on Staff
2010	SHILAND FAMILY MEDICINE	SAMPLE MD,JERRY J	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2010	SHILAND FAMILY MEDICINE	SICK MD,BRANDON R	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2010	SHILAND FAMILY MEDICINE	SIMPSON NP,JILL E	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2010	CAROLINA CANCER SPECIALISTS	SINCLAIR MD,PAMELA R	225 S HERLONG AVENUE	SUITE 201	ROCK HILL	SC	29732	not on Staff
2010	SANGER ROCK HILL PEDS CARDIO	SLIZ JR MD,NICHOLAS B	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR, Lincoln
2010	CHC URGENT CARE FORT MILL	SNYDER MD,THOMAS J	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2010	ROCK HILL PEDIATRIC ASSOCIATES	START MD,SUSAN J	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2010	ROCK HILL PEDIATRIC ASSOCIATES	SUPER MD,ELIZABETH ANNE	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2010	ROCK HILL PEDIATRIC FORT MILL	SUPER MD,ELIZABETH ANNE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2010	ROCK HILL PEDIATRIC ASSOCIATES	TONKOWICZ MD,PATRICIA A	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2010	ROCK HILL PEDIATRIC FORT MILL	TONKOWICZ MD,PATRICIA A	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2010	SHILAND FAMILY FORT MILL	TRUESDALE MD,DORENDA G	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715	CMC, Mercy/Pineville, University, CR
2010	SHILAND FAMILY MEDICINE	TRUESDALE MD,DORENDA G	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2010	CHC URGENT CARE FORT MILL	VERMA MD,ANURAHDA	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2010	CHC URGENT CARE FORT MILL	VON KLAR MD,JOHN L	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2010	SHILAND FAMILY FORT MILL	WARD MD,JOYCE C	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715	not on Staff
2010	SHILAND FAMILY MEDICINE	WARD MD,JOYCE C	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2010	CHC URGENT CARE FORT MILL	WASHINGTON MD,EDWARD M	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2010	MEDICAL ASSOCIATES FORT MILL	WEBER MD,KARL	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	not on Staff
2010	MEDICAL ASSOCIATES ROCK HILL	WEBER MD,KARL	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2011	ROCK HILL PEDIATRIC ASSOCIATES	ALEXANDER MD,ROBERT M	1601 EBENEZER ROAD		ROCK HILL	SC	29732	Not on Staff
2011	ROCK HILL PEDIATRIC FORT MILL	ALEXANDER MD,ROBERT M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	Not on Staff
2011	SHILAND FAMILY MEDICINE	ANANDPURA MD,PARAG B	2633 CELANESE ROAD		ROCK HILL	SC	29732	Mercy/Pineville, CMC, University, CR
2011	CHC URGENT CARE FORT MILL	ANQUILO MD,LOUIE A	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	Not on Staff
2011	CHC URGENT CARE FORT MILL	ARDELEAN PA,RHONDA SUE	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	Not on Staff
2011	PALMETTO PEDIATRICS	BAKER NP,WENDY	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	Not on Staff
2011	PIEDMONT GYNOB ROCK HILL	BALE MD,C STEPHEN	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2011	PIEDMONT GYNOB ROCK HILL	BARKLEY MD,DAVID A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2011	SHILAND FAMILY MEDICINE	BARRON MD,GEORGE T	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR

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S-CHS-4667
Confidential Discovery Material

2011	SHILAND FAMILY MEDICINE	BECKER PA,ROSALIND V	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, CR
2011	MEDICAL ASSOCIATES FORT MILL	BELLANFONTE MD,LISA	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	Not on Staff
2011	MEDICAL ASSOCIATES ROCK HILL	BELLANFONTE MD,LISA	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	Not on Staff
2011	SANGER ACARD ROCK HILL	BOIK PA,DIANNE M	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, University, Mercy/Pineville
2011	PIEDMONT GYNOB ROCK HILL	BROOK CNM,SAGE	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville
2011	PALMETTO PEDIATRICS	BROWN NP,SARAH W	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	Not on Staff
2011	PALMETTO PEDIATRICS	BUI MD,HONG	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2011	CHC URGENT CARE FORT MILL	COLMENARES MD,GUSTAVO A	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2011	ROCK HILL PEDIATRIC ASSOCIATES	COOK JR MD,DEXTER L	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2011	ROCK HILL PEDIATRIC FORT MILL	COOK JR MD,DEXTER L	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2011	PALMETTO PEDIATRICS	COPPLE MD,HAL E	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2011	SHILAND FAMILY MEDICINE	CURRAN MD,MICHAEL M	2633 CELANESE ROAD		ROCK HILL	SC	29732	Not on Staff
2011	CHC URGENT CARE FORT MILL	DANI MD,NIPA	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	Not on Staff
2011	ROCK HILL PEDIATRIC ASSOCIATES	DAVIS MD,CRAIG CARLTON	1601 EBENEZER ROAD		ROCK HILL	SC	29732	Not on Staff
2011	ROCK HILL PEDIATRIC FORT MILL	DAVIS MD,CRAIG CARLTON	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	Not on Staff
2011	PIEDMONT GYNOB ROCK HILL	DEMCHAK MD,SUSAN M	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2011	ROCK HILL PEDIATRIC ASSOCIATES	EDWARDS MD,MARTHA M	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2011	SANGER ACARD FORT MILL	EDWARDS MD,NATHANIEL C	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715	not on Staff
2011	SANGER ACARD ROCK HILL	EDWARDS MD,NATHANIEL C	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	not on Staff
2011	PIEDMONT GYNOB ROCK HILL	FLOYD CNM,JANET A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2011	PIEDMONT GYNOB ROCK HILL	FOX MD,TAMARA B	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2011	SHILAND FAMILY MEDICINE	FULMER MD,ROBERT V	2633 CELANESE ROAD		ROCK HILL	SC	29732	Not on Staff
2011	PIEDMONT GYNOB ROCK HILL	GARCIA MD,TED	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2011	ROCK HILL PEDIATRIC ASSOCIATES	GOODBAR MD,ROBERT C	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2011	ROCK HILL PEDIATRIC FORT MILL	GOODBAR MD,ROBERT C	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2011	PALMETTO PEDIATRICS	HANSEN MD,DOUGLAS B	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2011	ROCK HILL PEDIATRIC ASSOCIATES	HARTIGAN NP,ELSIE	1601 EBENEZER ROAD		ROCK HILL	SC	29732	Not on Staff
2011	ROCK HILL PEDIATRIC FORT MILL	HARTIGAN NP,ELSIE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	Not on Staff
2011	PIEDMONT GYNOB ROCK HILL	HAYES CNM,TINA J	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2011	SANGER ACARD FORT MILL	HAYNIE MD,JUSTIN F	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715	CMC, Mercy/Pineville, University, CR, Lincoln
2011	SANGER ACARD ROCK HILL	HAYNIE MD,JUSTIN F	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR, Lincoln
2011	SANGER ROCK HILL PEDS CARDIO	HERLONG MD,JAMES R	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR, Lincoln
2011	CHC URGENT CARE FORT MILL	HERNANDEZ MD,LYNN J	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2011	CHC URGENT CARE FORT MILL	HILDEBRAND MD,HARTWELL	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	Not on Staff
2011	CHC URGENT CARE FORT MILL	HILLMAN DO,JASON PAUL	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	Not on Staff
2011	SHILAND FAMILY MEDICINE	JACKSON MD,WILLIAM A	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2011	SANGER ACARD FORT MILL	JOHNSON MD,THOMAS V	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715	CMC, Mercy/Pineville, University, CR
2011	SANGER ACARD ROCK HILL	JOHNSON MD,THOMAS V	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2011	CHC URGENT CARE FORT MILL	KOEWLER MD,THOMAS J	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2011	ROCK HILL PEDIATRIC ASSOCIATES	LINDSAY MD,NIKITA WILLIAMS	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2011	ROCK HILL PEDIATRIC FORT MILL	LINDSAY MD,NIKITA WILLIAMS	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2011	PIEDMONT GYNOB ROCK HILL	LOWDER MD,LAURA H	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR

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2011	PIEDMONT GYNOB ROCK HILL	MACK CNM,JESSICA S	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2011	SHILAND FAMILY MEDICINE	MARTIN MD,STEPHEN R	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2011	ROCK HILL PEDIATRIC ASSOCIATES	MCCASKILL MD,QUIMBY E	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2011	ROCK HILL PEDIATRIC FORT MILL	MCCASKILL MD,QUIMBY E	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2011	CHC URGENT CARE FORT MILL	MCCUTCHEN DO,JEFFREY R	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2011	MEDICAL ASSOCIATES FORT MILL	MCMAHON MD,SANDRA E	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	not on Staff
2011	MEDICAL ASSOCIATES ROCK HILL	MCMAHON MD,SANDRA E	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2011	SANGER ACARD ROCK HILL	MEHTA MD,ROHIT	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2011	MEDICAL ASSOCIATES FORT MILL	MILLER MD,FRED H	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	not on Staff
2011	MEDICAL ASSOCIATES ROCK HILL	MILLER MD,FRED H	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2011	SANGER ACARD ROCK HILL	MORAN NP,ALICE F	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, CR, University, Mercy/Pineville
2011	SANGER ACARD FORT MILL	MUSIALOWSKI JR MD,RICHARD S	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715	CMC, Mercy/Pineville, University, CR
2011	SANGER ACARD ROCK HILL	MUSIALOWSKI JR MD,RICHARD S	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2011	MEDICAL ASSOCIATES FORT MILL	NETZLER MD,CLIFFORD K	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	not on Staff
2011	MEDICAL ASSOCIATES ROCK HILL	NETZLER MD,CLIFFORD K	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2011	CAROLINA CANCER SPECIALISTS	NIX MD,DAVID S	225 S HERLONG AVENUE	SUITE 201	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2011	PIEDMONT GYNOB ROCK HILL	NONA CNM,LISA H	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2011	PIEDMONT GYNOB ROCK HILL	NORTHCUTT MD,HUGH N	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2011	ROCK HILL PEDIATRIC ASSOCIATES	OREHEK CPNP,BRIDGETTE	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2011	ROCK HILL PEDIATRIC FORT MILL	OREHEK CPNP,BRIDGETTE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2011	ROCK HILL PEDIATRIC ASSOCIATES	OSTERBERG MD,HATTINA	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2011	ROCK HILL PEDIATRIC FORT MILL	OSTERBERG MD,HATTINA	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2011	SHILAND FAMILY MEDICINE	PENNINGTON MD,AMANDA M	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2011	PIEDMONT GYNOB ROCK HILL	PHILLIPS MD,JOHN G	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2011	PIEDMONT GYNOB ROCK HILL	PILLAI MD,PRIYA B	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2011	SHILAND FAMILY FORT MILL	POPE MD,BRIAN O	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715	not on Staff
2011	PIEDMONT GYNOB ROCK HILL	PPIGO,LAB	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2011	PIEDMONT GYNOB ROCK HILL	PPIGO,NURSE	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2011	PIEDMONT GYNOB ROCK HILL	PPIGO,ULTRASOUND	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2011	PIEDMONT GYNOB ROCK HILL	REVELL MD,WILLIAM S	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2011	CHC URGENT CARE FORT MILL	RICHARDS MD,MICHAEL D	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2011	SANGER ROCK HILL PEDS CARDIO	RIOPEL MD,DONALD A	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR, Lincoln
2011	PIEDMONT GYNOB ROCK HILL	ROBERTSON CNM,NANCY C	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2011	SHILAND FAMILY MEDICINE	SAMPLE MD,JERRY J	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2011	SHILAND FAMILY MEDICINE	SICK MD,BRANDON R	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2011	SHILAND FAMILY MEDICINE	SIMPSON NP,JILL E	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2011	CAROLINA CANCER SPECIALISTS	SINCLAIR MD,PAMELA R	225 S HERLONG AVENUE	SUITE 201	ROCK HILL	SC	29732	not on Staff
2011	SANGER ROCK HILL PEDS CARDIO	SLIZ JR MD,NICHOLAS B	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR, Lincoln
2011	CHC URGENT CARE FORT MILL	SNYDER MD,THOMAS J	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2011	ROCK HILL PEDIATRIC ASSOCIATES	START MD,SUSAN J	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2011	ROCK HILL PEDIATRIC ASSOCIATES	SUPER MD,ELIZABETH ANNE	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2011	ROCK HILL PEDIATRIC FORT MILL	SUPER MD,ELIZABETH ANNE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff

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2011	ROCK HILL PEDIATRIC ASSOCIATES	TONKOWICZ MD,PATRICIA A	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2011	ROCK HILL PEDIATRIC FORT MILL	TONKOWICZ MD,PATRICIA A	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2011	SHILAND FAMILY FORT MILL	TRUESDALE MD,DORENDA G	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715	CMC, Mercy/Pineville, University, CR
2011	SHILAND FAMILY MEDICINE	TRUESDALE MD,DORENDA G	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2011	CHC URGENT CARE FORT MILL	VERMA MD,ANURADHA	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2011	CHC URGENT CARE FORT MILL	VON KLAR MD,JOHN L	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2011	SHILAND FAMILY FORT MILL	WARD MD,JOYCE C	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715	not on Staff
2011	CHC URGENT CARE FORT MILL	WASHINGTON MD,EDWARD M	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2011	MEDICAL ASSOCIATES FORT MILL	WEBER MD,KARL	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	not on Staff
2011	MEDICAL ASSOCIATES ROCK HILL	WEBER MD,KARL	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2012	ROCK HILL PEDIATRIC ASSOCIATES	ALEXANDER MD,ROBERT M	1601 EBENEZER ROAD		ROCK HILL	SC	29732	Not on Staff
2012	ROCK HILL PEDIATRIC FORT MILL	ALEXANDER MD,ROBERT M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	Not on Staff
2012	CHC URGENT CARE FORT MILL	ALLGOOD MD,SARA E	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	Not on Staff
2012	SHILAND FAMILY MEDICINE	ANANDPURA MD,PARAG S	2633 CELANESE ROAD		ROCK HILL	SC	29732	Mercy/Pineville, CMC, University, CR
2012	CHC URGENT CARE FORT MILL	ANQUILO MD,LOUIE A	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	Not on Staff
2012	CHC URGENT CARE FORT MILL	ARDELEAN PA,RHONDA SUE	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	Not on Staff
2012	PALMETTO PEDIATRICS	BAKER NP,WENDY	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	Not on Staff
2012	PIEDMONT GYNOB ROCK HILL	BALE MD,C STEPHEN	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2012	PIEDMONT GYNOB ROCK HILL	BARKLEY MD,DAVID A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2012	SHILAND FAMILY MEDICINE	BARRON MD,GEORGE T	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2012	SHILAND FAMILY MEDICINE	BECKER PA,ROSALIND V	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, CR
2012	MEDICAL ASSOCIATES FORT MILL	BELLANFONTE MD,LISA	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	Not on Staff
2012	MEDICAL ASSOCIATES ROCK HILL	BELLANFONTE MD,LISA	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	Not on Staff
2012	CHC URGENT CARE FORT MILL	BOEGGMAN NP,KELLIE L	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	Not on Staff
2012	SANGER ACARD ROCK HILL	BOIK PA,DIANNE M	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, University
2012	PIEDMONT GYNOB ROCK HILL	BROOK CNM,SAGE	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville
2012	PALMETTO PEDIATRICS	BROWN NP,SARAH W	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	Not on Staff
2012	PALMETTO PEDIATRICS	BUI MD,HONG	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2012	CHC URGENT CARE FORT MILL	COLMENARES MD,GUSTAVO A	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2012	ROCK HILL PEDIATRIC ASSOCIATES	COOK JR MD,DEXTER L	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2012	ROCK HILL PEDIATRIC FORT MILL	COOK JR MD,DEXTER L	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2012	PALMETTO PEDIATRICS	COPPLE MD,HAL E	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2012	SHILAND FAMILY MEDICINE	CURRAN MD,MICHAEL M	2633 CELANESE ROAD		ROCK HILL	SC	29732	Not on Staff
2012	ROCK HILL PEDIATRIC ASSOCIATES	DAVIS MD,CRAIG CARLTON	1601 EBENEZER ROAD		ROCK HILL	SC	29732	Not on Staff
2012	ROCK HILL PEDIATRIC FORT MILL	DAVIS MD,CRAIG CARLTON	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	Not on Staff
2012	PIEDMONT GYNOB ROCK HILL	DEMCHAK MD,SUSAN M	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2012	ROCK HILL PEDIATRIC ASSOCIATES	EDWARDS MD,MARTHA M	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2012	ROCK HILL PEDIATRIC FORT MILL	EDWARDS MD,MARTHA M	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2012	SANGER ACARD FORT MILL	EDWARDS MD,NATHANIEL C	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715	not on Staff
2012	SANGER ACARD ROCK HILL	EDWARDS MD,NATHANIEL C	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	not on Staff
2012	CHC URGENT CARE FORT MILL	FARMER NP,BRANDY L	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	Not on Staff
2012	PIEDMONT GYNOB ROCK HILL	FLOYD CNM,JANET A	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville

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2012	PIEDMONT GYNOB ROCK HILL	FOX MD,TAMARA B	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC Mercy/Pineville, University, CR
2012	SHILAND FAMILY MEDICINE	FULMER MD,ROBERT V	2633 CELANESE ROAD		ROCK HILL	SC	29732	Not on Staff
2012	PIEDMONT GYNOB ROCK HILL	GARCIA MD,TED	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2012	ROCK HILL PEDIATRIC ASSOCIATES	GOODBAR MD,ROBERT C	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2012	ROCK HILL PEDIATRIC FORT MILL	GOODBAR MD,ROBERT C	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2012	PALMETTO PEDIATRICS	HANSEN MD,DOUGLAS B	2450 INDIA HOOK ROAD	SUITE A	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2012	ROCK HILL PEDIATRIC ASSOCIATES	HARRIS NP,SANDRA	1601 EBENEZER ROAD		ROCK HILL	SC	29732	CMC
2012	ROCK HILL PEDIATRIC FORT MILL	HARRIS NP,SANDRA	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	CMC
2012	ROCK HILL PEDIATRIC ASSOCIATES	HARTIGAN NP,ELSIE	1601 EBENEZER ROAD		ROCK HILL	SC	29732	Not on Staff
2012	ROCK HILL PEDIATRIC FORT MILL	HARTIGAN NP,ELSIE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	Not on Staff
2012	SHILAND FAMILY FORT MILL	HATCHELL MD,JEFFREY FULTON	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715	Not on Staff
2012	PIEDMONT GYNOB ROCK HILL	HAYES CNM,TINA J	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2012	SANGER ACARD ROCK HILL	HAYNIE MD,JUSTIN F	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR, Lincoln
2012	CHC URGENT CARE FORT MILL	HILDEBRAND MD,HARTWELL	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	Not on Staff
2012	CHC URGENT CARE FORT MILL	HILLMAN DO,JASON PAUL	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	Not on Staff
2012	SHILAND FAMILY MEDICINE	JACKSON MD,WILLIAM A	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2012	SANGER ACARD FORT MILL	JOHNSON MD,THOMAS V	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715	CMC, Mercy/Pineville, University, CR
2012	SANGER ACARD ROCK HILL	JOHNSON MD,THOMAS V	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2012	CHC URGENT CARE FORT MILL	KOEWLER MD,THOMAS J	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2012	ROCK HILL PEDIATRIC ASSOCIATES	LINDSAY MD,NIKITA WILLIAMS	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2012	ROCK HILL PEDIATRIC FORT MILL	LINDSAY MD,NIKITA WILLIAMS	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2012	PIEDMONT GYNOB ROCK HILL	LOWDER MD,LAURA H	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2012	PIEDMONT GYNOB ROCK HILL	MACK CNM,JESSICA S	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2012	MACLEAN POWER	MACLEAN POWER,PROVIDER	7801 PARK PLACE ROAD		YORK	SC	29745	Not on Staff
2012	SHILAND FAMILY MEDICINE	MARTIN MD,STEPHEN R	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2012	ROCK HILL PEDIATRIC ASSOCIATES	MCCASKILL MD,QUIMBY E	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2012	ROCK HILL PEDIATRIC FORT MILL	MCCASKILL MD QUIMBY E	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2012	CHC URGENT CARE FORT MILL	MCCUTCHEN DO,JEFFREY R	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2012	MEDICAL ASSOCIATES FORT MILL	MCMAHON MD,SANDRA E	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	not on Staff
2012	MEDICAL ASSOCIATES ROCK HILL	MCMAHON MD,SANDRA E	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2012	SANGER ACARD ROCK HILL	MEHTA MD,ROHIT	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2012	MEDICAL ASSOCIATES FORT MILL	MILLER MD,FRED H	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	not on Staff
2012	MEDICAL ASSOCIATES ROCK HILL	MILLER MD,FRED H	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2012	SANGER ACARD FORT MILL	MUSIALOWSKI JR MD,RICHARD S	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715	CMC, Mercy/Pineville, University, CR
2012	SANGER ACARD ROCK HILL	MUSIALOWSKI JR MD,RICHARD S	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2012	MEDICAL ASSOCIATES FORT MILL	NETZLER MD,CLIFFORD K	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	not on Staff
2012	MEDICAL ASSOCIATES ROCK HILL	NETZLER MD,CLIFFORD K	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	29732	not on Staff
2012	CAROLINA CANCER SPECIALISTS	NIX MD,DAVID S	225 S HERLONG AVENUE	SUITE 201	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2012	SHILAND FAMILY FORT MILL	NOBLES PA,MICHELLE B	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715	not on Staff
2012	SHILAND FAMILY MEDICINE	NOBLES PA,MICHELLE B	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2012	PIEDMONT GYNOB ROCK HILL	NONA CNM,LISA H	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2012	PIEDMONT GYNOB ROCK HILL	NORTHCUTT MD,HUGH N	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR

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2012	ROCK HILL PEDIATRIC ASSOCIATES	OREHEK CPNP,BRIDGETTE	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2012	ROCK HILL PEDIATRIC FORT MILL	OREHEK CPNP,BRIDGETTE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2012	ROCK HILL PEDIATRIC ASSOCIATES	OSTERBERG MD,HATTINA	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2012	ROCK HILL PEDIATRIC FORT MILL	OSTERBERG MD,HATTINA	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2012	SHILAND FAMILY FORT MILL	PENNINGTON MD,AMANDA M	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715	not on Staff
2012	SHILAND FAMILY MEDICINE	PENNINGTON MD,AMANDA M	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2012	PIEDMONT GYNOB ROCK HILL	PHILLIPS MD,JOHN G	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2012	PIEDMONT GYNOB ROCK HILL	PILLAI MD,PRIYA B	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2012	SHILAND FAMILY FORT MILL	POPE MD,BRIAN O	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715	not on Staff
2012	SHILAND FAMILY MEDICINE	POPE MD,BRIAN O	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2012	PIEDMONT GYNOB ROCK HILL	PPIGO,LAB	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2012	PIEDMONT GYNOB ROCK HILL	PPIGO,NURSE	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2012	PIEDMONT GYNOB ROCK HILL	PPIGO,ULTRASOUND	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	not on Staff
2012	PIEDMONT GYNOB ROCK HILL	REVELL MD,WILLIAM S	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2012	CHC URGENT CARE FORT MILL	RICHARDS MD,MICHAEL D	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2012	SANGER ROCK HILL PEDS CARDIO	RIOPEL MD,DONALD A	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR, Lincoln
2012	PIEDMONT GYNOB ROCK HILL	ROBERTSON CNM,NANCY C	200 S HERLONG AVENUE	SUITE F	ROCK HILL	SC	29732	Mercy/Pineville
2012	SHILAND FAMILY MEDICINE	SAMPLE MD,JERRY J	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2012	SANGER ACARD FORT MILL	SHUGOLL MD,RICHARD A	704 GOLD HILL ROAD	SUITE 2300	FORT MILL	SC	29715	CMC, Mercy/Pineville, University, CR
2012	SHILAND FAMILY MEDICINE	SICK MD,BRANDON R	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2012	CAROLINA CANCER SPECIALISTS	SINCLAIR MD,PAMELA R	225 S HERLONG AVENUE	SUITE 201	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2012	SANGER ROCK HILL PEDS CARDIO	SLIZ JR MD,NICHOLAS B	197 PIEDMONT BOULEVARD	SUITE 111	ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR, Lincoln
2012	CHC URGENT CARE FORT MILL	SNYDER MD,THOMAS J	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2012	SPRINGS CREATIVE	SPRINGS CREATIVE,PROVIDER	220 WEST WHITE STREET		ROCK HILL	SC	29730	not on Staff
2012	ROCK HILL PEDIATRIC ASSOCIATES	START MD,SUSAN J	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2012	ROCK HILL PEDIATRIC ASSOCIATES	SUPER MD ELIZABETH ANNE	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2012	ROCK HILL PEDIATRIC FORT MILL	SUPER MD ELIZABETH ANNE	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2012	ROCK HILL PEDIATRIC ASSOCIATES	TONKOWICZ MD,PATRICIA A	1601 EBENEZER ROAD		ROCK HILL	SC	29732	not on Staff
2012	ROCK HILL PEDIATRIC FORT MILL	TONKOWICZ MD,PATRICIA A	704 GOLD HILL ROAD	SUITE 207	FORT MILL	SC	29715	not on Staff
2012	SHILAND FAMILY FORT MILL	TRUESDALE MD,DORENDA G	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715	CMC, Mercy/Pineville, University, CR
2012	SHILAND FAMILY MEDICINE	TRUESDALE MD,DORENDA G	2633 CELANESE ROAD		ROCK HILL	SC	29732	CMC, Mercy/Pineville, University, CR
2012	CHC URGENT CARE FORT MILL	VERMA MD,ANURADHA	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2012	SHILAND FAMILY MEDICINE	WALKUP NP,RUTH C	2633 CELANESE ROAD		ROCK HILL	SC	29732	not on Staff
2012	SHILAND FAMILY FORT MILL	WARD MD,JOYCE C	704 GOLD HILL ROAD	SUITE 107	FORT MILL	SC	29715	not on Staff
2012	CHC URGENT CARE FORT MILL	WASHINGTON MD,EDWARD M	704 GOLD HILL ROAD	SUITE 1200	FORT MILL	SC	29715	not on Staff
2012	MEDICAL ASSOCIATES FORT MILL	WEBER MD,KARL	704 GOLD HILL ROAD	SUITE 115	FORT MILL	SC	29715	not on Staff
2012	MEDICAL ASSOCIATES ROCK HILL	WEBER MD,KARL	2450 INDIA HOOK ROAD	SUITE B	ROCK HILL	SC	28732	not on Staff
Campus/Division Name		Provider Full Name	Add 1	Add 2	City	ST	ZIP	Hospital

RECORD 005045

PET-EX025.0036

S-CHS-4672
Confidential Discovery Material

York County Practices Only

Based on Admission billing codes from IDX

Billing Location Name	Service Year	Number of Proced
CMC PINEVILLE INPATIENT	2007	16
CMC PINEVILLE INPATIENT	2008	16
CMC PINEVILLE INPATIENT	2009	16
CMC PINEVILLE INPATIENT	2010	12
CMC PINEVILLE INPATIENT	2011	9
CMC PINEVILLE INPATIENT	2012	15

York County Practices Only

Referrals by Zip Code based on Referral Portal data

Year	Division	Zip	Total Referral Cou
2009	CAROLINA CANCER SPECIALISTS	29730	1
2009	CHC URGENT CARE FORT MILL	29708	1
2009	CHC URGENT CARE FORT MILL	29715	6
2009	CHC URGENT CARE FORT MILL	29745	2
2009	MEDICAL ASSOCIATES FORT MILL	29704	1
2009	MEDICAL ASSOCIATES FORT MILL	29708	47
2009	MEDICAL ASSOCIATES FORT MILL	29710	4
2009	MEDICAL ASSOCIATES FORT MILL	29715	20
2009	MEDICAL ASSOCIATES FORT MILL	29716	1
2009	MEDICAL ASSOCIATES FORT MILL	29717	1
2009	MEDICAL ASSOCIATES FORT MILL	29726	1
2009	MEDICAL ASSOCIATES FORT MILL	29730	28
2009	MEDICAL ASSOCIATES FORT MILL	29731	2
2009	MEDICAL ASSOCIATES FORT MILL	29732	43
2009	MEDICAL ASSOCIATES FORT MILL	29745	12
2009	MEDICAL ASSOCIATES ROCK HILL	29704	4
2009	MEDICAL ASSOCIATES ROCK HILL	29708	27
2009	MEDICAL ASSOCIATES ROCK HILL	29710	7
2009	MEDICAL ASSOCIATES ROCK HILL	29715	23
2009	MEDICAL ASSOCIATES ROCK HILL	29716	2
2009	MEDICAL ASSOCIATES ROCK HILL	29730	57
2009	MEDICAL ASSOCIATES ROCK HILL	29731	1
2009	MEDICAL ASSOCIATES ROCK HILL	29732	70
2009	MEDICAL ASSOCIATES ROCK HILL	29745	15
2009	PALMETTO PEDIATRICS	29703	1
2009	PALMETTO PEDIATRICS	29704	1
2009	PALMETTO PEDIATRICS	29708	6
2009	PALMETTO PEDIATRICS	29715	5
2009	PALMETTO PEDIATRICS	29726	2
2009	PALMETTO PEDIATRICS	29730	10
2009	PALMETTO PEDIATRICS	29732	22
2009	PALMETTO PEDIATRICS	29742	1

2009 PALMETTO PEDIATRICS	29745	7
2009 PIEDMONT GYNOB ROCK HILL	29710	3
2009 PIEDMONT GYNOB ROCK HILL	29730	4
2009 PIEDMONT GYNOB ROCK HILL	29732	8
2009 PIEDMONT GYNOB ROCK HILL	29742	1
2009 PIEDMONT GYNOB ROCK HILL	29745	2
2009 ROCK HILL PEDIATRIC ASSOCIATES	29704	1
2009 ROCK HILL PEDIATRIC ASSOCIATES	29708	7
2009 ROCK HILL PEDIATRIC ASSOCIATES	29710	6
2009 ROCK HILL PEDIATRIC ASSOCIATES	29715	2
2009 ROCK HILL PEDIATRIC ASSOCIATES	29730	9
2009 ROCK HILL PEDIATRIC ASSOCIATES	29732	17
2009 ROCK HILL PEDIATRIC ASSOCIATES	29742	1
2009 ROCK HILL PEDIATRIC ASSOCIATES	29745	2
2009 ROCK HILL PEDIATRIC FORT MILL	29704	1
2009 ROCK HILL PEDIATRIC FORT MILL	29708	12
2009 ROCK HILL PEDIATRIC FORT MILL	29710	4
2009 ROCK HILL PEDIATRIC FORT MILL	29715	22
2009 ROCK HILL PEDIATRIC FORT MILL	29716	1
2009 ROCK HILL PEDIATRIC FORT MILL	29730	15
2009 ROCK HILL PEDIATRIC FORT MILL	29732	15
2009 ROCK HILL PEDIATRIC FORT MILL	29742	1
2009 ROCK HILL PEDIATRIC FORT MILL	29745	6
2009 SHILAND FAMILY FORT MILL	29704	3
2009 SHILAND FAMILY FORT MILL	29708	56
2009 SHILAND FAMILY FORT MILL	29710	10
2009 SHILAND FAMILY FORT MILL	29715	32
2009 SHILAND FAMILY FORT MILL	29730	54
2009 SHILAND FAMILY FORT MILL	29732	71
2009 SHILAND FAMILY FORT MILL	29745	19
2009 SHILAND FAMILY MEDICINE	29704	6
2009 SHILAND FAMILY MEDICINE	29708	12
2009 SHILAND FAMILY MEDICINE	29710	9
2009 SHILAND FAMILY MEDICINE	29715	10
2009 SHILAND FAMILY MEDICINE	29717	1
2009 SHILAND FAMILY MEDICINE	29726	3
2009 SHILAND FAMILY MEDICINE	29730	146

2009 SHILAND FAMILY MEDICINE	29732	180
2009 SHILAND FAMILY MEDICINE	29742	2
2009 SHILAND FAMILY MEDICINE	29745	30
2010 CAROLINA CANCER SPECIALISTS	29708	1
2010 CAROLINA CANCER SPECIALISTS	29730	1
2010 CAROLINA CANCER SPECIALISTS	29732	2
2010 CHC URGENT CARE FORT MILL	29708	4
2010 CHC URGENT CARE FORT MILL	29710	1
2010 CHC URGENT CARE FORT MILL	29715	5
2010 CHC URGENT CARE FORT MILL	29730	1
2010 MEDICAL ASSOCIATES FORT MILL	29704	1
2010 MEDICAL ASSOCIATES FORT MILL	29708	60
2010 MEDICAL ASSOCIATES FORT MILL	29710	16
2010 MEDICAL ASSOCIATES FORT MILL	29715	54
2010 MEDICAL ASSOCIATES FORT MILL	29730	32
2010 MEDICAL ASSOCIATES FORT MILL	29732	59
2010 MEDICAL ASSOCIATES FORT MILL	29742	1
2010 MEDICAL ASSOCIATES FORT MILL	29745	17
2010 MEDICAL ASSOCIATES ROCK HILL	29704	4
2010 MEDICAL ASSOCIATES ROCK HILL	29708	13
2010 MEDICAL ASSOCIATES ROCK HILL	29710	4
2010 MEDICAL ASSOCIATES ROCK HILL	29715	5
2010 MEDICAL ASSOCIATES ROCK HILL	29726	2
2010 MEDICAL ASSOCIATES ROCK HILL	29730	34
2010 MEDICAL ASSOCIATES ROCK HILL	29731	1
2010 MEDICAL ASSOCIATES ROCK HILL	29732	63
2010 MEDICAL ASSOCIATES ROCK HILL	29742	1
2010 MEDICAL ASSOCIATES ROCK HILL	29743	1
2010 MEDICAL ASSOCIATES ROCK HILL	29745	12
2010 PALMETTO PEDIATRICS	29704	3
2010 PALMETTO PEDIATRICS	29708	2
2010 PALMETTO PEDIATRICS	29710	3
2010 PALMETTO PEDIATRICS	29715	2
2010 PALMETTO PEDIATRICS	29726	2
2010 PALMETTO PEDIATRICS	29730	24
2010 PALMETTO PEDIATRICS	29732	43
2010 PALMETTO PEDIATRICS	29742	1

2010 PALMETTO PEDIATRICS	29745	18
2010 PIEDMONT GYNOB ROCK HILL	29710	3
2010 PIEDMONT GYNOB ROCK HILL	29715	4
2010 PIEDMONT GYNOB ROCK HILL	29730	9
2010 PIEDMONT GYNOB ROCK HILL	29732	12
2010 PIEDMONT GYNOB ROCK HILL	29745	6
2010 ROCK HILL PEDIATRIC ASSOCIATES	29704	3
2010 ROCK HILL PEDIATRIC ASSOCIATES	29708	2
2010 ROCK HILL PEDIATRIC ASSOCIATES	29710	12
2010 ROCK HILL PEDIATRIC ASSOCIATES	29726	1
2010 ROCK HILL PEDIATRIC ASSOCIATES	29730	22
2010 ROCK HILL PEDIATRIC ASSOCIATES	29732	20
2010 ROCK HILL PEDIATRIC ASSOCIATES	29743	1
2010 ROCK HILL PEDIATRIC ASSOCIATES	29745	16
2010 ROCK HILL PEDIATRIC FORT MILL	29704	2
2010 ROCK HILL PEDIATRIC FORT MILL	29708	23
2010 ROCK HILL PEDIATRIC FORT MILL	29710	5
2010 ROCK HILL PEDIATRIC FORT MILL	29715	22
2010 ROCK HILL PEDIATRIC FORT MILL	29730	18
2010 ROCK HILL PEDIATRIC FORT MILL	29732	9
2010 ROCK HILL PEDIATRIC FORT MILL	29742	2
2010 ROCK HILL PEDIATRIC FORT MILL	29745	3
2010 SANGER ACARD ROCK HILL	29704	2
2010 SANGER ACARD ROCK HILL	29715	1
2010 SANGER ACARD ROCK HILL	29730	7
2010 SANGER ACARD ROCK HILL	29732	13
2010 SANGER ACARD ROCK HILL	29745	3
2010 SHILAND FAMILY FORT MILL	29704	10
2010 SHILAND FAMILY FORT MILL	29708	95
2010 SHILAND FAMILY FORT MILL	29710	12
2010 SHILAND FAMILY FORT MILL	29715	77
2010 SHILAND FAMILY FORT MILL	29716	1
2010 SHILAND FAMILY FORT MILL	29730	46
2010 SHILAND FAMILY FORT MILL	29731	1
2010 SHILAND FAMILY FORT MILL	29732	68
2010 SHILAND FAMILY FORT MILL	29745	20
2010 SHILAND FAMILY MEDICINE	29704	10

2010	SHILAND FAMILY MEDICINE	29708	10
2010	SHILAND FAMILY MEDICINE	29710	9
2010	SHILAND FAMILY MEDICINE	29715	11
2010	SHILAND FAMILY MEDICINE	29717	4
2010	SHILAND FAMILY MEDICINE	29726	2
2010	SHILAND FAMILY MEDICINE	29730	132
2010	SHILAND FAMILY MEDICINE	29731	3
2010	SHILAND FAMILY MEDICINE	29732	185
2010	SHILAND FAMILY MEDICINE	29742	3
2010	SHILAND FAMILY MEDICINE	29743	2
2010	SHILAND FAMILY MEDICINE	29745	32
2011	CAROLINA CANCER SPECIALISTS	29710	2
2011	CAROLINA CANCER SPECIALISTS	29730	1
2011	CAROLINA CANCER SPECIALISTS	29745	1
2011	CHC URGENT CARE FORT MILL	29708	8
2011	CHC URGENT CARE FORT MILL	29710	1
2011	CHC URGENT CARE FORT MILL	29715	9
2011	CHC URGENT CARE FORT MILL	29730	1
2011	CHC URGENT CARE FORT MILL	29732	1
2011	CHC URGENT CARE FORT MILL	29745	1
2011	MEDICAL ASSOCIATES FORT MILL	29704	7
2011	MEDICAL ASSOCIATES FORT MILL	29708	114
2011	MEDICAL ASSOCIATES FORT MILL	29710	16
2011	MEDICAL ASSOCIATES FORT MILL	29715	93
2011	MEDICAL ASSOCIATES FORT MILL	29716	4
2011	MEDICAL ASSOCIATES FORT MILL	29730	49
2011	MEDICAL ASSOCIATES FORT MILL	29732	61
2011	MEDICAL ASSOCIATES FORT MILL	29733	1
2011	MEDICAL ASSOCIATES FORT MILL	29742	3
2011	MEDICAL ASSOCIATES FORT MILL	29745	13
2011	MEDICAL ASSOCIATES ROCK HILL	29704	9
2011	MEDICAL ASSOCIATES ROCK HILL	29708	11
2011	MEDICAL ASSOCIATES ROCK HILL	29710	7
2011	MEDICAL ASSOCIATES ROCK HILL	29715	7
2011	MEDICAL ASSOCIATES ROCK HILL	29726	1
2011	MEDICAL ASSOCIATES ROCK HILL	29730	37
2011	MEDICAL ASSOCIATES ROCK HILL	29732	99

2011 MEDICAL ASSOCIATES ROCK HILL	29742	1
2011 MEDICAL ASSOCIATES ROCK HILL	29743	2
2011 MEDICAL ASSOCIATES ROCK HILL	29745	20
2011 PALMETTO PEDIATRICS	29704	6
2011 PALMETTO PEDIATRICS	29708	5
2011 PALMETTO PEDIATRICS	29710	6
2011 PALMETTO PEDIATRICS	29715	5
2011 PALMETTO PEDIATRICS	29726	1
2011 PALMETTO PEDIATRICS	29730	40
2011 PALMETTO PEDIATRICS	29732	58
2011 PALMETTO PEDIATRICS	29743	1
2011 PALMETTO PEDIATRICS	29745	10
2011 PIEDMONT GYNOB ROCK HILL	29710	2
2011 PIEDMONT GYNOB ROCK HILL	29715	2
2011 PIEDMONT GYNOB ROCK HILL	29726	1
2011 PIEDMONT GYNOB ROCK HILL	29730	12
2011 PIEDMONT GYNOB ROCK HILL	29732	22
2011 PIEDMONT GYNOB ROCK HILL	29742	1
2011 PIEDMONT GYNOB ROCK HILL	29745	11
2011 ROCK HILL PEDIATRIC ASSOCIATES	29704	2
2011 ROCK HILL PEDIATRIC ASSOCIATES	29708	4
2011 ROCK HILL PEDIATRIC ASSOCIATES	29710	7
2011 ROCK HILL PEDIATRIC ASSOCIATES	29715	1
2011 ROCK HILL PEDIATRIC ASSOCIATES	29730	54
2011 ROCK HILL PEDIATRIC ASSOCIATES	29731	1
2011 ROCK HILL PEDIATRIC ASSOCIATES	29732	40
2011 ROCK HILL PEDIATRIC ASSOCIATES	29742	1
2011 ROCK HILL PEDIATRIC ASSOCIATES	29745	18
2011 ROCK HILL PEDIATRIC FORT MILL	29704	1
2011 ROCK HILL PEDIATRIC FORT MILL	29708	38
2011 ROCK HILL PEDIATRIC FORT MILL	29710	11
2011 ROCK HILL PEDIATRIC FORT MILL	29715	40
2011 ROCK HILL PEDIATRIC FORT MILL	29730	19
2011 ROCK HILL PEDIATRIC FORT MILL	29732	16
2011 ROCK HILL PEDIATRIC FORT MILL	29745	6
2011 SANGER ACARD ROCK HILL	29704	2
2011 SANGER ACARD ROCK HILL	29708	10

2011 SANGER ACARD ROCK HILL	29710	15
2011 SANGER ACARD ROCK HILL	29715	9
2011 SANGER ACARD ROCK HILL	29717	2
2011 SANGER ACARD ROCK HILL	29726	1
2011 SANGER ACARD ROCK HILL	29730	66
2011 SANGER ACARD ROCK HILL	29732	86
2011 SANGER ACARD ROCK HILL	29742	5
2011 SANGER ACARD ROCK HILL	29743	1
2011 SANGER ACARD ROCK HILL	29745	41
2011 SHILAND FAMILY FORT MILL	29704	9
2011 SHILAND FAMILY FORT MILL	29708	148
2011 SHILAND FAMILY FORT MILL	29710	27
2011 SHILAND FAMILY FORT MILL	29715	146
2011 SHILAND FAMILY FORT MILL	29716	5
2011 SHILAND FAMILY FORT MILL	29726	3
2011 SHILAND FAMILY FORT MILL	29730	79
2011 SHILAND FAMILY FORT MILL	29732	81
2011 SHILAND FAMILY FORT MILL	29745	22
2011 SHILAND FAMILY MEDICINE	29704	8
2011 SHILAND FAMILY MEDICINE	29708	11
2011 SHILAND FAMILY MEDICINE	29710	7
2011 SHILAND FAMILY MEDICINE	29715	19
2011 SHILAND FAMILY MEDICINE	29717	3
2011 SHILAND FAMILY MEDICINE	29726	6
2011 SHILAND FAMILY MEDICINE	29730	156
2011 SHILAND FAMILY MEDICINE	29731	5
2011 SHILAND FAMILY MEDICINE	29732	246
2011 SHILAND FAMILY MEDICINE	29743	1
2011 SHILAND FAMILY MEDICINE	29745	41
2012 CAROLINA CANCER SPECIALISTS	29730	2
2012 CAROLINA CANCER SPECIALISTS	29732	2
2012 CHC URGENT CARE FORT MILL	29708	3
2012 CHC URGENT CARE FORT MILL	29715	3
2012 MEDICAL ASSOCIATES FORT MILL	29704	3
2012 MEDICAL ASSOCIATES FORT MILL	29708	189
2012 MEDICAL ASSOCIATES FORT MILL	29710	35
2012 MEDICAL ASSOCIATES FORT MILL	29715	156

2012 MEDICAL ASSOCIATES FORT MILL	29716	4
2012 MEDICAL ASSOCIATES FORT MILL	29730	61
2012 MEDICAL ASSOCIATES FORT MILL	29732	66
2012 MEDICAL ASSOCIATES FORT MILL	29742	4
2012 MEDICAL ASSOCIATES FORT MILL	29745	24
2012 MEDICAL ASSOCIATES ROCK HILL	29704	12
2012 MEDICAL ASSOCIATES ROCK HILL	29708	14
2012 MEDICAL ASSOCIATES ROCK HILL	29710	6
2012 MEDICAL ASSOCIATES ROCK HILL	29715	11
2012 MEDICAL ASSOCIATES ROCK HILL	29726	2
2012 MEDICAL ASSOCIATES ROCK HILL	29730	86
2012 MEDICAL ASSOCIATES ROCK HILL	29732	127
2012 MEDICAL ASSOCIATES ROCK HILL	29743	1
2012 MEDICAL ASSOCIATES ROCK HILL	29745	19
2012 PALMETTO PEDIATRICS	29704	4
2012 PALMETTO PEDIATRICS	29708	4
2012 PALMETTO PEDIATRICS	29710	7
2012 PALMETTO PEDIATRICS	29715	4
2012 PALMETTO PEDIATRICS	29726	1
2012 PALMETTO PEDIATRICS	29730	36
2012 PALMETTO PEDIATRICS	29732	53
2012 PALMETTO PEDIATRICS	29742	1
2012 PALMETTO PEDIATRICS	29745	13
2012 PIEDMONT GYNOB ROCK HILL	29704	1
2012 PIEDMONT GYNOB ROCK HILL	29708	3
2012 PIEDMONT GYNOB ROCK HILL	29710	3
2012 PIEDMONT GYNOB ROCK HILL	29715	2
2012 PIEDMONT GYNOB ROCK HILL	29717	1
2012 PIEDMONT GYNOB ROCK HILL	29730	12
2012 PIEDMONT GYNOB ROCK HILL	29732	15
2012 PIEDMONT GYNOB ROCK HILL	29745	7
2012 ROCK HILL PEDIATRIC ASSOCIATES	29704	1
2012 ROCK HILL PEDIATRIC ASSOCIATES	29708	6
2012 ROCK HILL PEDIATRIC ASSOCIATES	29710	18
2012 ROCK HILL PEDIATRIC ASSOCIATES	29715	4
2012 ROCK HILL PEDIATRIC ASSOCIATES	29730	37
2012 ROCK HILL PEDIATRIC ASSOCIATES	29732	57

2012 ROCK HILL PEDIATRIC ASSOCIATES	29742	1
2012 ROCK HILL PEDIATRIC ASSOCIATES	29743	1
2012 ROCK HILL PEDIATRIC ASSOCIATES	29745	20
2012 ROCK HILL PEDIATRIC FORT MILL	29708	28
2012 ROCK HILL PEDIATRIC FORT MILL	29710	7
2012 ROCK HILL PEDIATRIC FORT MILL	29715	43
2012 ROCK HILL PEDIATRIC FORT MILL	29730	13
2012 ROCK HILL PEDIATRIC FORT MILL	29732	13
2012 ROCK HILL PEDIATRIC FORT MILL	29745	3
2012 SANGER ACARD FORT MILL	29704	12
2012 SANGER ACARD FORT MILL	29708	91
2012 SANGER ACARD FORT MILL	29710	33
2012 SANGER ACARD FORT MILL	29715	111
2012 SANGER ACARD FORT MILL	29716	2
2012 SANGER ACARD FORT MILL	29717	1
2012 SANGER ACARD FORT MILL	29730	96
2012 SANGER ACARD FORT MILL	29731	2
2012 SANGER ACARD FORT MILL	29732	118
2012 SANGER ACARD FORT MILL	29742	1
2012 SANGER ACARD FORT MILL	29745	43
2012 SANGER ACARD ROCK HILL	29703	1
2012 SANGER ACARD ROCK HILL	29704	50
2012 SANGER ACARD ROCK HILL	29708	61
2012 SANGER ACARD ROCK HILL	29710	146
2012 SANGER ACARD ROCK HILL	29715	58
2012 SANGER ACARD ROCK HILL	29716	7
2012 SANGER ACARD ROCK HILL	29717	11
2012 SANGER ACARD ROCK HILL	29726	24
2012 SANGER ACARD ROCK HILL	29730	554
2012 SANGER ACARD ROCK HILL	29731	13
2012 SANGER ACARD ROCK HILL	29732	835
2012 SANGER ACARD ROCK HILL	29733	2
2012 SANGER ACARD ROCK HILL	29742	18
2012 SANGER ACARD ROCK HILL	29743	10
2012 SANGER ACARD ROCK HILL	29745	340
2012 SHILAND FAMILY FORT MILL	29704	9
2012 SHILAND FAMILY FORT MILL	29708	192

2012 SHILAND FAMILY FORT MILL	29710	27
2012 SHILAND FAMILY FORT MILL	29715	167
2012 SHILAND FAMILY FORT MILL	29716	2
2012 SHILAND FAMILY FORT MILL	29730	91
2012 SHILAND FAMILY FORT MILL	29731	2
2012 SHILAND FAMILY FORT MILL	29732	111
2012 SHILAND FAMILY FORT MILL	29742	1
2012 SHILAND FAMILY FORT MILL	29743	3
2012 SHILAND FAMILY FORT MILL	29745	39
2012 SHILAND FAMILY MEDICINE	29704	5
2012 SHILAND FAMILY MEDICINE	29708	17
2012 SHILAND FAMILY MEDICINE	29710	17
2012 SHILAND FAMILY MEDICINE	29715	11
2012 SHILAND FAMILY MEDICINE	29716	1
2012 SHILAND FAMILY MEDICINE	29726	5
2012 SHILAND FAMILY MEDICINE	29730	142
2012 SHILAND FAMILY MEDICINE	29731	3
2012 SHILAND FAMILY MEDICINE	29732	230
2012 SHILAND FAMILY MEDICINE	29745	48

Carolina Health System Physicians
Former Medical Staff Leadership Positions, 2000-2012

Physician	Year	Position
Steve Martin, MD	2000	Chairman, Family Practice & MEC Member
Ted Garcia, MD	2000	Chairman, OB-GYN & MEC Member
Dexter Cook, MD	2000	Chairman, Pediatrics & MEC Member
Richard Gettys, MD	2000	Chairman, Surgery & MEC Member
Hal Copple, MD	2000	V-Chr., PI Committee
Stephen Bale, MD	2000	Chairman, Ethics Committee
Nicholas Tuttle, MD	2001	Chairman, Family Practice & MEC Member
Hal Copple, MD	2001	Chairman, Pediatrics & MEC Member
Steven Thies, MD	2001	Chairman, Surgery & MEC Member
Robert Alexander, MD	2001	V-Chairman, Ethics Committee
Steven Thies, MD	2002	Chairman, Surgery Dept. & MEC Member
Nathaniel Edwards, MD	2002	Chairman, Medical Records Committee
David Countryman, MD	2002	Chairman, Trauma Committee
Robert Alexander, MD	2002	Chairman, Ethics Committee
Stephen Oehme, MD	2002	Chairman, Investigational Review Board
Nathaniel Edwards, MD	2003	Chairman, Medical Records Committee
Richard Musialowski, MD	2003	Chairman, Critical Care Committee
David Countryman, MD	2003	Chairman, Trauma Committee
Robert Alexander, MD	2003	Chairman, Ethics Committee
Patricia Tonkowicz, MD	2004	Chairman, Pediatrics & MEC Member
Richard Musialowski, MD	2004	Chairman, Critical Care Committee
Robert Alexander, MD	2004	Chairman, Ethics Committee
Nathaniel Edwards, MD	2004	Chairman, Medical Records Committee
Robert Alexander, MD	2004	V-Chairman, Quality Improvement Committee Member
Walter Tiedeman, MD	2004	Chairman, Patient Safety Committee
Robert Randall, MD	2004	Chairman, Trauma Committee
Robert Alexander, MD	2004	Chairman, Utilization Review Committee
Richard Musialowski, MD	2005	Past Chairman, Critical Care Committee
Walter Tiedeman, MD	2005	Chairman, Patient Safety Committee
Robert Randall, MD	2005	Chairman, Trauma Committee
Robert Alexander, MD	2006	Chief of Staff & MEC Chairman
Robert Alexander, MD	2006	Chairman, Peer Review Committee
Robert Randall, MD	2006	Chairman, Trauma Committee
Stephen Oehme, MD	2007	Chairman, Patient Safety Committee
Hal Copple, MD	2008	Pediatrics Dept. Chairman & MEC Member
Robert Alexander, MD	2008	Chairman, Ethics Committee
Nathaniel Edwards, MD	2008	V-Chairman, PI Committee
Robert Randall, MD	2008	Chairman, Trauma committee
Nathaniel Edwards, MD	2008	Chairman, Utilization Review Committee
Nathaniel Edwards, MD	2009	Chairman, PI Committee
Robert Randall, MD	2009	Chairman, Trauma Committee
Nathaniel Edwards, MD	2010	Chief of Staff & Chairman MEC
Nathaniel Edwards, MD	2010	Chairman, Peer Review Committee



Physicians on the Medical Staff Who did not Renew Privileges After Being Purchased by CHS

Physician		Date Left	Reason
Piedmont GYN/OB, 200 S. Herlong Ave., Ste F, Rock Hill, SC 29732			
Stephen Bale, MD		4/5/11	Bought by CHS
Priya Baja, MD		3/23/09	
David Barkley, MD		8/24/09	
Susan Demchak, MD		4/27/11	
Ted Garcia, MD		3/13/09	
Laura Lowder, MD		8/24/09	
Hugh Northcutt, MD		12/31/08	
John Phillips, MD		3/19/09	
William Revell, MD		2/23/11	
Shiland Family Medicine, 2633 Celanese Rd, Rock Hill, SC 29732			
Parag Anandpura, MD		8/25/10	Bought by CHS
George Barron, MD		8/25/10	
Michael Curran, MD		8/25/10	
Robert Fulmer, MD		8/25/10	
William Jackson, MD		8/25/10	
Stephen Martin, MD		8/25/10	
Amanda Pennington, MD		8/25/10	
Brandon Sick, MD		8/25/10	
Dorenda Truesdale, MD		8/25/10	
Palmetto Peds, 2450 India Hook Road, Rock Hill, SC 29732			
Hong Bui, MD		4/25/10	Bought by CHS
Hal Copple, MD		4/25/10	
Douglass, Hanson, MD		4/25/10	
Sanger Clinic, 225 S Herlong Ave, Ste 101, Roc Hill, SC 29732			
John Cedarholm, MD		6/30/11	Bought by CHS
Nathaniel Edwards, MD		6/30/11	
Thomas Johnson, MD		6/30/11	
John Fedor, MD		6/30/11	
Theodore Frank, MD		6/30/11	
Anoma Gamgae, MD		7/7/11	
Darlington Hart, MD		7/7/11	
Justin Haynie, MD		6/30/11	
William Herndon, MD		6/30/11	
Stephen Iuliano, MD		7/1/11	
Glen Kowalchuk, MD		6/30/11	
William Massey, MD		6/30/11	
Richard Musialowski, MD		6/30/11	
Irvin Naylor, MD		6/30/11	
Michael Rinaldi, MD		6/30/11	
Shilpa Shah, MD		7/7/11	
John Symanski, MD		7/7/11	
Alan Thomley, MD		6/30/11	
Sander van Cleeff, MD		7/1/11	
Hadley Wilson, MD		7/1/11	
Medical Associates of Rock Hill, 2450-B India Hook Rd, Rock Hill, SC 29732			
Sandra McMahon, MD		2/8/11	Bought by CHS
Fred Miller, MD		2/8/11	
Clifford Netzler, MD		3/26/09	
Karl Weber, MD		4/27/11	



Others			
Ramesh Sharma, MD	Vascular Solutions 7800 Providence Rd, Ste 209 Charlotte, NC 28226	2/03	Relocated to Charlotte – This is a CHS owned practice
Archtia Patel, MD	CHS-Mercy 2001 Vail Ave Charlotte, NC 28207	5/5/09	Relocated to Charlotte – This is a CHS owned practice
Floyd Hale, MD	Presbyterian Novant 200 Hawthorne Lane Charlotte, NC 28204	5/15/09	Hospitalists for Presby
John Hedge, MD	Steele Creek Family Practice 2610 W. Arrowood Rd Charlotte, NC 28273	8/20/10	Works for Novnt

Name	Hospital Affiliation	Title	Practice	Address	Phone	Fax	Category	Specialty
Abrams, Mark J.	CMC-PV, S	MD	Charlotte Eye, Ear, Nose & Throat	200 S. Herlong Ave., Ste. A, Rock Hill, SC 29732	328-1864	328-1865	Active	Otolarynology
Adamson, Tim E.	CMC-PV, CMC-ME, CMC-NE, P	MD	Carolina Neurosurgery & Spine	225 Baldwin Avenue, Charlotte, NC 28204	704-376-1605	704-335-8448	Courtesy	Neurosurgery
Adlakha, Arun	CMC	MD	Carolina Pulmonary Physicians	124 Glenwood Drive, Rock Hill, SC 29732	324-5280	324-5291	Active	Pulmonary Medicine
Alleyne,II, William F.	CMC	MD	Carolina Pulmonary Physicians	124 Glenwood Drive , Rock Hill, SC 29732	324-5280	328-0270	Active	Pulmonary Medicine
Allinger, James A.	CSC	MD	Anesthesia Associates	222 S. Herlong Avenue,Rock Hill, SC 29732	329-6711	329-5120	Active	Anesthesia
Amato, Victor M.	S	MD	Catawba Gastroenterology	108 Healthcare Drive; Lancaster, SC 29720	286-9963	283-6330	Courtesy	Gasterenterology
Amin, Vimalkumar P.	S	MD	Catawba Gastroenterology	108 Healthcare Drive; Lancaster, SC 29720	286-9963	283-6330	Courtesy	Gasterenterology
Anderson, Bryan	CMC	MD	Rock Hill Eye Clinic	1565 Ebenezer Road, Rock Hill, SC 29732	328-0168	325-8473	Courtesy	Ophthalmology
Aya-ay, Jerome	SR	MD	Piedmont West	1190 Filbert Hwy, York, SC 29745	628-0004	682-6004	Courtesy	Family Practice
Ayodele, Ayotunde	**	MD	York Pediatrics	1538 Healthcare Drive, Rock Hill, SC 29732	980-6610	980-6162	Active	Pediatrics
Baki, Talal T.	P	MD	Carolina Cardiology Associates	196 Cardiology Dr., Rock Hill, SC 29732	324-5135	324-8161	Active	Cardiology
Barrett, Rhonda V.	CSC	MD	Rock Hill Eye Clinic	1565 Ebenezer Road, Rock Hill, SC 29732	328-0168	325-8473	Courtesy	Ophthalmology
Benson, Christopher A.	CSC, EW	MD	Rock Hill GYN/OB	1721-05 Ebenezer Rd., Ste 145, Rock Hill, SC 29732	328-2401	328-1030	Active	OB/GYN
Bernard,Jr, Joe	CMC, P, CMC-NE, CMC-PV	MD	Carolina Neurosurgery & Spine	225 Baldwin Avenue, Charlotte, NC 28204	704-376-1605	704-335-8448	Courtesy	Neurosurgery
Bhaskaran, Dharmendra	SR	MD	Internal Medicine Group	225 S Herlong Ave, Ste 230, Rock Hill, SC 29732	366-3900	366-1213	Active	Internal Medicine
Bhoothapuri, Ramesh	SR, CH, CMC-PV	MD	Nephrology Associates	1436 Riverchase Blvd, Rock Hill, SC 29732	329-2636	329-2184	Active	Nephrology
Billman, Mark A.	**	DMD, MD	The Center for Oral & Maxillofacial Surgery	372 S.Herlong Ave., Rock Hill, SC 29732	324-1160	324-2456	Active	Oral Surgery
Bixenman, William	SR, CH, CMC-PV	MD	Nephrology Associates	1436 Riverchase Blvd, Rock Hill, SC 29732	329-2636	329-2184	Active	Nephrology
Bott, Stephen J.	CMC	MD	Digestive Disease Associates	170 Amendment Avenue, Rock Hill, SC 29732	324-7607	324-4097	Active	Gasterenterology
Bullard, Graham W.	RR, V, CMC-L, CMC-ME, PV, KM, PM, P, CMC	MD	Southeast Pain Care	927 East Blvd; Charlotte, NC 28203	704-377-5772	704-377-0518	Courtesy	Pain Management
Burack, David	CMC-M, CMC-ME	MD	Carolina Center for Rheumatology	744 Arden Lane, Ste 225, Rock Hill, SC 29732	329-1660	329-4118	Consulting	Rheumatology
Cahill, Kevin	CMC, CMC-NE, P	MD	Carolina Neurosurgery and Spine Associates	225 Baldwin Avenue; Charlotte, NC 28204	704-376-1605	704-831-3193	Courtesy	Neurosurgery
Carter, Rhonda G.	**	DDS	The Center for Oral & Maxillofacial Surgery	372 S.Herlong Ave., Rock Hill, SC 29732	324-1160	324-2456	Active	Oral Surgery
Chalela, Julio	11SC	MD	Piedmont Medical Center Stroke Program	222 S Herlong Ave, Rock Hill, SC 29732	329-1234		Consulting	Telemedicine
Chang, John K.	3VS	MD	Virtual Radiologic Professionals, LLC	11995 Singletree Lane, Ste 500, Eden Prairie, MN 55344	952-595-1299	952-935-2757	Consulting	Telemedicine
Choudhury, Anju	**	MD	Riverview Medical	1393 Celanese Rd., Rock Hill, SC 29732	329-3103	325-2232	Courtesy	Internal Medicine
Chua, Jerell	**	DO	North Central Family Medical	1131 Saluda Street, Rock Hill, SC 29731	325-7744	325-1177	Active	Family Practice
Ciminelli, Mark A.	S, CMC-PV	MD	Carolina Heart Specialists	223 S Herlong Avenue, Suite 120, Rock Hill, SC 29732	366-8300	327-4805	Active	Cardiology
Collins, Susan	**	DMD	Collins and Batson Dental	1251 Ebenezer Road, Rock Hill, SC 29732	324-3277	324-2264	Courtesy	Dentistry
Coric, Domagoj	CMC, CMC-NE, P	MD	Carolina Neurosurgery & Spine	225 Baldwin Avenue, Charlotte, NC 28204	704-376-1605	704-335-8448	Courtesy	Neurosurgery
Cowan, Michael A.	HS, CMC, CMC-PV, P, CMC-NE	MD	Carolina Neurosurgery & Spine	175 Amendment Avenue Ste 104, Rock Hill, SC 29732	325-1618	980-8418	Active	Neurosurgery
Cox, Jeffrey N.	**	MD	Carolina Sleep Medicine	102 Stone Village Drive; Fort Mill, SC 29708	835-5337	835-5339	Consulting	Sleep
Crabtree, Christopher	HS, P	DPM	Alpine Podiatry	430 S. Herlong Avenue, Rock Hill, SC 29732	327-2217	396-8657	Active	Podiatry
Creagh, Jr., Charles	**	MD	Carolina Pulmonary Physicians	124 Glenwood Drive, Rock Hill, SC 29732	324-5280	328-0270	Active Emertius	Pulmonary Medicine
Das, Sushil	**	MD	Primary Medical Associates	1787 Ebenezer Road, Rock Hill, SC 29732	324-7777	324-8787	Active	Internal Medicine
Daugherty, Wilson	CMC, CMC-ME, CMC-PV, P, CMC-NE	MD	Carolina Neursurgery and Spine Associates	225 Baldwin Avenue, Charlotte, NC 28204	704-376-1605	704-335-8448	Courtesy A	Neurosurgery
Denenberg, Michael B.	CMC	MD	Southeast Pulmonary & Critical Care	370 S. Herlong Avenue, Ste 200, Rock Hill, SC 29732	980-5864	980-5817	Active	Pulmonary Medicine
Deshmukh, Vinay	CMC-NE, P, CMC, CMC-ME, CMC-PV	MD	Carolina Neurosurgery & Spine	225 Baldwin Avenue, Charlotte, NC 28204	704-376-1605	704-335-8448	Courtesy	Neurosurgery
Douglas, Thomas D.	CMC-PV	MD	Carolina Urology Center	1780 Medical Park Dr., Rock Hill, SC 29732	327-1116	327-6872	Active	Urology
Dyer, E. Hunter	CMC,P,CMC-NE, CMC-PV, CMC-ME	MD	Carolina Neurosurgery & Spine	225 Baldwin Avenue, Charlotte, NC 28204	704-376-1605	704-335-8448	Courtesy	Neurosurgery
Erb, Brian	CH,S, RMC	MD	Nephrology Associates	1436 Riverchase Blvd, Rock Hill, SC 29732	329-2636	329-2184	Active	Nephrology

PMC.2013.00016160

Petitioner's Trial Exhibit 028

PET-EX028.0001

Name	Hospital Affilliation	Title	Practice	Address	Phone	Fax	Category	Specialty
Evans, William M.	KM, CMC-L,V,RR,CMC, CMC-PV, CMC-ME, CMC-U, UR,P	MD	Southeast Pain Care	927 East Blvd; Charlotte, NC 28203	704-377-5772	704-377-0518	Courtesy	Pain Management
Ezell, Terry H.	CSC, CME-PV, EW	MD	Carolina Urology Center	1780 Medical Park Dr., Rock Hill, SC 29732	327-1116	327-6872	Active	Urology
Farr, Arman K.	CSC	MD	Retina Institute of the Carolinas	724 Arden Lane Suite 220, Rock Hill, SC 29732	323-2020	329-7897	Active	Ophthalmology
Fassler, John E.	S, CH, HP, G	MD	Nephrology Associates	1436 Riverchase Blvd, Rock Hill, SC 29732	329-2636	329-2184	Active	Nephrology
Fritz, Jonathan P.	CSC	MD	Rock Hill Eye Clinic	1565 Ebenezer Road, Rock Hill, SC 29732	328-0168	325-8473	Courtesy	Ophthalmology
Garretson, Bret	CMC-PV, B	MD	Digestive Disease Associates	170 Amendment Avenue, Rock Hill, SC 29732	324-7607	324-4097	Active	Gasterenterology
Gazzuolo, Debra	**	MD	Carolina Medical Consultants	311 Glenwood Dr, Rock Hill, SC 29732	366-7175	366-0529	Courtesy	Internal Medicine
Gilbert, Richard L.	UR, CMC-ME, KM, CIOR, P, CMC-U, CMC, CMC-L	MD	Southeast Pain Care	927 East Blvd; Charlotte, NC 28203	704-377-5772	704-377-0518	Courtesy	Pain Management
Gingerich, Troy	CMC,CMC, PV, CMC-U, KM, CMC-ME, CIOR, CMC-L, RR, V, P, CMC-UR	MD	Southeast Pain Care	POB 36351 Charlotte, NC 28236	704-377-5772	704-377-0518	Courtesy	Pain Management
Gor, Asutosh	S	MD	Carolina Blood & Cancer Care	1583 Health Care Drive., Rock Hill, SC 29732	329-7772	329-9821	Active	Oncology
Graham, Lalonda	**	MD	North Central Family Medical	1131 Saluda Street, Rock Hill, SC 29731	325-7744	325-1117	Active	Family Practice
Grewal, Sandeep S	P	MD	Ace Medical Group	744 Arden Lane, Ste 100, Rock Hill, SC 29732	325-2236	325-2234	Active	Internal Medicine
Hayes, Terry F.	**	MD	Piedmont West	1190 Filbert Hwy, York, SC 29745	628-0004	682-6004	Courtesy	Emergency Medicine
Heafner, Michael	CMC, P, CMC-NE	MD	Carolina Neurosurgery & Spine	225 Baldwin Avenue, Charlotte, NC 28204	704-376-1605	704-335-8448	Courtesy	Neurosurgery
Heil, Thomas	CMC-PV, CMC, CMC-U, CMC-L, KM, CMC-UR, V, RR, P	DO	Southeast Pain Care	927 East Blvd; Charlotte, NC 28203	704-377-5772	704-377-0518	Courtesy	Pain Management
Heinig, Michael F.	S, CMC-PV	MD	Carolina Orthopedic Surgery	134 Professional Park Dr., Rock Hill, SC 29732	329-3130	329-4533	Active	Orthopedics
Henegar, Martin	CMC, CMC-PV, CMC-NE, P	MD	Carolina Neurosurgery & Spine	225 Baldwin Avenue, Charlotte, NC 28204	704-376-1605	704-335-8448	Courtesy	Neurosurgery
Hicklin, III, Harry E.	**	MD	Palmetto Cardiology	430 South Herlong Avenue, Suite 104; Rock Hill, SC 29732	324-4900	324-1155	Active	Cardiology
Hicklin, Jonathan C.	CSC	MD	Rock Hill Eye Clinic	1565 Ebenezer Road, Rock Hill, SC 29732	328-0168	325-8473	Courtesy	Ophthalmology
Hilton, Ansley L.	CMC-PV	MD	Rock Hill GYN/OB	1721-05 Ebenezer Road, Rock Hill, SC 29732	328-2401	328-1030	Active	OB/GYN
Hoitink, John	**	MD	Carolina Medical Consultants	311 Glenwood Dr., Rock Hill,SC 29732	366-7175	366-0529	Courtesy	Internal Medicine
Hoppenfeld, Jon-David	CMC-M, CMC-PV, CMC-U, KM, CMC-ME, CIOR, CMC-L, P, CMC-UR, V, SR, RR	MD	Southeast Pain Care	927 East Blvd; Charlotte, NC 28203	704-377-5772	704-378-0695	Courtesy	Pain Management
Hsu, Rhea	**	MD	Carolina Medical Consultants	311 Glenwood Dr., Rock Hill,SC 29732	366-7175	366-0529	Courtesy	Internal Medicine
James,III, W. Scott	S	MD	Carolina Orthopedic Surgery	134 Professional Park Dr., Rock Hill, SC 29732	329-3130	329-4533	Active	Orthopedics
Jarrell, S. Taylor	CMC, CMC-NE, CMC-PV, CIOR, P	MD	Carolina Neurosurgery & Spine	175 Amendment Avenue Ste 104, Rock Hill, SC 29732	325-1618	980-8418	Active	Neurosurgery
Jenkins, M. Dave	**	MD	Carolina Medical Consultants	311 Glenwood Dr., Rock Hill,SC 29732	366-7175	366-0529	Courtesy	Internal Medicine
Jewell, James L.	**	MD	Jewell Family Practice	1147 Ebenezer Road, Rock Hill, SC 29732	329-6648	985-4134	Courtesy	Family Practice
John, Trent	**	MD	Tri-County Pediatrics	165 Amendment Avenue, Ste 102, Rock Hill, SC 29732	329-2700	329-2788	Courtesy	Pediatrics
Jones, Christopher T.	S, CH, CMC-PV, P, SCE	MD	Central Carolina ENT	1565 Ebenezer Road, Rock Hill, SC 29732	327-4000	324-8937	Active	Otolarynology
Joslah-Howze, Dara	**	MD	The Olive Tree at Ascension Behavioral Healthcare	452 Lakeshore Parkway Ste 105, Rock Hill, SC 29732	792-0826		Active	Psychaitry
Kedar, Rajesh	**	MD	Metrolina Medical	2670 Mills Park Drive; Rock Hill, SC 29732	985-3939	985-3929	Active	Internal Medicine
Kelly, Timothy	S, CH, CMC-PV, P, SCE	MD	Central Carolina ENT	1565 Ebenezer Road, Rock Hill, SC 29732	327-4000	324-8937	Active	Otolarynology
Kessler, Chad	S	MD	Charlotte Eye Ear Nose and Throat	200 South Herlong Avenue, Ste A; Rock Hill, SC 29732	328-1864	328-1865	Acttive	Otolarynology
Kim, Paul K.	CMC-M, CMC-ME, CMC-PV, CMC-NE, P	MD	Carolina Neurosurgery & Spine	225 Baldwin Avenue, Charlotte, NC 28204	704-376-1605	704-335-8448	Courtesy	Neurosurgery
Kundra, Arun	**	MD	Carolina Cardiology Associates	196 Cardiology Dr., Rock Hill, SC 29732	324-5135	324-8161	Active	Cardiology

Name	Hospital Affilliation	Title	Practice	Address	Phone	Fax	Category	Specialty
Lee, Jr., James E.	**	MD	Ascension Behavioral Healthcare	452 Lakeshore Parkway Ste 105, Rock Hill, SC 29732	329-1915	329-1918	Active	Psychiatry
Lehman, Jr., William L.	CH, S	MD	Carolina Orthopedic Surgery	134 Professional Park Dr., Rock Hill, SC 29732	329-3130	329-4533	Active	Orthopedics
LeRoy, Jr., Albert G.	CMC-PV, P, CSC, SCE	MD	Carolina Urology Center	1780 Medical Park Dr., Rock Hill, SC 29732	327-1116	327-6872	Active	Urology
Lesslie, Robert D.	**	MD	Riverview Medical	1393 Celanese Rd., Rock Hill, SC 29732	329-3103	325-2232	Courtesy	Emergency Medicine
Liu, Jonathan J.	**	MD	Agape Senior	1317 Ebenezer Road, Rock Hill, SC 29732	329-4544	985-5048	Courtesy	Family Practice
Livingston, Wilbur D. Jr.	CMC	MD	Carolina Urology Center	1780 Medical Park Dr., Rock Hill, SC 29732	327-1116	327-6872	Active	Urology
Lubega, Margaret	**	MD	First Pediatric Care Center	2644 Court Drive, Gastonia, NC 28054	704/868-3664	704-868-3665	Courtesy	Pediatrics
Magura, Christian E.	CMC-PV, CSC, SCE	MD	Carolina Urology Center	1780 Medical Park Dr., Rock Hill, SC 29732	327-1116	327-6872	Active	Urology
Mandell, Howard	CMC-PV	MD	Metrolina Neurological	200 South Herlong Avenue, Suite H, Rock Hill, SC 29732	366-6135	366-3439	Active	Neurology
Marashi, Amir H.	GMH, CMC-PV	MD	South Charlotte Oral & Facial Surgery	10035 Park Cedar Drive, Suite 300, Charlotte, NC 28210	704/542-9600	704-542-9651	Courtesy	Max/Facial Surgery
Matthews, Jr.,Curtis J.	CMC-PV	MD	Carolina Urology Center	1780 Medical Park Dr., Rock Hill, SC 29732	327-1116	327-6872	Active	Urology
McCarthy, Jr., William G.	S	MD	Carolina Orthopedic Surgery	134 Professional Park Dr., Rock Hill, SC 29732	329-3130	329-4533	Active	Orthopedics
McClelland, R. Craig	CMC-PV, EW	MD	Rock Hill GYN/OB	1721-05 Ebenezer Rd., Ste 145, Rock Hill, SC 29732	328-2401	328-1030	Active	OB/GYN
McLanahan, C. Scott	CMC, CMC-NE, CMC-PV, CMC-ME, P, CIOR	MD	Carolina Neurosurgery & Spine	225 Baldwin Avenue, Charlotte, NC 28204	704-376-1605	704-335-8448	Courtesy	Neurosurgery
McMeekin, Hayne D.	P	MD	Saluda Center	PO Box 36024; Rock Hill, SC 29730	327-6103	548-4382	Courtesy	Psychiatry
McQueen,III, Donald	S	MD	Carolina Orthopedic Surgery	134 Professional Park Dr., Rock Hill, SC 29732	329-3130	329-4533	Active	Orthopedics
Miller, Gregory A.	CMC-PV	MD	Rock Hill GYN/OB	1721-05 Ebenezer Rd., Ste 145, Rock Hill, SC 29732	328-2401	328-1030	Active	OB/GYN
Miller, Joshua S.	V, CMC-L, CMC-UR, CMC-ME, KM, P, CMC-U, CIOR, CMC, RR, SR, SL, CG, CMC-PV	MD	Southeast Pain Care	927 East Blvd; Charlotte, NC 28203	704-377-5772	704-377-0518	Courtesy	Pain Management
Mitchell, Jonathan	**	DMD		1236 Ebenezer Rd., Rock Hill, SC 29732	324-7540	324-4128	Active	Pediatric Dentistry
Modi, Ankita	**	MD	Tri-County Pediatrics	165 Amendment Avenue, Ste 102, Rock Hill, SC 29732	329-2700	329-2788	Courtesy	Pediatrics
Mori, Naresh	**	MD	Carolina Cardiology Associates	196 Cardiology Dr., Rock Hill, SC 29732	324-5135	324-8161	Active	Cardiology
Naidu, Sashi	S, CMC-PV	MD	Carolina Blood & Cancer Care	1583 Health Care Drive, Rock Hill, SC 29732	329-7772	329-9821	Active	Oncology
Nair, Jyothi	**	MD	Tri-County Pediatrics	165 Amendment Avenue, Ste 102, Rock Hill, SC 29732	329-2700	329-2788	Courtesy	Pediatrics
Nathwani, Niyati	S	MD	Carolina Blood & Cancer Care	1583 Health Care Drive, Rock Hill, SC 29732	329-7772	329-9821	Active	Oncology
Nicholson, Douglas	CH, S, CMC-PV, RMC	DO	Nephrology Associates	1436 Riverchase Blvd, Rock Hill, SC 29732	329-2636	329-2184	Active	Nephrology
Nwe, Myo M.	P, CMC	MD	Ace Medical Group	744 Arden Lane, Ste 100, Rock Hill, SC 29732	325-2236	325-2234	Active	Internal Medicine
Oberer, Daniel M.	CMC, P, CMC-NE	MD	Carolina Neurosurgery & Spine	225 Baldwin Avenue, Charlotte, NC 28204	704-376-1605	704-335-8448	Courtesy	Neurosurgery
Olson, Thomas H.	**	DPM	Piedmont Podiatry	724 Arden Lane, Ste 200, Rock Hill, SC 29732	366-9440	366-7704	Active	Podiatry
Park, Richard I.	CMC-M, CIOR, CMC-U, CMC-ME, CMC-PV, CMC-L, KM, P, RR, CMC-UR, V, SR	MD	Southeast Pain Care	927 East Blvd; Charlotte, NC 28203	704-377-5772	704-377-0518	Courtesy	Pain Management
Parsons, Gregory S.	S, CH, CMC-PV, CSC, PSCB	MD	Central Carolina ENT	1565 Ebenezer Rd., Ste 110, Rock Hill, SC 29732	327-4000	324-8937	Active	Otolarynology
Patel, Kashyap B.	S	MD	Carolina Blood & Cancer Care	1583 Health Care Drive, Rock Hill, SC 29732	329-7772	329-9821	Active	Oncology
Patel, Nirav H.	CMC-PV, PSCB	MD	Digestive Disease Associates	170 Amendment Avenue, Rock Hill, SC 29732	324-7607	324-4097	Active	Gastroenterology
Patel, Raj M.	**	MD	Sunshine Pediatrics	724 Arden Lane, Ste 100, Rock Hill, SC 29732	980-7337	980-2229	Active	Pediatrics
Patel, Shilpesh	CMC-PV	MD	Patel Medical Clinic, P.A.	515 River Crossing Drive, Ste 200; Fort Mill, SC 29715	835-6500	835-1990	Courtesy	Internal Medicine
Patel, Vasant B.	P, CMC-PV, S	MD	Carolina Cardiology Associates	196 Cardiology Dr., Rock Hill, SC 29732	324-5135	324-8161	Active	Cardiology
Paukovitz, Catherine A	HS	DPM	Alpine Podiatry	430 S. Herlong Avenue, Rock Hill, SC 29732	327-2217	396-8657	Active	Podiatry
Paxtor, Carlos G.	**	MD	Sunshine Pediatrics	724 Arden Lane, Ste 100, Rock Hill, SC 29732	980-7337	980-2229	Active	Pediatrics
Pennington, Larry H.	CMC, PSCB	MD	Digestive Disease Associates	170 Amendment Avenue, Rock Hill, SC 29732	324-7607	324-4097	Active	Gastroenterology
Percival, Brandon	S, CH, EW	DPM	Carolina Podiatry Group	1190 Highway 9 Bypass West, Lancaster, SC 29721	285-1411	803-283-9920	Courtesy	Podiatry
Perez, Luis M.	P, CMC, CMC-NE, PM, LN, CIOR	MD	Children's Urology of the Carolinas	1718 E. 4th Street, Suite 302, Charlotte, NC 28204	704/376-5636	704-376-5933	Courtesy	Pediatric Urology
Perumal, Shankar	P, PM, PH	MD	Metrolina Neurological	200 South Herlong Avenue Ste H; Rock Hill, SC 29732	366-6135	366-3439	Active	Neurology
Peterson, Eric	CH, S, CMC-PV	MD	Nephrology Associates	1436 Riverchase Blvd, Rock Hill, SC 29732	329-2636	329-2184	Active	Nephrology

Name	Hospital Affiliation	Title	Practice	Address	Phone	Fax	Category	Specialty
Pietro, Paul	CH	MD	Women's First, LLC	121 Main Street; Chester, SC 29706	803-581-5030		Courtesy	OB/GYN
Pillai, Mohan	S, CMC-PV	MD	Summit Plastic and Hand Surgery	1700 1st Baxter Crossing, Suite 202, Fort Mill, SC 29708	802-2488	802-3352	Active	Plastic Surgery
Pociask, Stephen	CMC-M, CMC-PV, CMC-U, KM, CMC-ME, CIOR, CMC-L, P, CMC-UR, V, SR	MD	Southeast Pain Care	927 East Blvd; Charlotte, NC 28203	704-377-5772	704-377-0518	Courtesy	Pain Management
Porter, Mark A.	CMC, S	MD	Metrolina Neurological	200 South Herlong Avenue, Suite H, Rock Hill, SC 29732	366-6135	366-3439	Active	Neurology
Powell,Jr,E.Neal	S	MD	Carolina Orthopedic Surgery	134 Professional Park Dr., Rock Hill, SC 29732	329-3130	329-2611	Active	Orthopedics
Ramesh, Kumari	S	MD	Internal Medicine Group	225 S Herlong Ave, Ste 230, Rock Hill, SC 29732	366-3900	366-1213	Active	Internal Medicine
Redding, Mark	CMC-NE, CMC, CMC-PV, P	MD	Carolina Neurosurgery and Spine Associates	110 Lake Concord Road NE; Concord, NC 28025	704-831-2800	704-831-3103	Courtesy	Neurosurgery
Rentz, James	CMC-PV, S	MD	Carolina Orthopedic Surgery	134 Professional Park Dr., Rock Hill, SC 29732	329-3130	329-2611	Active	Orthopedics
Richardson, Scott	CMC-PV	MD	Digestive Disease Associates	170 Amendment Avenue, Rock Hill, SC 29732	324-7607	324-4097	Active	Gastroenterology
Risser, Marjorie J.	**	DMD	The Center for Oral& Maxillofacial Surgery	372 S.Herlong Ave., Rock Hill, SC 29732	324-1160	324-2456	Active	Oral Surgery
Robbins, Amy	CMC, P	MD	Hospice Community Care	PO Box 993, Rock Hill, SC 29731	329-4663		Courtesy	Pain Management
Robinson, Joe C.	CSC	MD	Rock Hill GYN/OB	1721-05 Ebenezer Rd., Ste 145, Rock Hill, SC 29732	328-2401	328-1030	Active	OB/GYN
Rodrique, Randolph L.	CMC-PV	MD	Digestive Disease Associates	170 Amendment Avenue, Rock Hill, SC 29732	324-7607	324-4097	Active	Gastroenterology
Rowland, Barbara L.	CMC-PV, EW	MD	Rock Hill GYN/OB	1721-05 Ebenezer Rd., Ste 145, Rock Hill, SC 29732	328-2401	328-1030	Active	OB/GYN
Ryder-Cook, Allan S.	S, CMC-PV	MD	Metrolina Neurological	200 South Herlong Avenue, Suite H, Rock Hill, SC 29732	366-6135	366-3439	Active	Neurology
Samiy, Nasi	CMC, P	MD	Retina Institute of the Carolinas	724 Arden Lane Ste 220, Rock Hill, SC 29732	323-2020	329-7897	Active	Ophthalmology
Schwartz, Matthew	S	MD	Carolina Orthopedic Surgery	134 Professional Park Dr., Rock Hill, SC 29732	329-3130	329-2611	Active	Orthopedics
Seymore, R. Jeffrey	CH	MD	Hospice Community Care	PO Box 993, Rock Hill, SC 29731	329-4663		Consulting	Pain Management
Shah, Amit	HS, CMC	MD	Palmetto Medical Group	9789 Charlotte Highway Ste 1400; Fort Mill, SC 29707	548-7007		Consulting	IM/Physical and Rehab Med
Shah, Deepak B.	S, CH, CMC	MD	Carolina Heart Specialists	223 S. Herlong Avenue, Suite 120; Rock Hill, SC 29732	366-8300	327-4805	Active	Cardiology
Shah, Gaurang C.	**	MD	Tri-County Pediatrics	165 Amendment Avenue, Ste 102, Rock Hill, SC 29732	329-2700	329-2788	Courtesy	Pediatrics
Shah, J. K	CMC-PV, S, P	MD	Carolina Cardiology Associates	196 Cardiology Dr., Rock Hill, SC 29732	324-5135	324-8161	Active	Cardiology
Shah, Khyati	**	MD	Tri-County Pediatrics	165 Amendment Avenue, Ste 102, Rock Hill, SC. 29732	329-2700	329-2788	Courtesy	Pediatrics
Shah, Vipal B.	S, P	MD	Carolina Heart Specialists	223 S Herlong Avenue, Suite 120; Rock Hill, SC 29732	366-8300	327-4805	Active	Cardiology
Sharma, Deovyaas	S	MD	Internal Medicine Group	225 S Herlong Ave, Ste 230, Rock Hill, SC 29732	366-3900	366-1213	Active	Internal Medicine
Sharp, Hadley	CMC, CLV, CMC-ME, CMC-NE, CMC-UR, CMC-U, GMH, LN, P, RR, SR, WT	MD	Southeast Radiation Oncology	200 Queens Rd, Ste. 400, Charlotte, NC 28204	704-333-7376	704-333-7386	Consulting	Radiation Oncology
Simpson, Jr., Thomas H.	**	DMD, MD	The Center for Oral & Maxillofacial Surgery	372 S.Herlong Ave., Rock Hill, SC 29732	324-1160	324-2456	Active	Oral Surgery
Sinclair, Pamela	**	MD	Carolina Cancer Specialist	225 S. Herlong Avenue, Suite 201, Rock Hill, SC 29732	329-9088	329-9075	Active	Oncology
Singh, Pradeep	P, CMC-ME, CH, S	MD	Carolina Cardiology Associates	196 Cardiology Dr., Rock Hill, SC 29732	324-5135	324-8161	Active	Cardiology
Singhi, Sushil	**	MD	Carolina Cardiology Associates	196 Cardiology Dr., Rock Hill, SC 29732	324-5135	324-8161	Active	Cardiology
Sink, Bryan	**	MD	Piedmont West	1190 Filbert Hwy, York, SC 29745	628-0004	628-6004	Courtesy	Emergency Medicine
Slota, Paul A.	S	MD	Carolina Heart Specialists	223 S Herlong Avenue, Suite 120; Rock Hill, SC 29732	366-8300	327-4805	Active	Cardiology
Smith, Mark D.	CMC-M, P, CMC-NE, CMC-ME	MD	Carolina Neurosurgery & Spine	225 Baldwin Avenue, Charlotte, NC 28204	325-1618	980-8418	Courtesy	Neurosurgery
Tafari, Gashaw	**	MD	North Central Family Medical	1131 Saluda Street, Rock Hill, SC 29731	325-7744		Active	Pediatrics
Taormina, Martin	GMH	MD	Carolina Vascular	1721 Ebenezer Rd., Ste. 115, Rock Hill, SC 29732	985-4000	985-4006	Active	Vascular Surgery
Taylor, R. Norman	CMC-PV, CSC, SCE	MD	Rock Hill GYN/OB	1721-05 Ebenezer Rd., Ste 145, Rock Hill, SC 29732	328-2401	980-0907	Active	OB/GYN
Timony, Tracy	**	MD	MD-VIP	430 S. Herlong Avenue, Suite 102; Rock Hill, SC 29732	324-8004		Courtesy	Internal Medicine
Tucker, Charles L.	P, CMC	MD	Retina Institute of the Carolinas	724 Arden Lane Suite 220, Rock Hill, SC 29732	323-2020	329-7897	Active	Ophthalmology
Valite, Delfin F.	**	MD	Advance Behavioral Medicine	POB 36624, Rock Hill, SC 29732	327-4357	324-4357	Courtesy	Psychiatry
Van Der Veer, Craig	CMC, P, CMC-PV	MD	Carolina Neurosurgery & Spine	225 Baldwin Avenue, Charlotte, NC 28204	704-376-1605	704-335-8448	Courtesy	Neurosurgery
Vemuri, Sameer	CMC-M, CMC-ME, CMC-PV, CMC-LEV	MD	Carolina Neurosurgery & Spine	175 Amendment Avenue Ste 104, Rock Hill, SC 29732	325-1618	980-8418	Courtesy	Physical Medicine

Name	Hospital Affiliation	Title	Practice	Address	Phone	Fax	Category	Specialty
Villamor, Randolph	**	MD	Carolina Medical Consultants	311 Glenwood Dr., Rock Hill, SC 29732	366-7175	366-0529	Courtesy	Internal Medicine
Villaret, Douglas	CMC, P	MD	Charlotte Eye, Ear, Nose, & Throat	200 S Herlong Ave, Ste A, Rock Hill, SC 29732	328-1864	328-1865	Active	Otolarynology
Vujicic, Ratko	**	MD	V Pain Clinic	197 Piedmont Blvd, Ste 214, Rock Hill, SC 29732	909-3600	909-3800	Courtesy	Pain Management
Wait, Scott	CMC, P, CMC-NE	MD	Carolina Neurosurgery and Spine Associates	225 Baldwin Avenue, Charlotte, NC 28204	704-376-1605	704-335-8448	Courtesy	Neurosurgery
Welsh, James D.	S	MD	Carolina Blood & Cancer Care	1583 Health Care Drive, Rock Hill, SC 29732	329-7772	329-9821	Active	Oncology
Williams, Andrea	WLT	MD	Ear, Nose Throat & Audiology Assoc	744 Arden Lane, Ste 200, Rock Hill, SC 29732	328-3686	328-9889	Courtesy	Otolarynology
Wilson, Brian	CMC-PV	MD	Piedmont ENT	197 S Herlong Avenue, Rock Hill, SC 29732	366-9000	366-9200	Active	Otolarynology
Wilson, James	CMC,CMC-ME	MD	Carolina Center for Rheumatology	744 Arden Lane, Ste 225, Rock Hill, SC 29732	329-1660	329-4118	Consulting	Rheumatology
Woziak, Robert	CMC	MD	Lancaster Endocrinology	410 S. Herlong Avenue, Ste 106, Rock Hill, SC 29732	329-3899	329-4377	Active	Endocrinology
Wright, David K.	CMC-PV, P	MD	Carolina Urology Center	1780 Medical Park Dr., Rock Hill, SC 29732	327-1116	327-6872	Active	Urology
Yaraei, Julia	**	MD	North Central Family Medical	225 Herlong Ste 250; Rock Hill, SC 29732	325-8742		Active	Internal Medicine/Pediatrics
Yousefian, Mehrdad	P, CH	MD	Lewisville Medical Center	3248 Edgeland Road, Richburg, SC 29729	803-789-6111	803-789-6118	Courtesy	Internal Medicine
Legend								
Ballantyne Sugery Center	B							
Carolina Surgery Center	CSC							
Charlotte Institute of Rehab	CIOR							
Chester Regional	C							
Cleveland Regional	CLV							
CMC- No specific facility noted	CMC							
CMC-Levine	CMC-LEV							
CMC-Lincoln	CMC-L							
CMC-Main	CMC-M							
CMC-Mercy	CMC-ME							
CMC-Northeast	CMC-NE							
CMC-Pineville	CMC-PV							
CMC-Union	CMC-UR							
CMC-University	CMC-U							
Edgewater Surgery Center	EW							
Gaston Memorial Hospital	GMH							
Georgetown Memorial	G							
Chesapeak General	CG							
Health South	HS							
Highpoint	HP							
Kings Mountain	KM							
Lake Norman Regional	LN							
MUSC MD's	#SS (Southern SC)	##VC (Various States)						
PMC ONLY	**							
Presbyterian	P							
Presbyterian Huntersville	PH							
Presbyterian Matthews	PM							

Name	Hospital Affilliation	Title	Practice	Address	Phone	Fax	Category	Specialty
Presbyterian Surgery Center Ballantyne	PSCB							
Regional Medical Center	RMC							
Rowan Regional	RR							
Sentara Leigh	SL							
Spartanburg Regional	SR							
Springs Memorial	S							
Stanley Regional	SR							
Surgery Center Edgewater	SCE							
Valdese General	V							
Wallace Thomas	WLT							
Watagu Med Ctr	WT							

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SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

REGULATION NO. 61-15

CERTIFICATION OF NEED FOR HEALTH FACILITIES AND SERVICES

Compiled by

Bureau of Health Facilities and Services Development

South Carolina Department of Health and Environmental Control

Catherine B. Templeton, Director

Promulgated Pursuant to Code Sections 44-7-110 et seq.

Approved by the Board of Health and Environmental Control

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REGULATION NO. 61-15

CERTIFICATION OF NEED FOR HEALTH FACILITIES AND SERVICES

Promulgated pursuant to Sections 44-7-110 et seq. of the Code of Laws of South Carolina, as amended.

CHAPTER 1 - PURPOSE, APPLICABILITY AND DEFINITIONS

Section 101. Purpose:

The purpose of these Regulations is to promote cost containment, prevent unnecessary duplication of health care facilities and services, guide the establishment of health facilities and services which will best serve public needs, and ensure that high quality services are provided in health facilities in this State.

Section 102. Applicability:

1. A person or health care facility as defined in this Regulation is required to obtain a Certificate of Need from the Department of Health and Environmental Control before undertaking any of the following:

a. The construction or other establishment of a new healthcare facility;

b. A change in the existing bed complement of a health care facility through the addition of one or more beds or change in the classification of licensure of one or more beds;

c. An expenditure by or on behalf of a health care facility in excess of two million dollars ($2,000,000) which, under generally acceptable accounting principles consistently applied, is considered a capital expenditure except those expenditures exempted in Section 104. The cost of any studies, surveys, designs, plans, working drawings, specifications, and other activities essential to the development, acquisition, improvement, expansion, or replacement of any plant or equipment must be included in determining if the expenditure exceeds the prescribed amount;

d. A capital expenditure by or on behalf of a health care facility which is associated with the addition or substantial expansion of a health service for which specific standards or criteria are prescribed in the South Carolina Health Plan;

e. If no capital expenditure is made, the offering of any health service by or on behalf of a health care facility which has not been offered by the facility in the preceding twelve months and for which specific standards or criteria are prescribed in the South Carolina Health Plan. For purposes of this section, operating costs include expenditures incurred by the health care facility and any person or other

entity on behalf of the health care facility to establish a new service. A person or other entity shall not be allowed to incur costs thereby attempting to enable a health care facility to avoid Certificate of Need review and establish a new service as described above;

f. The acquisition of medical equipment which is to be used for diagnosis or treatment if the total project cost is in excess of six hundred thousand dollars ($600,000);

2. An applicant may not split or combine one expenditure into two or more expenditures for the purpose of avoiding Certificate of Need review, nor may the Department be allowed to lump projects together arbitrarily to bring them under Certificate of Need review.

3. When any question exists, a potential applicant shall forward a letter requesting a formal determination by the Department as to the applicability of the Certificate of Need requirements to a particular project. Such a letter shall contain a detailed description of the project including the extent of modifications, changes in services and total costs. Additional information may be requested as may be reasonably necessary to make such applicability determination. The Department shall respond within sixty (60) calendar days of receipt of the necessary information.

4. These provisions do not apply to acquisitions or changes of ownership of health care facilities, services, and equipment that are already in existence, operational, and providing services in a particular service area, and which have undergone the review and obtained the approval that was appropriate under the law at the time they first entered the relevant service area, so long as the facility or service is not being relocated. For facilities, services, and equipment which have previously undergone Certificate of Need review, the Certificate of Need must be fulfilled prior to a change of ownership.

Section 103. Definitions:

1. Affected person means the applicant, a person residing within the geographic area served or to be served by the applicant, persons located in the health service area in which the project is to be located and who provide similar services to the proposed project, persons who before receipt by the Department of the proposal being reviewed have formally indicated an intention to provide similar services in the future, persons who pay for health services in the health service area in which the project is to be located and who have notified the Department in writing of their interest in Certificate of Need applications, the State Consumer Advocate and the State Ombudsman. Persons from another state who would otherwise be considered "affected persons" are not included unless that state provides for similar involvement of persons from South Carolina in its Certificate of Need process. A person may not file a request for final review in opposition to the staff decision on a Certificate of Need unless the person provided written notice to the Department during the staff review that he is an affected person and specifically states his opposition to the application under review. Affected persons may request in writing to be notified of a Department decision by regular mail or electronic mail in lieu of certified mail.

2. Ambulatory surgical facility means a distinct, free-standing, self-contained entity that is

organized, administered, equipped and operated exclusively for the purpose of performing surgical procedures or related care, treatment, procedures and/or services for which patients are scheduled to arrive, receive surgery, or related care, treatment, procedures and/or services and be discharged on the same day. The owner or operator makes the facility available to other providers who comprise an organized professional staff.

3. Arrangement for financing means a financial commitment, i.e. enforceable contract.

4. Board means the State Board of Health and Environmental Control.

5. Children and adolescents in need of mental health treatment in a residential treatment facility means a child or adolescent under age eighteen who manifests a substantial disorder of cognitive or emotional process, which lessens or impairs to a marked degree that child's capacity either to develop or to exercise age-appropriate or age-adequate behavior. The behavior includes, but is not limited to, marked disorders of mood or thought processes, severe difficulties with self-control and judgment including behavior dangerous to self or other, and serious disturbance in the ability to care for and relate to others.

6. Competing applicants means two or more persons and/or health care facilities as defined in this regulation who apply for Certificates of Need to provide similar services and/or facilities in the same service area and whose applications if approved would exceed the need for this facility or service. An application shall be considered competing if it is received by the Department no later than fifteen (15) calendar days after a Notice of Affected Persons is published in the State Register for one or more applications for similar services and/or facilities in the same service area. All applications received by the Department within fifteen (15) calendar days of publication of the Notice of Affected Persons in the State Register for the first application(s) will be considered to be competing. Any applications received by the Department later than the fifteenth day following publication of the Notice of Affected Persons in the State Register for the first application(s) will not be considered to be competing with the (se) application(s).

7. Department means the Department of Health and Environmental Control.

8. Facility for chemically dependent or addicted persons means a facility organized to provide outpatient or residential services to chemically dependent or addicted persons and their families based on an individual treatment plan including diagnostic treatment, individual and group counseling, family therapy, vocational and educational development counseling, and referral services.

9. Fees mean the Department may charge and collect fees to cover the cost of operating the program. The fees for review of certificate of need projects include: (a) initial filing fee; (b) application fee; and (c) issuance fee.

a. Initial filing fee is five hundred dollars ($500), which must be submitted as a non-refundable initial payment at the time the application is submitted.

b. Application fee is one half of one percent (.5%,.005) of the total project cost (as

defined in Section 103.24) which is payable when the application is deemed complete under Section 303. The application fee shall not exceed seven thousand dollars ($7,000).

c. Issuance fee is seven thousand five hundred dollars ($7,500) payable upon the granting of a Certificate of Need to any project whose total project cost (as defined in Section 103.24) is greater than one million four hundred thousand dollars ($1,400,000). Should the project not be approved, the issuance fee will not be assessed.

10. Freestanding or Mobile technology means medical equipment owned or operated by a person other than a health care facility for which the total cost is in excess of that prescribed in these regulations and for which specific standards or criteria are prescribed in the South Carolina Health Plan.

11. Good cause is defined as:

a. presentation of significant and relevant information not previously considered by the Department;

b. demonstration that there have been significant changes in factors or circumstances relied upon by the Department in reaching its decision;

c. demonstration that the Department has materially failed to follow its adopted procedures in reaching its decision; or

d. such other basis for a public hearing as the Department determines constitutes good cause.

12. Health care facility for the purposes of Certificate of Need means acute care hospitals, psychiatric hospitals, alcohol and substance abuse hospitals, nursing homes, ambulatory surgical facilities, rehabilitation facilities, residential treatment facilities for children and adolescents, intermediate care for the mentally retarded, inpatient hospice facilities, radiation therapy facilities and any other facility for which Certificate of Need review is required by state law.

13. Health service means clinically related, diagnostic, treatment, or rehabilitative services, and includes alcohol, drug abuse, and mental health services for which specific standards or criteria are prescribed in the South Carolina Health Plan.

14. Hospital means a facility organized and administered to provide services to accommodate two or more non-related persons for the diagnosis, treatment and care of such persons over a period exceeding 24 hours and provides medical or surgical care or nursing care of illness, injury, or infirmity and may provide obstetrical care, and in which all diagnoses, treatment, or care is administered by or under the direction of persons currently licensed to practice medicine, surgery, or osteopathy.

15. Institutional health services means health services provided in or through health care facilities and includes the entities in or through which such services are provided.

16. Like equipment with similar capabilities means medical equipment in which functional and technological capabilities are identical to the equipment to be replaced; and the replacement equipment is to be used for the same or similar diagnostic, therapeutic, or treatment purposes as currently in use; and does not constitute a material change in service or a new service.

17. Nursing home means a facility with an organized nursing staff to maintain and operate organized facilities and services to accommodate two or more unrelated persons over a period exceeding twenty-four hours which is operated either in connection with a hospital or as a freestanding facility for the express or implied purpose of providing nursing care for persons who are not in need of hospital care.

18. Person means an individual, a trust or estate, a partnership, a corporation including an association, joint stock company, insurance company, and a health maintenance organization, health care facility, a state, a political subdivision or an instrumentality including a municipal corporation of a state, or any legal entity recognized by the State.

19. Psychiatric Hospital means an institution which is primarily engaged in providing to inpatients, by or under the supervision of a physician, psychiatric services for the diagnosis and treatment of mentally ill persons.

20. Residential treatment facility for children and adolescents means a facility operated for the assessment, diagnosis, treatment, and care of two or more 'children and adolescents in need of mental health treatment' which provides:

a. a special education program with a minimum program defined by the South Carolina Department of Education.

b. recreational facilities with an organized youth development program; and

c. residential treatment for a child or adolescent in need of mental health treatment.

21. Solely for research means a service, procedure, or equipment which has not been approved by the Food and Drug Administration (FDA) but which is currently undergoing review by the FDA as an investigational device. FDA research protocol and any applicable Investigational Device Exemption (IDE) policies and regulations must be followed by a facility proposing a project 'solely for research.

22. To develop when used in connection with health services, means to undertake those activities which on their completion will result in the offering of a new institutional health services or the incurring of a financial obligation in relation to the offering of such a service.

23. To offer when used in connection with health services means that the health care facility holds itself out as capable of providing or as having the means for the provision of, specified health

services.

24. Total project cost is the estimated total capital cost of a project including land cost, construction, fixed and moveable equipment, architect's fee, financing cost, and other capital costs properly charged under generally accepted accounting principals as a capital cost. The determination of project costs involving leased equipment or buildings will be calculated based on the total value (purchase price) of the equipment or building being leased.

Section 104. Exemption Determinations

1. The following are exempt from Certificate of Need review, but prior to undertaking these projects, a written determination from the Department is required:

a. The replacement of like equipment for which a Certificate of Need has been issued and the replacement does not result in a material change in service or a new service.

b. The acquisition by a health care facility of medical equipment to be used solely for research, the offering of an institutional health service by a health care facility solely for research, or the obligation of a capital expenditure by a health care facility to be made solely for research if it does not: (a) affect the charges of the facility for the provision of medical or other patient care services other than the services which are included in the research; (b) change the bed capacity of the facility; or (c) substantially change the medical or other patient care service of the facility. FDA research protocol and any applicable Investigational Device Exemption (IDE) policies and regulations must be followed by the facility. A written description of the proposed research project must be submitted to the department in order for the department to determine if the above conditions are met. A Certificate of Need is required to continue use of the equipment or service after the equipment or service is no longer being used solely for research;

c. The permanent reduction in bed capacity, including the permanent closure of a health care facility.

2. In order to request an exemption, the following information must be provided to the Department in writing at a minimum:

a. A complete description of the proposed project, including, but not limited to, location of the project, and total project costs,

b. Other documentation requested by the Department in order to determine compliance with these regulations;

c. Additional information as may be reasonably necessary for the Department to make a determination.

3. If an exemption is granted, it is valid for a period of twelve (12) months from the date of issuance. If the proposal is not implemented within this twelve-month period, the exemption

becomes void and another exemption must be requested in order for the applicant to undertake the proposal.

4. The following projects are exempt from Certificate of Need review but do not require a written determination from the Department: the offices of a licensed private practitioner whether for individual or group practice. This exemption shall not apply to: (1) the construction or other establishment of a new health care facility, as in Section 102.1.a; or (2) the acquisition of medical equipment which is to be used for diagnosis or treatment if the total project cost is in excess of six hundred thousand dollars ($600,000), as in Section 102.1.f.

Section 105. Determinations of Non-Applicability

1. Certificate of Need review is not applicable to the following, but prior to undertaking the proposed project, a written determination of non-applicability from the Department is required:

a. Replacement of like equipment with similar capabilities as defined by the Department in Section 103.16.

b. Acquisition of medical equipment which is to be used for diagnosis or treatment if the total project cost is not in excess of six hundred thousand dollars ($600,000). A written determination of non-applicability is only required when any question exists as to whether or not the total project cost is below the six hundred thousand dollars ($600,000) threshold.

2. The following information must be provided to the Department in writing at a minimum:

a. A complete description of the proposed project, including, but not limited to, location of the project, total project costs, capital and/or operational cost;

b. Other documentation requested by the Department in order to determine compliance with these regulations;

c. Additional information as may be reasonably necessary to make a determination.

3. If a determination of non-applicability is granted, it is valid for a period of twelve (12) months from the date of issuance. If the proposal is not implemented within this twelve (12) month period, the non-applicability determination becomes void and another determination must be requested in order to undertake the proposal.

4. Certificate of Need review is not applicable to the following projects and a written non-applicability determination from the Department is not required prior to undertaking these projects:

a. Health care facilities owned and operated by the federal government;

b. Any federal health care facility sponsored and operated by this State;

c. Educational and penal institutions maintaining infirmaries for the exclusive use of their respective student bodies and inmate populations;

d. Facilities owned and operated by the South Carolina Department of Mental Health and the South Carolina Department of Disabilities and Special Needs, except an addition of one or more beds to the total number of beds of the departments' health care facilities existing on July 1, 1988;

5. Certificate of Need review is not applicable to the following projects and a written non-applicability determination from the Department is not required. However, written notification shall be provided to DHEC Division of Health Facilities Construction prior to undertaking the following projects:

a. An expenditure by or on behalf of a health care facility for non-medical projects, such as refinancing existing debt, parking garages, laundries, roof replacement, computer systems, telephone systems, and heating and air conditioning systems;

b. The upgrading of medical facilities, which do not involve additional square feet to the facility or additional health services;

Section 106. South Carolina Health Plan

1. With the advice of the health planning committee, the Department shall prepare a South Carolina Health Plan for use in the administration of the Certificate of Need Program. The plan at a minimum must include:

a. an inventory of existing health care facilities, beds, specified health, services, and equipment.

b. projections of need for additional health care facilities, beds, health services, and equipment;

c. standards for distribution of health care facilities, beds, specified health services, and equipment including scope of services to be provided, utilization, and occupancy rates, travel time, regionalization, other factors relating to proper placement of service, and proper planning of health care facilities; and

d. a general statement as to the project review criteria considered most important in evaluating Certificate of Need applications for each type of facility, service and equipment, including a finding as to whether the benefits of improved accessibility to each such type of facility, service and equipment, may outweigh the adverse affects caused by the duplication of any existing facility, service or equipment.

2. The South Carolina Health Plan must address and include projections and standards for specified health services and equipment which have a potential to substantially impact health care cost and accessibility. Nothing in this provision shall be construed as requiring the

Department to approve any project which is inconsistent with the South Carolina Health Plan.

3. Upon approval by the health planning committee, the South Carolina Health Plan must be submitted at least once every two years to the Board for final revision and adoption. Once adopted by the Board, the Plan may later be revised through the same planning and approval process, public review and comment, including four regional public hearings before adoption or revision of the Plan. Prior to revising the plan, the Department will publish a notice in the State Register, announcing a period for public comments and scheduling public hearings to receive public comments.

CHAPTER 2 - APPLICATION PROCEDURES

Section 201. Public Notification:

Within twenty days prior to submission of an application, the applicant shall publish notification that an application is to be submitted to the Department in the legal section of a daily newspaper serving the area where the project is to be located for three consecutive days. The notification must contain at least the following information: 1) that a Certificate of Need is being applied for; 2) a description of the scope and nature of the project; and 3) the estimated project capital cost. No application may be accepted for filing by the department unless accompanied by documentation from the newspaper that publication has been made for three consecutive days within the prior twenty-day period.

Section 202. Application:

1. Two copies of the application shall be forwarded to the Department in the following format and shall contain the following information as applicable. The application will be on 8-1/2 X 11-inch paper, one side only, and 3-hole punched on the left side.

2. Application

a. Proposal Page and Part A. Questionnaire (See Appendix)

b. Part B. Additional Information

(1) Document that the applicant has published notification of this project in a local newspaper as required by Section 201 of these Regulations.

(2) Describe the project setting forth the proposed change in services or facilities in as much detail as possible. State whether the project will change the existing licensed or survey bed capacity, will encompass the development of a new service, or result in the discontinuance of an existing service. If a new facility is proposed, list all services to be provided.

(3) Provide the total cost of the project, indicating design fees, land cost, interest cost, construction cost, equipment cost, and any other cost involved in the project.

Provide an estimate of the construction cost from a licensed architect or engineer; in the case of equipment, valid/current estimate from a vendor is acceptable.

(4) State the specific location of the facility or service and/or equipment, including, where applicable, specific areas of an existing facility to be affected by the project. Provide room numbers of all patient rooms affected. Sufficient detail should be provided to allow the Department to visually inspect the site. The number of private and semi-private patient rooms shall be identified.

(5) Provide details regarding any proposed construction and/or renovations. Discuss alternatives to new construction and why these alternatives were rejected. For a multi-floor project, construction and/or renovation must be described, by floor, to include any additions and/or deletions made to each floor. Provide evidence that the applicant has adequately planned for any temporary move or relocation of any department, facility, or services, which may be necessary during the construction period. Document that plans exist to assure adequate protection (from fire, noise, dust, etc.) and continuation of all services during the proposed construction period.

(6) If a replacement facility or ancillary service is being constructed, describe plans for disposition of the existing facility or ancillary service area upon completion of the project.

(7) Provide a timetable for development and completion of the project to include, at a minimum, the date of site acquisition, date of architectural contract, architectural design schedule, date of closing for financing, date of valid construction contract, date that all necessary permits (grading, building, sewer, etc.) will be obtained, and date of start of construction. The timetable shall be presented in one-month increments commencing with the month following receipt of the Certificate of Need and ending with the execution of a contract or purchase order for equipment only projects.

(8) Provide the following ownership information:

(a) Proposed name of facility;

(b) Name and address of licensee or prospective licensee. (Note: The licensee is defined as the legal entity who, or whose governing body, has the ultimate responsibility and authority for the conduct of the facility or service; the owner of the business. The licensee must be the entity to whom the Certificate of Need is issued.)

(c) Complete title of the licensee's governing body.

(d) Name, title and mailing address of presiding officer of the governing body.

(e) Name and mailing address of all persons and/or legal entities having any ownership interest or owner's equity of the licensee to include a schedule of percent and type ownership claim of each.

(f) Name and mailing address of all persons and/or legal entities claiming liabilities of the licensee or of the facility or service for which this Certificate of Need is requested to include a schedule of percent and type of claim of each.

(g) Provide a listing which identifies all officers of the licensee.

(h) Is the land and/or building on/in which the proposed facility or service is to be conducted owned by the applicant. _____ YES _____ NO. If no, provide information on the land and building similar to that required in (b) through (g) above.

(i) Has the licensee engaged an entity other than an employee of the licensee to manage or operate the facility or service? _____ YES _____ NO. If yes, provide information similar to that required in (b) through (g) above.

(j) Is there any agreement, contract, option, understanding, intent or other arrangement that will effect a change in any of the information requested and/or provided in (b) through (g) above. _____ YES _____ NO. If yes, provide information similar to that required in (b) through (g) above.

(k) Provide a complete listing of all existing licensed health care facilities and/or services and Certificates of Need in which the proposed licensee currently has an ownership interest, to include names and addresses of each facility or service. In the cases of Certificates of Need for undeveloped facilities and services, provide the name, address, and telephone number of a contact person representing the authority which issued the Certificate of Need.

(l) Should the licensee be a subsidiary corporation, provide a diagram of the licensee's relationship to the parent corporation and list the name and address of the parent corporation as well as the corporation which has ultimate control. In addition, please provide the name and mailing address of all persons and/or legal entities having ownership interest of five percent or more or any person with any agreement, contract, option, arrangement, or intent to acquire ownership interest of five percent or more, of all corporations in the corporate organizational structure which have ultimate control of the licensee.

(9) Provide documentation that the applicant has sought cooperative agreements such as transfer agreements with other facilities, as applicable.

(10) Indicate the means by which a person will have access to the facility's services (i.e. physician referral, self admission, etc). Identify the specific facilities or agencies the applicant expects to receive referrals from (i.e. hospitals, home health agencies, etc). Describe any limitations placed on admissions.

(11) Demonstrate that the proposed project is needed or projected as necessary to meet an identified need of the public. This shall address at a minimum: identification of the target population; the degree of unmet need; projected utilization of the proposed facility or service; utilization of existing facilities and services; past utilization of existing similar services within the facility; and justification that the proposed project will not unnecessarily duplicate existing entities. The applicant must show all assumptions, data sources, and methodologies used. The applicant must use population statistics consistent with those generated by the State Demographer, State Budget and Control Board.

(12) Discuss alternative facilities and/or services considered including the advantages and disadvantages of each alternative. Include a statement as to why this project alternative was adopted.

(13) Discuss any serious problems, such as costs, availability, or accessibility in obtaining care of the type proposed, experienced by patients in the absence of this project.

(14) Where a project affects an increase or decrease in bed capacity, provide annual occupancy rates for the facility based on licensed beds, for the past three years by category (i.e. general acute, psychiatric, obstetric, nursing home, etc.).

(15) Identify the method of financing the cost of the project, including the start-up costs. Provide documentation that the applicant can obtain such financing. Alternative sources and/or methods of financing must be identified and the method chosen demonstrated to be the most feasible option.

(16) For an addition to an existing facility or service, provide a current annual budget and at least a three fiscal year projected budget for both the overall facility and the proposed project. The projections must be developed by an accountant. For a new facility or service, provide a projected annual budget for not less than three fiscal years following the completion of the proposed project. The projections must be attested to by an accountant. These budgets must at a minimum include how proposed charges, proposed cost of service, utilization, depreciation, reimbursement rates and contractual adjustments were calculated. Any assumptions made in the application must be specifically noted shown.

(17) Provide a list of proposed charges for the project. The charges provided may be used for comparison with the average charges in the final completion report as required in Section 607.3.b.

(18) Document that the proposed project is economically feasible, both immediately and long-term. In the case of existing facilities, indicate what impact the proposed project will have on patient charges and cost per unit of service.

(19) State how the project will foster cost containment and improve quality of care through the promotion of such services as ambulatory and home health care, preventive health care, promotion of shared services, economies of scale, and design and construction economies.

(20) In the case of projects involving additional long-term care beds, discuss how the plans of other agencies, organizations, or programs responsible for providing and financing long-term care have been considered.

(21) Provide a three-year projected manpower budget in full-time equivalents (FTE's) detailing the existing and proposed nursing, other professional, and non-professional personnel required for the staffing of the new project.

(22) Provide the number of existing and proposed medical staff by specialty, to include physicians employed by, or with admission privileges to, the facility. Include the name of the Chief of the Medical Staff, if available.

(23) Indicate those physicians who have expressed a willingness to utilize the proposed services or to refer patients to the facility for the provision of services.

(24) Discuss the availability of health manpower resources for the provision of the proposed services, including the contemplated program and plan for recruiting and training personnel.

(25) Describe the previous experience of the applicant in the proposed health care field. If the applicant has no prior experience, specify the anticipated sources of technical assistance, either from specific individuals or organizations.

(26) Discuss the impact of the project on the clinical training programs of health professional schools, particularly the extent to which these schools will have access to the services for training.

(27) Provide documentation of policies and procedures to assure the quality of healthcare services by addressing patient safety and quality indicators, as applicable. Documents may include, but are not limited to, measures of patient care, patient safety, healthcare-acquired infections and the following of best practices established by recognized organizations. Applicable quality standards in the South Carolina Health Plan must be addressed.

(28) Provide any additional information that would assist the department in evaluating this project.

c. Part C. Programmatic Documents

Provide adequate programmatic documents in support of the various elements of the proposed project. These documents will include as appropriate:

(1) An Indigent Care Plan as required by the Board of Health and Environmental Control. It shall address at a minimum, the following:

(a) The existing and proposed admission and treatment policies of the facility or agency with regard to race, sex, creed, national origin, and ability to pay.

(b) The proposed admission and treatment policies of the facility or agency with respect to admission and care of indigent patients including those patients unable to pay at the time of admission and those whose benefits expire while in the care of the facility or agency.

(c) In existing facilities or agencies, provide the amount, in dollars and percent of gross revenues, that the facility or agency provided in indigent care during the past three fiscal years. NOTE: Indigent care does not include bad debt; contractual adjustments; or care which is reimbursed by a governmental program (Medicare, Medicaid, county indigent program), church, or philanthropic organization.

(d) Provide the proposed amount of indigent care the facility or agency projects to provide during the existing fiscal year and next fiscal year. This projection should be expressed in both dollars and a percent of gross revenues.

(e) A discussion of why the above figures are adequate or inadequate for the needs of the community; the need of indigent care within the proposed service area; and any solutions, remedial plans or proposals by the facility or agency to better address the indigent care problem in the service area. Include any initiatives or undertakings the facility or agency has begun to address the indigent care problem in the proposed service area.

(f) Describe any Board or Advisory Board established to implement or control the indigent problem at the facility or agency. Include the Board's functions, responsibilities, and limitations.

(2) A map of sufficiently large scale to be meaningful, indicating the location of the project site and its geographical area.

(3) A plot plan of the project site showing existing buildings, roads, parking areas, walks, service and entrance courts, existing utilities (electricity, telephone, water, railroads, sewer, gas, etc.) and other natural land features necessary for adequate

analysis of site conditions.

(4) A legal description of the project site indicating its physical characteristics and existing easements.

(5) A square foot program of space and/or equipment elements, and scale drawings describing the existing space and proposed alterations and additions.

(6) Documentation from the appropriate zoning authorities that the proposed site is or can be zoned for the intended use.

(7) Documentation from appropriate sources that utilities supplied to the site are adequate for the project to include electricity, gas, water, and sewerage.

(8) Endorsement from the community that the project is desirable. This may include but is not limited to members of the medical community, citizen's groups, governmental elected officials and other health and social service disciplines in the community.

(9) Documentation that the proposed project has been approved by the health facility's planning committee and governing body.

(10) For the facilities or services not licensed by the Department of Health and Environmental Control, provide documentation of coordination and support from the appropriate licensing agency.

d. Part D. Assurances

The applicant must furnish written assurance of each of the following where applicable:

(1) That the applicant has or will have a fee simple title or such other estate or interest in the site including necessary easements and rights-of-way, sufficient to assure use and possession for the purpose of the construction and operation of the facility.

(2) That approval by the department of the final drawings and specifications, which will be prepared by an architect and/or engineer legally registered under the laws of the State of South Carolina, will be obtained.

(3) That the applicant will submit to the Department for prior approval, changes that substantially alter the scope of work, function, utilities, major items of equipment, safety or cost of the facility during construction.

(4) That the applicant will cause the project to be completed in accordance with the Certificate of Need application.

(5) That the applicant will cause the project to be completed in accordance with approved plans and specifications by maintaining competent and adequate architectural and engineering services throughout the construction administration phase of the project. That, at the completion of the project, the architect of record shall be required to issue a statement that to the best of his knowledge and belief, based upon available records, supplemental documents, and periodic observation of the work, the project was constructed according to those documents approved by the Department.

(6) That the facility will be operated and maintained in accordance with the standards prescribed by law and regulations for the maintenance and operation of such facilities.

(7) That the applicant understands that the Certificate of Need shall become void at the end of the specified time period from the date of issuance unless otherwise extended under Chapter 6 of these regulations.

(8) That the Department or its authorized representatives may at any time during the course of construction and upon the completion of the project make an on-site inspection of the construction and equipment to check for compliance of the construction in accordance with the application for which the Certificate of Need was issued.

(9) That the controlling interest in any health care facility shall not be sold or leased or otherwise disposed of unless the Certificate of Need has been fulfilled.

(10) That the applicant will notify the Department in writing that the contractual agreement has been completed. For a construction project, the letter shall indicate that a construction contract specifying the beginning and completion dates of the project, has been signed by both parties. For services projects, the letter must indicate that equipment purchase orders with estimated delivery dates have been properly negotiated.

(11) That the applicant will notify the Department in writing of the date that a new or expanded service has been implemented, completed or terminated.

(12) That the applicant will provide monthly progress reports and a final completion report which contain the information required by Section 607 of these regulations.

CHAPTER 3 - DISPOSITION OF APPLICATION

Section 301. Submission of Application:

Two copies of the application along with a non-refundable filing fee of five hundred dollars ($500) shall be forwarded to the Bureau of Health Facilities and Services Development, S.C. Department of Health and Environmental Control, 2600 Bull Street, SC, 29201. Applicants are encouraged to

involve the Department in the development of proposed projects prior to the submission of an application.

Section 302. Additional Information:

1. After receipt of an application with proof of publication in a local newspaper and the five hundred dollars ($500) non-refundable filing fee, the Department shall publish in the State Register a notice that an application has been accepted for filing. The Department shall notify the applicant in writing when the application is not acceptable for filing.

2. Within thirty (30) calendar days from acceptance of an application, the Department will request any additional information pertinent to the project as may be deemed necessary to make the application complete. Should additional information be required for an application to be considered complete, the applicant will have thirty (30) calendar days from the date of the request to submit the requested information. If the applicant does not submit the requested information within thirty (30) calendar days, the application will be deemed to have been withdrawn.

3. Should the applicant within such thirty (30) calendar day period submit incomplete additional information, the Department will have thirty (30) calendar days in which to request further information. If the information requested is not received by the Department within thirty (30) calendar days of this second request, the application will be deemed to have been withdrawn.

4. If any deadline provided for in this section falls on a weekend or State holiday, the deadline will be extended until the next calendar day that is not a weekend or State holiday.

Section 303. Payment of Filing and Application Fees:

1. When the application is determined to be complete, the Department shall invoice the applicant, by certified mail, for the certificate of need application fee. The applicant shall have fifteen (15) calendar days from the date of receipt of the invoice to pay the fee by valid check made payable to the S.C. Department of Health and Environmental Control. Should the application fee not be received within fifteen (15) calendar days from receipt of the Department's invoice by the applicant, the application will be considered withdrawn.

2. If any deadline provided for in this section falls on a weekend or State holiday, the deadline must be extended until the next calendar day that is not a weekend or State holiday.

Section 304. Relative Importance Criteria:

1. Upon determination by the Department that an application is complete, the Department shall notify the applicant, by certified mail, of the relative importance of the project review criteria to be used in reviewing the application. The applicant will have thirty (30) calendar days from the date of receipt of this notice to submit any additional information. If, subsequent to this notice, the Department determines that the relative importance of the review criteria has changed, the Department must again notify the applicant by certified mail. The applicant will have thirty (30) calendar days from receipt of the revised notice to submit any additional information.

2. The staff may reorder the relative importance of the project review criteria no more than one time during the review period. The staff's reordering of the relative importance of the project review criteria does not extend the review period.

3. When an application has been appealed, the Department may not change the weight of the importance of the project review criteria.

Section 305. Review Time Frames:

1. Upon determination by the Department that the application is complete, and receipt of the application fee, the Department shall publish in the State Register a notice that the review cycle for the project has begun. Any affected person who has notified the Department in writing that they desire to be notified of the beginning of the review period be sent a copy of the notification.

2. The Department will make a decision on the complete application no earlier than thirty (30) calendar days but no later than 120 calendar days of the date of publication in the State Register unless a public hearing is held. Notice of a Department decision must be sent by certified mail, return receipt requested to the applicant and affected persons who have requested in writing to be notified.

a. If a public hearing is held pursuant to Section 306, the Department will render its decision no later than 150 calendar days from the date the affected persons are notified that the application is complete.

b. [Reserved]

Section 306. Public Hearing:

A public hearing must be requested in writing by an "affected person" as defined in these regulations within thirty (30) calendar days of the notification of the beginning of a review. Where such a hearing is requested, prior notice of the hearing will be provided to "affected persons The written notification of the hearing shall include the proposed schedule for the review, time, date, and place of such hearing. The public hearing shall provide an opportunity for any person to present information relevant to the application.

Section 307. Department Review:

1. The Department may not issue a Certificate of Need unless an application is in compliance with the South Carolina Health Plan as described in this regulation, project review criteria, and other regulations which must be identified by the Department. The Department may refuse to issue a Certificate of Need even if an application is in compliance with the South Carolina Health Plan but is inconsistent with project review criteria or departmental regulations. The Department must identify any regulation that is used as a basis for denying an application that is in compliance with the South Carolina Plan.

2. In the case of competing applications, the Department shall award a Certificate of Need, if appropriate, on the basis of which, if any, most fully complies with the requirements, goals, and purposes of the Certificate of Need program, South Carolina Health Plan, project review criteria, and any regulations developed by the Department.

Section 308. Department Decision:

On the basis of staff review of the record established by the Department, including but not limited to, the application, comments from affected persons and other persons concerning the application, data, studies, literature and other information available to the Department, the staff of the Department shall make a proposed decision to grant or deny the Certificate of Need.

Section 309. Certificate of Need Issuance Fee:

Projects with a total project cost greater than one million four hundred thousand dollars ($1,400,000) will require payment of a Certificate of Need issuance fee of seven thousand five hundred dollars ($7,500) upon the granting of the certificate of need. An invoice will be enclosed with the certificate which will be sent by certified mail. The Department must receive payment within fifteen (15) calendar days from receipt of the certificate by the applicant for the certificate of need to remain valid.

Section 310. Project Changes During Review Period:

If an applicant amends his application during the review process, the Department will determine whether or not the amendment is substantial and constitutes a new application. If the change results in an increase in cost, the fees will be adjusted accordingly.

Section 311. Validity of Certificate of Need Issued:

The Certificate of Need, if issued, is valid only for the project described in the application including location, beds and services to be offered, physical plant, capital or operating costs, or other factors as set forth in the application, except as may be modified in accordance with these regulations. Implementation of the project or operation of the facility or medical equipment that is not in accordance with the Certificate of Need application or conditions subsequently agreed to by the applicant and the Department may be considered a violation of this Regulation.

Section 312. Prohibited Contact:

1. After a Certificate of Need application has been filed with the Department, state and federal elected officials are prohibited from communicating with the Department with regard to the Certificate of Need application at any time. This prohibition does not include written communication of support or opposition to an application. Such written communication must be included in the administrative record.

2. From the date of publication of notice in the local newspaper that an application is being filed and until the date a final review is requested under Section 401 of these regulations:

a. members of the Board and persons appointed by the Board to hold a final review conference on staff decisions may not communicate directly or indirectly with any person in connection with the application; and

b. no person shall communicate, or cause another to communicate, as to the merits of the application with members of the Board and persons appointed by the Board to hold a final review conference on staff decisions.

CHAPTER 4 - APPEALS

Section 401. Notification of Decision:

1. A Department decision involving the issuance, denial, or revocation of a certificate of need may be appealed by an affected person with standing pursuant to applicable law, including S.C. Code Title 44, Chapter 1; Title 1, Chapter 23; and Title 44, Chapter 7.

2. Any person to whom an order is issued may appeal it pursuant to applicable law, including S.C. Code Title 44, Chapter 1; Title 1, Chapter 23; and Title 44, Chapter 7.

Section 402. [Reserved]

CHAPTER 5 - GENERAL PROVISIONS

Section 501. Findings of the Department:

In the case of any proposed new institutional health service for the provision of health services to inpatients, the Department shall not grant a Certificate of Need, or otherwise make a finding that such proposed new institutional health service is needed, unless:

1. The capital and operating costs of the proposal and their potential impact on patient charges are reasonable;

2. Superior alternatives to such services in terms of cost, efficiency, or appropriateness do not exist and that the development of such alternatives is not practicable;

3. In the case of new construction, alternatives to new construction (e.g., modernization or sharing arrangements) have been considered;

4. Patients will experience serious problems in terms of costs, availability or accessibility, or such other problems as may be identified by the Department, in obtaining care of the type proposed in the absence of the project; and

5. In the case of a proposed addition of beds for the provision of nursing care service, the addition is consistent with the plans of other State agencies responsible for provision and financing of long-term care (including home health) services.

Section 502. Periodic Reports:

For the purpose of health planning, health care facilities and others who provide services that requires a Certificate of Need or who have been exempted, shall on an annual basis submit information requested on the applicable Joint Annual Report.

Section 503. Distribution of Procedures Criteria:

The Department shall distribute copies of its proposed and adopted review procedures and criteria, and proposed revisions to statewide health agencies and organizations, any agency which establishes rates for health care facilities in the state, and other persons upon request.

Section 504. Review Under Applicable Plan:

All decisions on Certificate of Need applications shall be made based on the currently approved South Carolina Health Plan in effect at the time such application is accepted. Should a new plan be adopted during any phase of the review or appeals process, the applicant shall have the option of withdrawing the application and resubmitting under the newly adopted plan or continuing the review or appeal process under the plan in use when the application was submitted. In cases where applications are withdrawn and resubmitted under the newly adopted South Carolina Health Plan within forty-five (45) calendar days of the date of withdrawal, no additional filing fee shall be required.

CHAPTER 6 - VOIDANCE AND EXTENSION OF CERTIFICATES OF NEED

Section 601. Voidance and Extension Procedures:

1. The Certificate of Need shall become void twelve months (one year) from the date of issuance. The Department may void a Certificate of Need if requested by the applicant, or if the Department determines that the Certificate of Need has not fully implemented within one year from the date issued. Implementation may be evidenced by, but not limited to, a properly negotiated valid construction contract or appropriate purchase order for service projects.

2. A Certificate of Need must be issued with a timetable submitted by the applicant, and approved by the Department, to be followed for completion of the project. The holder of the Certificate of Need must submit quarterly progress reports documenting compliance with the aforementioned timetable. Failure to meet the timetable results in the revocation of the Certificate of Need by the Department unless the Department determines that extenuating circumstances beyond the control of the holder of the Certificate of Need are the cause of the delay. If the applicant has not met the approved timetable, documented evidence that extenuating circumstances beyond the control of the holder of the Certificate of Need should be provided to the Department. This information can also be included in a request for an extension as provided in Section 602.

3. The Department may grant up to two extensions of up to nine months each. In order to obtain an extension, the applicant must have demonstrated substantial progress and must either be complying with the approved timetable or have submitted documentation satisfactory to the Department that

extenuating circumstances beyond the control of the applicant have prevented compliance with the timetable. After nine month extension period, the Certificate of Need will expire and become void.

4. However, the Board may grant further extensions of the Certificate of Need of up to nine months each if it determines that substantial progress has been made. A request to the Board must be made at least three months prior to the expiration of the Certificate of Need and must contain justification for such extension.

Section 602. Extension Request:

1. A Certificate of Need extension shall be requested by the applicant at least thirty (30) days before the expiration date and shall contain such information as the Department may reasonably require.

2. This information shall include at least the following:

a. A detailed description of any changes in the configuration, costs, services, or scope of the project.

b. A detailed description and documentation of any progress on the project including preparation of construction drawings, the securing of necessary funds and building permits, and commencement of any construction.

c. An estimated timetable for commencement and completion of all remaining components of the project.

d. Documentation of compliance with the approved timetable or documented evidence that extenuating circumstance beyond the control of the applicant if the timetable was not met.

Section 603. Criteria for Extension:

The following criteria shall be used to determine whether substantial progress has been made by the applicant:

1. Site procurement: The applicant should have made definitive progress toward permanent acquisition of the intended site. Such progress may include purchase of property previously under option or consummation of long-term lease agreements.

2. Architectural Progress: The facility architect should have been employed and definitive progress should be made toward development of final drawings.

3. Financial Status: The applicant should document definitive progress toward finalizing any necessary loans or lease-purchase arrangements.

4. The applicant should provide reasonable assurance that the project will be under construction or implemented within the requested extension time frame.

Section 604. Non-Transferability of Certificate of Need:

A Certificate of Need is nontransferable. A Certificate of Need or rights there under may not be sold, assigned, leased, transferred, mortgaged, pledged, or hypothecated, and any actual transfer or attempt to make a transfer of this sort results in the immediate voidance of the Certificate of Need. Any of the aforementioned transactions involving an entity directly or indirectly holding a Certificate of Need before fulfillment of the Certificate of Need results in the transfer and the subsequent voidance of the Certificate of Need. Fulfillment of the Certificate of Need occurs, although not limited to, the submission of an adequate final completion report as determined by the Department. Anyone having their Certificate of Need voided shall not be eligible to apply for a new Certificate for a period of one (1) year without Board approval.

Section 605. Project Changes After Receipt of Certificate of Need:

If an applicant amends or alters his project after receipt of a Certificate of Need, the Department will decide whether or not the amendment is substantial and thereby constitutes a new project.

Section 606. Total Project Cost:

In issuing a Certificate of Need, the Department shall specify the approved total project cost. A project is only approved for the amount specified in the Certificate of Need. The Department will review overruns on an individual basis.

Section 607. Periodic Reporting of Certificate of Need Implementation:

1. The applicant is required to submit a quarterly progress report that corresponds with the timetable included in the Certificate of Need application beginning ninety (90) calendar days after receipt of the Certificate of Need. Failure to meet the timetable results in the revocation of the Certificate of Need by the Department unless a determination is made by the Department that circumstances beyond the control of the holder of the Certificate of Need are the cause of the delay.

2. The applicant shall report on, if applicable: (1) costs incurred on the project; (2) construction activity; (3) program or service activity; and (4) any deviations from the submitted application with supporting documentation.

3. After the project has been fully implemented, the applicant shall provide the Department with a final completion report that contains, at a minimum:

a. An audited cost report that shows all expenditures on the approved project;

b. A list of average charges and costs for the services approved in the application and documented by affidavit, certification or other proof;

c. A registered architect's or engineer's signed statement of final construction costs;

d. An equipment listing and inventory for the project;

e. A program and/or service narrative describing the final project configuration; and

f. An explanation of any deviation from the approved application with justification, or a signed statement from the applicant that the project was implemented as outlined in the application.

4. Records relating to the project shall be maintained by the applicant for seven (7) years following the completion of the project and these records shall be made available to the Department's auditors for inspection as needed.

5. The Department may audit any project for consistency with the information provided in the Certificate of Need application. Undertaking a project that is not in accordance with the approved application or conditions or amendments subsequently agreed to by the applicant and the Department may be considered a violation of this article.

CHAPTER 7 - PENALTIES FOR NON-COMPLIANCE

Section 701. Penalties:

Undertaking any activity requiring certificate of need review, as defined in Section 102 of these regulations, without prior approval of the Department or failing to comply with any of the above stated regulations shall be grounds for the denial, suspension, or revocation of the Certificate of Need, or other penalties, under the provisions of Sections 44-7-320 through 44-7-340 of the Code of Laws of South Carolina, as amended. Any violation of this regulation is subject to provisions set forth in the statute.

Section 702. [Reserved]

CHAPTER 8 - PROJECT REVIEW CRITERIA

Section 801. Applicability and Weighting:

1. The criteria listed in Section 802 are to be used in reviewing all projects under the Certification of Need program. These criteria have been grouped under the following general categories:

Need for the Proposed Project	(Section 802.1 through 802.4)
Economic Consideration	(Section 802.5 through 802.19)
Health System Resources	(Section 802.20 through 802.25)
Site Suitability	(Section 802.26 through 802.30)
Special Consideration	(Section 802.31 through 802.33)

2. The Department shall notify the applicant of the relative importance of the project review criteria to be used in reviewing the application. The relative importance assigned to each specific criterion is established by the Department depending upon the importance of the criterion applied to the specific project. The relative importance must be consistent for competing projects.

3. A project does not have to satisfy every criterion in order to be approved, but no project may be approved unless it is consistent with the South Carolina Health Plan. A project may be denied if the Department determines that the project does not sufficiently meet one or more of the criteria.

Section 802. Criteria for Project Review:

1. Need:

The proposal shall not be approved unless it is in compliance with the South Carolina Health Plan.

2. Community Need Documentation:

a. The target population should be clearly identified as to the size, location, distribution, and socioeconomic status (if applicable).

b. Projections of anticipated population changes should be reasonable and based upon accepted demographic or statistical methodologies, with assumptions and methodologies clearly presented in the application. The applicant must use population statistics consistent with those generated by the State Demographer, State Budget and Control Board.

c. The proposed project should provide services that meet an identified (documented) need of the target population. The assumptions and methods used to determine the level of need should be specified in the application and based on a reasonable approach as judged by the reviewing body. Any deviation from the population projection used in the South Carolina Health Plan should be explained.

d. In the case of a reduction, relocation, or elimination of a facility or service, the applicant should address the need that the population presently has for the service, the extent to which that need will be met by the proposed relocation or by alternative arrangements, and the effect of the reduction, elimination, or relocation of the service on the ability of low income persons, racial and ethnic minorities, women, the elderly, handicapped persons, and other underserved groups, to obtain needed health care.

e. Current and/or projected utilization should be sufficient to justify the expansion or implementation of the proposed service.

3. Distribution (Accessibility):

a. Duplication and modernization of services must be justified. Unnecessary duplication of services and unnecessary modernization of services will not be approved.

b. The proposed service should be located so that it may serve medically underserved areas (or an underserved population segment) and should not unnecessarily duplicate existing services or facilities in the proposed service area.

c. The location of the proposed service should allow for the delivery of necessary support services in an acceptable period of time and at a reasonable cost.

d. The proposed facility should not restrict admissions. If any restrictions are applied, their nature should be clearly explained.

e. The applicant must document the means by which a person will have access to its services (e.g. outpatient services, admission by house staff, admission by personal physician)

f. The applicant should address the extent to which all residents of the area, and in particular low income persons, racial and ethnic minorities, women, the elderly, handicapped persons, and other medically underserved groups, are likely to have access to those services being proposed.

g. The facility providing the proposed services should establish provisions to insure that individuals in need of treatment as determined by a physician have access to the appropriate service, regardless of ability to pay.

h. Potential negative impact of the proposed project upon the ability and/or resources of existing providers to serve medically underserved groups must be considered.

4. Acceptability:

a. The proposal and applicant should have the support of "affected persons" (including local providers and the target population). The lack of opposition should not be considered support for the purposes of these criteria.

b. Where documented opposition exists to a proposal, such opposition will be considered along with the application.

c. Possible transfer agreements should be confirmed and an intent to negotiate these arrangements should be documented by all parties.

d. The applicant should document the initiation of any other required reviews or agency check-offs.

5. Financial Entries and Assumptions:

All financial entries and assumptions contained in the application must be provided by an

accountant who stands behind the reliability of this financial information.

6. Projected Revenues:

a. The proposed charges should be comparable to those charges established by other facilities for similar services within the service area or state. The applicant should document how the proposed charges were calculated.

b. The projected levels of utilization should be reasonably consistent with those experienced by similar facilities in the service area and/or state. In addition, projected levels of utilization should be consistent with the need level of the target population.

c. The projected collection and reimbursement rates should be reasonably consistent with those experienced/utilized by similar facilities.

d. Failure to provide contingency plans for any known factor which would jeopardize the stability of the revenue projections shall be grounds for rejection of the budget.

7. Projected Expenses:

Projections of construction costs, start-up costs, operating costs, debt service, depreciation, manpower costs, etc. should be consistent with those experienced by similar facilities offering a similar level and scope of services (with proper consideration given to such factors as inflation, cost of capital, etc.).

8. Beginning Cash Flow:

The applicant must have documented the availability of resources or sources of funds sufficient to cover capital requirements and start-up costs. The schedule of utilization and net revenues must be detailed with assumptions explicitly present.

9. Net Income:

The project should show an improvement in its net revenue position over time, especially the first three years, until a steady, positive net income trend is attained. Any projected deviations from this pattern should be explained.

10. Debt Service:

a. Debt service (interest cost plus payment toward principal) should not be so large as to cause a negative net income.

b. Characteristics of the debt (interest, prepayment arrangements, etc.) should be consistent with those arrangements used by other health service entities in the

State and consistent with accepted good business practices in terms of assumption and retirement of debt.

c. The applicant must document the impact the project will have on the facility's proposed level of patient charges.

11. Methods of Financing:

a. Possible alternatives should be identified.

b. Reasons for the selection of the proposed funding method should be stated and reasonable.

12. The applicant should demonstrate an ability to obtain the desired capital. The applicant must provide at least conditional commitment from an appropriate institution.

13. Record of the Applicant (Owner and/or Administrator):

a. The applicant's record should be one of successful operation with adequate management experience.

b. The applicant should have a demonstrated ability to obtain necessary capital financing.

c. If the applicant has no prior experience, sources of assistance should be specified (i.e. technical assistance from specific individuals or organizations).

d. The applicant's record or his representative's record of cooperation and compliance with State and Federal regulatory programs will be considered.

14. Ability to Complete the Project:

a. The applicant should have demonstrated that the project can be initiated and completed within the proposed time frame specified in the application.

b. The financial schedules and time frames contained in the application should be consistent with those usually experienced in the development of similar facilities or services.

15. Financial Feasibility:

The applicant must have projected both the immediate and long-term financial feasibility of the proposal. Such projection should be reasonable and based upon accepted accounting procedures.

16. Cost Containment (Minimizing Costs):

a. The applicant should have identified and sought alternative sources and/or methods of funding and demonstrated that the method chosen was the most feasible option.

b. If the applicant had the option of lease or purchase, with all other factors being equal, he should demonstrate that his choice is the least costly in the long run.

c. The impact of the project upon the applicant's cost to provide services and the applicant's patient charges should be reasonable. The impact of the project upon the cost and charges of other providers of similar services should be considered if the data are available.

17. Efficiency:

The proposed project should improve efficiency by avoiding duplication of services, promoting shared services, and fostering economies of scale or size.

18. Physical Design:

The proposed project should foster economies of design by use of design characteristics such as improved access and circulation within the facility, the relationship of services within the facility, and the use of shared space for centralized supply, storage, and common activities.

19. Alternative Methods:

a. The applicant should have considered any available or more effective alternatives which exist to the proposed service such as the use of less costly alternatives, outpatient services, shared services, or extended hours of service.

b. For new construction projects, modernization of existing facilities should be considered as an alternative, and the rejection of this alternative by the applicant should be justified.

20. Staff Resources:

a. The applicant should have a reasonable plan for the provision of all required staff (physicians, nursing, allied health and support staff, etc.).

b. The applicant should demonstrate that sufficient physicians are available to insure proper implementation (e.g. utilization and/or supervision) of the project.

c. If the applicant presently owns existing facilities or services, he should demonstrate a satisfactory staffing "track record."

d. Alternative uses of resources for the provision of other health services should be identified and considered.

21. Support Services and Equipment:

a. Support services and equipment necessary to implement and sustain the proposed service should be identified, accessible, and of sufficient capacity.

b. Where possible, projects should utilize equipment already available and accessible to the population to be served.

22. Distribution:

The existing distribution of the health service(s) should be identified and the effect of the proposed project upon that distribution should be carefully considered to functionally balance the distribution to the target population.

23. Adverse Effects on Other Facilities:

a. The impact on the current and projected occupancy rates or use rates of existing facilities and services should be weighed against the increased accessibility offered by the proposed services.

b. The staffing of the proposed service should be provided without unnecessarily depleting the staff of existing facilities or services or causing an excessive rise in staffing costs due to increased competition.

24. Adverse Effects on Training Programs:

The proposed delivery of health services should not adversely affect the ability of local health professional training programs to meet their clinical needs.

25. Access:

If the proposed health services are to be available in a limited number of facilities, the extent to which the health professions schools in the area will have access to the services for training purposes should be clearly delineated in the proposal.

26. Zoning:

The proposed site must comply with local zoning regulations. Documentation should be provided from the appropriate zoning authorities that the proposed site is or can be zoned for the intended use.

27. Utilities:

The utilities necessary for the facility to operate should be available on site or the application should state provisions made for bringing these utilities on site or providing alternatives such as wells or

sewage treatment plants. Applicants should document the availability of needed utilities. The cost of such provisions should be detailed in the financial section of the application.

28. Site Size:

Documentation should be provided that all of the property intended for use is available to the applicant. Consideration may also be given to the suitability of the proposed site for any expansion of services included in the applicant's long-range plans.

29. Environmental Hazard:

The proposed facility should not be located on a site where environmental conditions would either create a health hazard or aggravate an existing health condition in individuals served by the facility.

30. Square Footage:

Space allocations should conform to applicable local, state, and federal regulations or minimum standards. For all projects, state or other applicable licensing standards must be met by the proposal.

31. Medically Underserved Groups:

a. The applicant should address the contribution of the proposed service in meeting the health needs of members of medically underserved groups which have traditionally experienced difficulties in obtaining equal access to health services (e.g. low income persons, racial and ethnic minorities, women, the elderly, and handicapped persons), particularly those needs identified in the applicable South Carolina Health Plan as deserving of priority

b. The extent to which medically underserved populations currently use the applicant's services should be considered in comparison to the percentage of the population in the applicant's service area which is medically underserved, and the extent to which medically underserved populations are expected to use the proposed services if approved.

c. Consideration of the documented performance of the applicant in meeting its obligation, if any, under any applicable Federal regulations requiring provision of uncompensated care, indigent care plan, community service, or access by minorities and handicapped persons to programs receiving Federal financial assistance (including the existence of any civil rights access complaints against the applicant) should be given.

d. Consideration should be given to the extent to which Medicare, Medicaid, and medically indigent patients are served by the applicant.

32. Other Entities:

Consideration should be given to the special needs and circumstances of those entities which provide a substantial portion of their services or resources, or both, to individuals not residing in the health service areas in which the entities are located or in adjacent health service areas. These entities may include medical and other health professions schools, multidisciplinary clinics, and specialty centers.

33. Elimination of Safety Hazards:

The Department shall issue a Certificate of Need for a proposed capital expenditure if it is required to eliminate or prevent imminent safety hazards as defined by Federal, State, or local fire, building, or life safety codes or regulations; or to comply with State Licensure standards; or to comply with accreditation or certification standards which must be met to receive reimbursement under Title XVIII of the Social Security Act or payments under a State Plan for medical assistance approved under Title XIX of that Act, provided the Department has determined that the facility or service for which the capital expenditure is proposed is needed and the obligation of the capital expenditure is consistent with the South Carolina Health Plan. Those portions of a proposed project which are not required to eliminate or prevent safety hazards or to comply with licensure, certification, or accreditation standards shall be reviewed against each of the applicable criteria for project review.

APPENDIX:

APPLICATION FOR CERTIFICATION OF NEED FOR A HEALTH FACILITY OR SERVICE

Proposal Prepared By:

Name:_____

Title:_____

Organization:_____

Address:_____

City:_____ State:_____

Zip Code:_____ Telephone Number:_____

Email:_____ Fax Number:_____

The Applicant hereby certifies that the information contained in this Application, including all assurances and attachments, are correct to the best of his knowledge and belief.

Applicants Signature:_____

Date:_____

Forward to:

Bureau of Health Facilities and Services Development
S.C. Department of Health and Environmental Control
2600 Bull Street
Columbia, S.C. 29201

PET-EX029.0036

RECORD 005101

APPLICATION FOR CERTIFICATION OF NEED FOR A HEALTH FACILITY OR SERVICE

NOTE: A "complete" application shall include a written narrative report by the applicant (Regulation 61-15, Section 202).

PART A - QUESTIONNAIRE
1. Name of Facility
2. Address, City, County, State, Zip Code

3. Type of Facility (Circle)		
A. Hospital	B. Nursing Home	C. Psychiatric Facility
D. Rehabilitation Facility	E. Substance Abuse Facility	F. Ambulatory Surgery Facility
F. Other (Specify)		

4. Purpose of Review (Circle)		
A. New Facility	B. Change of Licensure	C. Addition to Existing Facility
D. Renovation of Existing Facility		E. Change of Services
F. Other (Specify)		

5. Management		
A. Name of Administrator	B. Address, City, State, Zip Code	
C. Telephone:	D. Fax Number	E. Email

6. Licensee
A. Name of Licensee
B. Address, City, State, Zip Code

PET-EX029.0037

RECORD 005102

7. Ownership or Control of the Facility (Attach a list of names and addresses of the owners of the facility, indicating percent of ownership of each owner, the person responsible for the proposal, and the attorney(s) representing the proposal). Circle the appropriate information regarding ownership.			
A. Individual	B. Partnership	C. Corporation	D. Proprietary
E. Non-Profit	F. Government (Specify)		
G. Other: (Specify)			

8. Proposed Site of the Property	
A. Owned	B. Leased
C. Length of Site Lease	
D. Option	E. Length of Option
F. Name and Address of Owner(s) of Real Property	

9. Total Bed Capacity for Which Application is Made				
	Existing Facilities			
	New Facility Only	Existing Beds	# Gained or Lost	Bed Total
Type of Beds				
A. Medical/Surgical				
B. Obstetrics				
C. Pediatrics				
D. Substance Abuse				
E. Psychiatric				
F. Rehabilitation				
G. Nursing Care				
H. RTFs				
I. ICU/CCU				
J. Other				
K. TOTAL				

10. Construction and Site	
A. Type of Construction	B. Number of Buildings Pertaining to Project
C. Number of Stories Pertaining to Project	D. Size of the Site in Acres
E. Size of the Project Site in Acres	F. Square Footage of the Project

G. Anticipated Date of Beginning Construction	H. Anticipated Date of Licensing or Project Completion
I. Anticipated Date for Submission of Final Completion Report	

11. Zoning of Construction Site

12. Costs (Provide Estimated Signed Cost Statement from Either the Architect or Engineer)	
A. Land Cost	B. Construction Cost
C. Architect's/Engineer's Fee	D. Equipment Costs (to include taxes) 1) Fixed Equipment 2) Movable Equipment
E. Financing Cost During Construction	F. Other Costs (Specify)
G. Total Project Cost	H. Construction and Equipment Cost 1) Per Square Foot 2) Per Bed

Property Tax Estimate
Proposed Fort Mill Hospital

Proposed Fort Mill Hospital (Est. Annual Taxes Based on 2015 Hospital Completion and 1st. Year Taxes Due in 2016)			Estimated Appraised Values Land	Impr.	Total	Assmt. Ratio	Assessed Value	Personal Property	Assmt. Ratio	Assessed Value
			$11,227,435	$75,631,867	$86,859,302	6.00%	$5,211,558	$52,569,934	10.50%	$5,519,843
Jurisdiction	2009 Millage Rate	Est. 2016 Millage Rate*	*(Improvement Value Based on Texet CON Cost Estimate)*				Estimated Annual Taxes			Estimated Annual Taxes
York County	66.0	70.8					$368,774.72			$390,589.25
Town of Fort Mill	86.0	90.0					$469,040.23			$496,785.88
Fort Mill School Dist. No. 4	209.4	232.4					$1,211,174.45			$1,282,820.36
Other York County Schools	30.0	33.3					$173,620.25			$183,784.68
Total Levy	391.40	426.5	[redacted]	[redacted]			$2,222,509.64			$2,353,980.16
Compound Annual % Increase 2009 to 2016		1.23%								
Effective Tax Rate (Annual Taxes/Appraised Value)							2.56%			4.46%
Estimated Total Annual Taxes										$4,576,489.80

Tax Estimate with 50% City Tax Abatement: $4,093,576.75

Estimated Tax Dollars Using FY 2009-2010 Millage Rates	2009 York Tax ID 020-05-01-014	Estimated 2016 Tax Rate	Estimated Real Estate 2016 Taxes	Allocation of Tax	Estimated Personal 2016 Taxes	Allocation of Tax
County						
General Fund	$10.87	0.04792	$249,761.06	11.24%	$264,635.44	11.24%
County Bonds	$2.36	0.01040	$54,198.71	2.44%	$57,404.78	2.44%
Library	$1.09	0.00482	$25,143.73	1.13%	$26,631.09	1.13%
Culture & Heritage	$0.70	0.00311	$16,203.74	0.73%	$17,162.25	0.73%
York Tech Operations	$1.02	0.00450	$23,467.48	1.06%	$24,855.68	1.06%
Total - County Taxes	$16.05		$368,774.72	16.59%	$390,589.25	16.59%
Town of Fort Mill	$20.90	0.09000	$469,040.23	21.10%	$496,785.88	21.10%
Fort Mill School Dist. No. 4						
Operations	$33.63	0.15360	$800,508.54	36.02%	$847,861.86	36.02%
Allocation of Countywide Millage	$1.81		$43,085.17	1.94%	$45,633.84	1.94%
Debt Service	$17.25	0.07880	$410,665.51	18.48%	$434,968.03	18.48%
Total Fort Mill School District [redacted]	$52.69		$1,254,259.23	56.43%	$1,328,463.78	56.43%
Other York County Schools	$5.48	0.03330	$130,435.46	5.87%	$138,151.25	5.87%
Total Taxes	$95.12		$2,222,509.64	100.00%	$2,353,980.16	100.00%
Estimated Value			$86,859,302		$52,569,934	
Assessment	$243.00		$5,211,558		$5,519,843	

Total Tax	$4,576,490.80
Tax Estimate with 50% City Tax Abatement	$4,093,576.75

[redacted]

Petitioner's Trial Exhibit 030

CONFIDENTIAL

PMC.2013.00000861
PET-EX030.0001

Physician Practices Owned by Carolinas Healthcare System
York County, South Carolina

Practice	Specialty	Number of Physicians	Street	City	County	State	Zip
Medical Associates of Fort Mill	Internal Medicine	2	1698 Highway 160 W Suite 140	Fort Mill	York	SC	29708
Medical Associates of Rock Hill	Internal Medicine	3	1317 Ebenezer Road	Rock Hill	York	SC	29732
Palmetto Pediatrics	Pediatrics	3	1334 Ebenezer Road	Rock Hill	York	SC	29732
Piedmont GYN/OB - Rock Hill	OB/GYN	6.5*	202 S. Herlong Avenue Suite F	Rock Hill	York	SC	29732
Rock Hill Pediatric Associates	Pediatrics	8	1601 Ebenezer Road	Rock Hill	York	SC	29732
Sanger Clinic - Fort Mill	Cardiology	1	502 Sixth Baxter Crossing	Fort Mill	York	SC	29708
Sanger Clinic - Rock Hill	Cardiology	3	197 Piedmont Blvd Suite 111	Rock Hill	York	SC	29732
Shiland Family Medicine	Family Medicine	11	2633 Celanese Road	Rock Hill	York	SC	29732

Total Number of Unique Physicians: 37.5

Notes: Number of physicians reflect the physicians employed by Carolina Healthcare System.

Sources: Physician practice list provided by Carolinas Healthcare System (CHS 01383).
Employed physician list provided by Carolinas Healthcare System (CHS 01384-01385).
Updated based on conversation with Charles Miller, PMC.

*3 full-time M.D.'s; 7 half-time M.D.'s.

PET-EX032
Petitioner's Trial Exhibit 032

Physician Practices Owned or Leased by Presbyterian Healthcare
York County, South Carolina

Practice	Specialty	Number of Physicians	Street	City	County	State	Zip
Carolina Ob/Gyn of York County	OB/GYN	2	360 South Herlong Avenue	Fort Mill	York	SC	29732
Family Medicine Associates	Family Medicine	5	1023 Creekside Medical Drive	York	York	SC	29745
Family Medicine Associates - Clover	Family Medicine	(5)	207 Church Street	Clover	York	SC	29710
Fort Mill Family Practice	Family Medicine	4	1690 Hwy 160 West	Fort Mill	York	SC	29708
Rock Hill Family Practice	Family Medicine	5	1435 Ebenezer Road	Rock Hill	York	SC	29732
Indian Land Primary Care	Family Medicine	1	7580 Charlotte Highway Ste 100	Indian Land	York	SC	29707
Surgical Specialists of the Carolinas	General Surgery	3	1721-07 Ebenezer Road Ste 175	Rock Hill	York	SC	29732
Surgical Specialists of the Carolinas	General Surgery	(3)	First Baxter Crossing	Fort Mill	York	SC	29708
	Total Number of Unique Physicians:	20					

Notes: Number of physicians reflect the physicians employed by Presbyterian Healthcare, except for Indian Land Primary Care.

Sources: Physician practice list provided by Presbyterian Healthcare (PHS Response to AMISUB 2RFP 00522-00524).
Employed physician list provided by Presbyterian Healthcare (AMISUB 2RFP 00525-526).
Medical staff privileges lists provided by Presbyterian Healthcare (PHS Response to AMISBU 2RFP 00519-521).
Updated based on conversation with Charles Miller, PMC and Presbyterian Healthcare's website.

PET-EX033



Physician Practices with Physicians Employed by Piedmont Medical Center
York County, South Carolina

Practice	Number of Physicians	Street	City	County	State	Zip
Catawba-Piedmont Cardiothoracic Surgery	1	200 S. Herlong Avenue Suite E-1	Rock Hill	York	SC	29732
Tega Cay Family Practice	2	773 Stockbridge Drive	Fort Mill	York	SC	29708
Piedmont Family Practice at Rock Hill	1	200 S. Herlong Avenue Suite G	Rock Hill	York	SC	29732
Baxter Internal Medicine	1	502 Sixth Baxter Crossing	Fort Milll	York	SC	29708
Piedmont Internal Medicine and Family Practice	1	1796 DeVinney Road	York	York	SC	29745
Piedmont Pulmonology	3	222 S. Herlong Avenue	Rock Hill	York	SC	29732
Total Number of Unique Physicians:	9					

Notes: Number of physicians reflect the physicians employed by Piedmont Medical Center.
Zip code for Baxter Internal Medicine was originally 29732, which is a Rock Hill zip code. The zip code was corrected based on the street and city address.

Sources: Physician list provided by Piedmont Medical Center (EmployedPhy.pdf).
Updated based on conversation with Charles Miller, PMC.

PET-EX034



List of Selected Acute Care Hospitals in Charlotte and Surrounding Areas

Hospital	System	Street Address	City	County	State	Zip	Staffed Beds
Anson Community Hospital	Carolinas Healthcare System	500 Morven Road	Wadesboro	Anson	NC	28170	125
Carolinas Medical Center - Northeast	Carolinas Healthcare System	920 Church Street North	Concord	Cabarrus	NC	28025	418
Kings Mountain Hospital	Carolinas Healthcare System	706 West King Street	Kings Mountain	Cleveland	NC	28086	72
Cleveland Regional Medical Center	Carolinas Healthcare System	201 East Grover Street	Shelby	Cleveland	NC	28150	309
Carolinas Medical Center - Lincoln	Carolinas Healthcare System	200 Gamble Drive	Lincolnton	Lincoln	NC	28092	92
Carolinas Medical Center	Carolinas Healthcare System	1000 Blythe Boulevard	Charlotte	Mecklenburg	NC	28203	874
Carolinas Medical Center - Mercy	Carolinas Healthcare System	2001 Vail Avenue	Charlotte	Mecklenburg	NC	28207	157
Carolinas Medical Center - Pineville	Carolinas Healthcare System	10628 Park Road	Charlotte	Mecklenburg	NC	28210	109
Carolinas Medical Center - University	Carolinas Healthcare System	8800 North Tryon Street	Charlotte	Mecklenburg	NC	28262	130
Carolinas Medical Center - Union	Carolinas Healthcare System	600 Hospital Drive	Monroe	Union	NC	28112	171 [1]
Wallace Thomson Hospital	Carolinas Healthcare System	322 West South Street	Union	Union	SC	29379	220
Chesterfield General Hospital	Community Health Systems	711 Chesterfield Highway	Cheraw	Chesterfield	SC	29520	59
Springs Memorial Hospital	Community Health Systems	800 West Meeting Street	Lancaster	Lancaster	SC	29720	204
Gaston Memorial Hospital	*None*	2525 Court Drive	Gastonia	Gaston	NC	28054	395
Stanly Regional Medical Center	*None*	301 Yadkin Street	Albemarle	Stanly	NC	28001	119
Presbyterian - Orthopaedic Hospital	Novant Health / Presbyterian Healthcare System	1901 Randolph Road	Charlotte	Mecklenburg	NC	28207	80
Presbyterian Hemby Children's Hospital	Novant Health / Presbyterian Healthcare System	200 Hawthorne Lane	Charlotte	Mecklenburg	NC	28204	- [2]
Presbyterian Hospital	Novant Health / Presbyterian Healthcare System	200 Hawthorne Lane	Charlotte	Mecklenburg	NC	28204	529
Presbyterian Hospital - Huntersville	Novant Health / Presbyterian Healthcare System	10030 Gilead Road	Huntersville	Mecklenburg	NC	28078	50
Presbyterian Hospital - Matthews	Novant Health / Presbyterian Healthcare System	1500 Matthews Township Pkwy	Matthews	Mecklenburg	NC	28105	102
Lake Norman Regional Medical Center [3]	Novant Health/Health Management Associates, Inc.	171 Fairview Road	Mooresville	Iredell	NC	28117	129
Upstate Carolina Medical Center [3]	Novant Health/Health Management Associates, Inc.	1530 North Limestone Street	Gaffney	Cherokee	SC	29340	125
Chester Regional Medical Center [3]	Novant Health/Health Management Associates, Inc.	1 Medical Park Drive	Chester	Chester	SC	29706	156
Carolina Pines Regional Medical Center [3]	Novant Health/Health Management Associates, Inc.	1304 West BoBo Newsom Highway	Hartsville	Darlington	SC	29550	120
Piedmont Medical Center	Tenet Healthcare	222 Herlong Avenue	Rock Hill	York	SC	29732	266

[1] Excludes 70 beds in nursing home-type unit.

[2] Presbyterian Hemby Children's Hospital is located on the second floor of Presbyterian Hospital. It is not listed as a separate hospital in the AHA Guide, 2009.

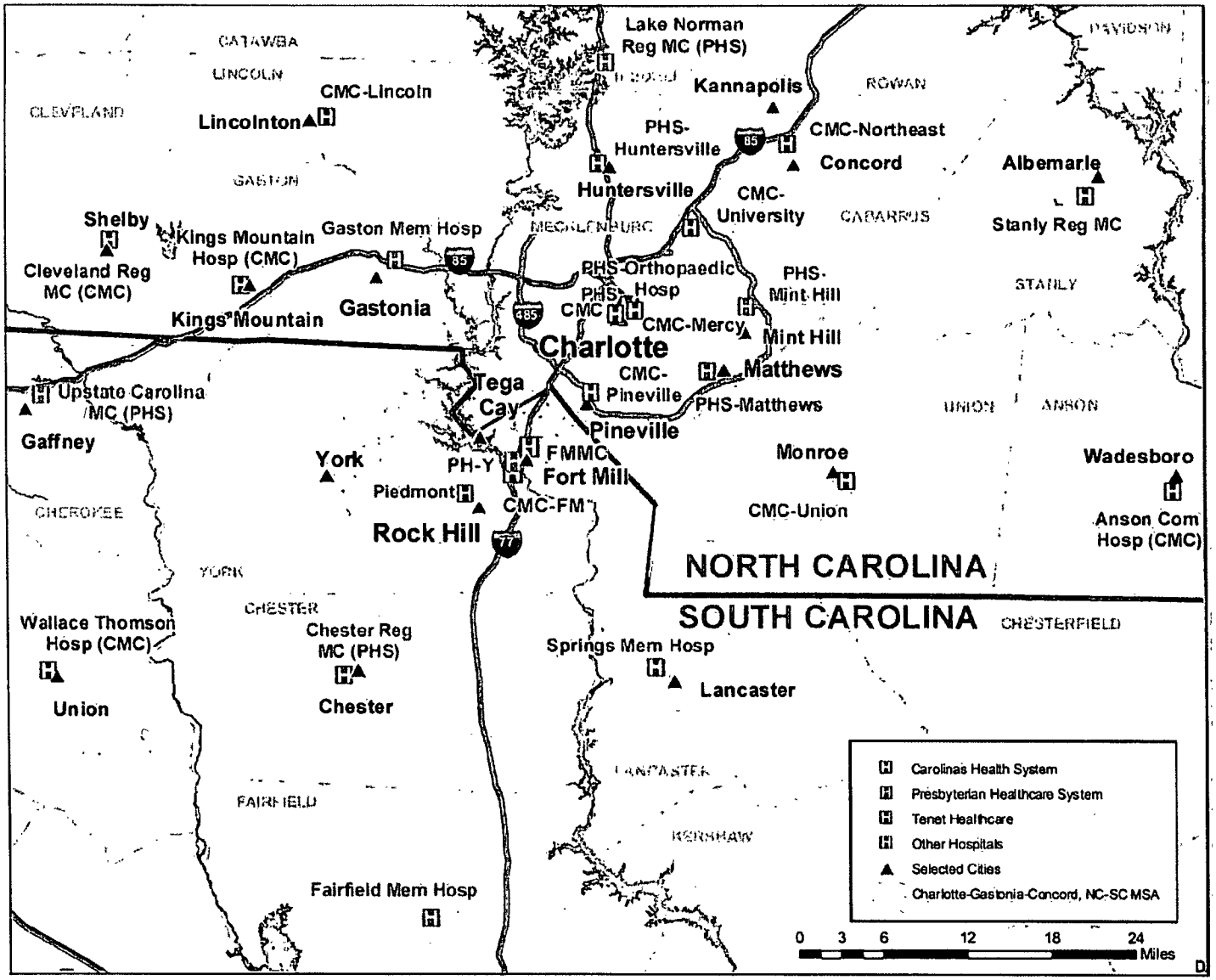
[3] On March 31, 2008, Novant Health acquired 27 percent interest in 7 hospitals located in North and South Carolina from Health Management Associates, Inc.

Sources: 2008 Mergers and Acquisitions Report, Modern Healthcare, January 19, 2009.
AHA Guide, 2009.
"HMA Announces $300 Million Joint Venture with Novant," Healthcare Financial Management Association, April 2, 2008, available at http://www.hfma.org/hfmanews/PermaLink,guid,81dc423d-3ee3-42c0-871c-ed97ac6b6bbe.aspx.
Presbyterian Healthcare website.

PET-EX035

Petitioner's Trial Exhibit 035

Acute Care Hospitals in the Charlotte-Gastonia-Concord, NC-SC MSA



PET-EX035.0002

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
1205 Umstead Drive, 2712 Mail Service Center
Raleigh, North Carolina 27699-2712
Telephone: (919) 855-4620 Fax: (919) 715-3073

For Official Use Only
License # H0042 Medicare # **340098**
Computer: 923352
PC _____ Date _____

License Fee: **$5,887.50**

2011
HOSPITAL LICENSE
RENEWAL APPLICATION

Legal Identity of Applicant: **Mercy Hospital, Inc.**
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Doing Business As
(d/b/a) name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: **Carolinas Medical Center Mercy/Pineville**
Other: _____
Other: _____

Facility Mailing Address: 2001 Vail Ave
Charlotte, NC 28207

Facility Site Address: 2001 Vail Ave
Charlotte, NC 28207
County: Mecklenburg
Telephone: (704)304-5000
Fax: (704)304-5695

Administrator/Director: ~~PHYLLIS WINGATE-JONES~~ William Spencer Lilly
Title: ~~SENIOR VP~~ President
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: William Spencer Lilly **Title:** President
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Name of the person to contact for any questions regarding this form:

Name: Cynthia M. Polshak **Telephone:** (704) 512-6423

E-Mail: cindy.polshak@carolinashealthcare.org

"The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services."



All responses should pertain to **October 1, 2009 through September 30, 2010.**

Type of Health Care Facilities under the Hospital License (please include offsite emergency departments)

List Name(s) of facilities:	Address:	Type of Business / Service:
Please see attached		

Please attach a separate sheet for additional listings

Ownership Disclosure (Please fill in any blanks and make changes where necessary.)

1. What is the name of the legal entity with ownership responsibility and liability?

   Owner: Mercy Hospital, Inc.
   Federal Employer ID# 56-0554229
   Street/Box: 2001 Vail Ave
   City: Charlotte 304 State: NC Zip: 28207
   Telephone: (704)~~379~~-5100 Fax: (704)~~379~~-5695 304
   CEO: ~~Curtis Copenhaver~~ William Spencer Lilly

   Is your facility part of a Health System? [i.e., are there other hospitals, offsite emergency departments, ambulatory surgical facilities, nursing homes, home health agencies, etc. owned by your hospital, a parent company or a related entity?] ___X___ Yes _____ No _____

   If 'Yes', name of Health System*: The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas HealthCare System
   * ***(please attach a list of NC facilities that are part of your Health System)***
   If 'Yes', name of CEO: Michael C. Tarwater

   a. Legal entity is: ___ For Profit ___X___ Not For Profit

   b. Legal entity is: ____ Corporation ____ LLP ____ Partnership
      ____ Proprietorship ____ LLC ___X___ Government Unit

   c. Does the above entity (partnership, corporation, etc.) **LEASE** the building from which services are offered? ___ Yes ___X___ No

   If "**YES**", name of building owner:

   _____

2. Is the business operated under a management contract? ___Yes ___X___ No

   If 'Yes', name and address of the management company.
   Name: _____
   Street/Box: _____
   City: _____ State: _____ Zip: _____
   Telephone: (___) _____

PMC.2013.00015749

PET-EX036A.0002

RECORD 005112

Carolinas HealthCare System
Owned, Managed, or Leased Health Care Facilites
As of September 30, 2010

Facility	Location	Relationship to CHS
Hospitals		
Anson Community Hospital	Wadesboro	Owned
Behavioral Health Center - CMC Randolph	Charlotte	Leased
Carolinas Medical Center	Charlotte	Owned
Carolinas Medical Center - Lincoln	Lincolnton	Owned
Carolinas Medical Center - Mercy	Charlotte	Owned
Carolinas Medical Center - NorthEast	Concord	Owned
Carolinas Medical Center - Pineville	Charlotte	Owned
Carolinas Medical Center - Union	Monroe	Leased
Carolinas Medical Center - University	Charlotte	Owned
Carolinas Rehabilitation	Charlotte	Owned
Carolinas Rehabilitation - Mount Holly	Mount Holly	Owned
Cleveland Regional Medical Center	Shelby	Leased
Columbus Regional Healthcare System	Whiteville	Managed
Crawley Memorial Hospital	Boiling Springs	Leased
Grace Hospital	Morganton	Managed
Harris Regional Hospital	Sylva	Managed
Haywood Regional Medical Center	Clyde	Managed
Kings Mountain Hospital	Kings Mountain	Leased
Scotland Memorial Hospital	Laurinburg	Managed
St. Lukes Hospital	Columbus	Managed
Stanly Regional Medical Center	Albemarle	Managed
Swain County Hospital	Bryson City	Managed
Valdese Hospital	Valdese	Owned
Wilkes Regional Medical Center	North Wilkesboro	Managed
Imaging Centers		
Ballantyne Imaging Center (CIS)	Charlotte	Owned (60%)
Matthews Imaging Center (CIS)	Matthews	Owned (60%)
Medical Center Plaza Imaging	Charlotte	Owned
Medical Center Plaza Imaging (CIS)	Charlotte	Owned (60%)
Northcross Imaging Center (CIS)	Huntersville	Owned (60%)
Stanly Imaging Services	Locust	Owned (49%)
Union West Imaging	Indian Trail	Owned (50%)
Ambulatory Surgery Centers		
Carolina Center for Specialty Surgery	Charlotte	Owned (50%)
Carolinas Gastroenterology Ballantyne	Charlotte	Owned
Carolinas Gastroenterology Medical Center Plaza	Charlotte	Owned
Carolinas Surgery Center Randolph	Charlotte	Owned
Endoscopy Center Monroe, LLC	Monroe	Owned (60%)
Endoscopy Center Northcross, LLC	Huntersville	Owned (60%)
Endoscopy Center Pineville, LLC	Pineville	Owned (60%)
Endoscopy Center University, LLC	Charlotte	Owned (60%)
Gateway Ambulatory Surgery Center	Concord	Owned (42.5%)
Iredell Surgical Center	Statesville	Owned (55.5%)
Nursing Homes and Hospice		
Cleveland Pines Nursing Center	Shelby	Leased
College Pines Nursing Center	Valdese	Owned
Grace Heights Health and Rehab Center	Morganton	Managed
Grace Ridge Retirement Community	Morganton	Managed
Hospice of Cabarrus County	Concord	Owned
Huntersville Oaks	Huntersville	Owned
Jesse Helms Nursing Center	Monroe	Leased
Lillie Bennett Nursing Center	Wadesboro	Leased
Sardis Oaks	Charlotte	Owned
Stanly Manor	Albemarle	Managed

Ownership Disclosure *continued . . .*

3. Vice President of Nursing and Patient Care Services: Janet Hardy, VP of Nursing
4. Director of Planning: Del Murphy

Facility Data Consolidated

A. Reporting Period All responses should pertain to the period **October 1, 2009 to September 30, 2010.**

B. General Information (Please fill in any blanks and make changes where necessary.)

a. Admissions to Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	15,575	
b. Discharges from Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	15,530	
c. Average Daily Census: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	180.42	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No X
If 'Yes', what is the current number of licensed beds?		
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:		
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	5,685	

C. Designation and Accreditation

1. Are you a designated trauma center? ____ Yes (____ Designated Level #) X No
2. Are you a critical access hospital (CAH)? ____ Yes X No
3. Are you a long term care hospital (LTCH)? ____ Yes X No
4. Is this facility TJC accredited? X Yes ____ No Expiration Date: 6/7/2011
5. Is this facility DNV accredited? ____ Yes X No Expiration Date: ____
6. Is this facility AOA accredited? ____ Yes X No Expiration Date: ____
7. Are you a Medicare deemed provider? X Yes ____ No

PMC.2013.00015751

PET-EX036A.0004

RECORD 005114

Ownership Disclosure *continued. . . .* Mercy

3. Vice President of Nursing and Patient Care Services: Janet Handy, VP of Nursing
4. Director of Planning: Del Murphy

Facility Data

A. Reporting Period All responses should pertain to the period **October 1, 2009 to September 30, 2010.**

B. General Information (Please fill in any blanks and make changes where necessary.)

a. Admissions to Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	7,668	
b. Discharges from Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	7,573	
c. Average Daily Census: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	93.75	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No X
If 'Yes', what is the current number of licensed beds?		
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:		
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	3,022	

C. Designation and Accreditation

1. Are you a designated trauma center? ___ Yes (___ Designated Level #) X No
2. Are you a critical access hospital (CAH)? ___ Yes X No
3. Are you a long term care hospital (LTCH)? ___ Yes X No
4. Is this facility TJC accredited? X Yes ___ No Expiration Date: 6/7/2011
5. Is this facility DNV accredited? ___ Yes X No Expiration Date: ___
6. Is this facility AOA accredited? ___ Yes X No Expiration Date: ___
7. Are you a Medicare deemed provider? X Yes ___ No

Ownership Disclosure *continued. . . .* Pineville

3. Vice President of Nursing and Patient Care Services: Janet Handy, VP of Nursing
4. Director of Planning: Del Murphy

Facility Data

A. **Reporting Period** All responses should pertain to the period **October 1, 2009 to September 30, 2010.**

B. **General Information** (Please fill in any blanks and make changes where necessary.)

a. Admissions to Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	7907	
b. Discharges from Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	7957	
c. Average Daily Census: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	86.67	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No X
If 'Yes', what is the current number of licensed beds?		
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:		
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	2,663	

C. Designation and Accreditation

1. Are you a designated trauma center? ____ Yes (____ Designated Level #) X No
2. Are you a critical access hospital (CAH)? ____ Yes X No
3. Are you a long term care hospital (LTCH)? ____ Yes X No
4. Is this facility TJC accredited? X Yes ____ No Expiration Date: 6/7/2011
5. Is this facility DNV accredited? ____ Yes X No Expiration Date: ____
6. Is this facility AOA accredited? ____ Yes X No Expiration Date: ____
7. Are you a Medicare deemed provider? X Yes ____ No

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)

[Please provide a Beds by Service (p. 4) for each hospital campus (see G.S. 131E-176(2c))]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below) *Campus* Consolidated	**Licensed Beds as of September 30, 2010**	**Staffed Beds as of September 30, 2010**	**Annual Census Inpt. Days of Care**
Intensive Care Units			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	35	35	7821
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology			
j. Medical/Surgical ***	219	195	***48525
k. Neonatal Level III ** (Not Normal Newborn)	10	10	** 2067
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)	26	26	6104
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other (List) Progressive	4	4	1334
1. Total General Acute Care Beds/Days (a through q)	**294**	270	65,851
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	11	11	3353
6. Psychiatry	0		
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	**305**	281	69,204

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.
** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)
*** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

PMC.2013.00015754

PET-EX036A.0007

RECORD 005117

All responses should pertain to October 1, 2009 through September 30, 2010.

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)

[Please provide a Beds by Service (p. 4) for each hospital campus (*see G.S. 131E-176(2c)*)]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below) *Campus* Mercy	**Licensed Beds as of September 30, 2010**	**Staffed Beds as of September 30, 2010**	**Annual Census Inpt. Days of Care**
Intensive Care Units			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	30	30	6322
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology			
j. Medical/Surgical ***	151	127	*** 26562
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)			
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other (List) Progressive	4	4	1334
1. Total General Acute Care Beds/Days (a through q)	185 ~~294~~	161	34,218
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	11	11	3353
6. Psychiatry	0		
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	196 ~~305~~	172	37,571

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.
** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)
*** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

PMC.2013.00015755

PET-EX036A.0008

RECORD 005118

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)
[Please provide a Beds by Service (p. 4) for each hospital campus (see G.S. 131E-176(2c))]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below) *Campus* Pineville	**Licensed Beds as of September 30, 2010**	**Staffed Beds as of September 30, 2010**	**Annual Census Inpt. Days of Care**
Intensive Care Units			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	5	5	1499
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology			
j. Medical/Surgical ***	68	68	*** 21963
k. Neonatal Level III ** (Not Normal Newborn)	10	10	** 2067
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)	26	26	6104
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other (List)			
1. Total General Acute Care Beds/Days (a through q)	109 ~~294~~	109	31,633
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	Ø ~~11~~	Ø	Ø
6. Psychiatry	0		
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	109 ~~305~~	109	31,633

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.
** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)
*** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

PMC.2013.00015756

PET-EX036A.0009

RECORD 005119

D. Beds by Service (Inpatient) *continued*

Number of Swing Beds *	n/a
Number of Skilled Nursing days in Swing Beds	n/a
Number of unlicensed observation beds	6

* means a hospital designated **as a swing-bed hospital** by CMS (Centers for Medicare and Medicaid Services)

E. Reimbursement Source (For "Inpatient Days," show Acute Inpatient Days only, excluding normal newborns.)

Primary Payer Source	Inpatient Days of Care (from p. 4, item D. 1.)	Emergency Visits (from p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (from p.8, Table 8. b)	Ambulatory Surgical Cases (from p. 8, Table 8. b)
Self Pay/Indigent/Charity	1714	26,530	4290	60	237
Medicare & Medicare Managed Care	32,562	15,776	24,074	2183	2080
Medicaid	8810	20,751	4,942	488	808
Commercial Insurance	812	1442	833	76	140
Managed Care	20,930	29,566	34,595	2856	6295
Other (Specify)	1023	3621	3253	171	597
TOTAL	65,851	97,686	71,987	5834	10,157

F. Services and Facilities

1. Obstetrics	Enter Number of Infants
a. Live births (Vaginal Deliveries)	1651
b. Live births (Cesarean Section)	728
c. Stillbirths	13

d. Delivery Rooms - Delivery Only (not Cesarean Section)	Ø
e. Delivery Rooms - Labor and Delivery, Recovery	Ø
f. Delivery Rooms – LDRP (include Item "**m**" on Page 4)	26
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	26

2. Abortion Services Number of procedures per Year 1

PMC.2013.00015757

PET-EX036A.0010

RECORD 005120

D. Beds by Service (Inpatient) ***continued***

Number of Swing Beds *	n/a
Number of Skilled Nursing days in Swing Beds	n/a
Number of unlicensed observation beds	n/a

* means a hospital designated **as a swing-bed hospital** by CMS (Centers for Medicare and Medicaid Services)

E. Reimbursement Source (For "Inpatient Days," show Acute Inpatient Days only, excluding normal newborns.)

Primary Payer Source	Inpatient Days of Care (from p. 4, item D. 1.)	Emergency Visits (from p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (from p.8, Table 8. b)	Ambulatory Surgical Cases (from p. 8, Table 8. b)
Self Pay/Indigent/Charity	893	10,665	2183	22	63
Medicare & Medicare Managed Care	19,353	5841	12,917	1501	1220
Medicaid	4701	8652	2811	234	367
Commercial Insurance	405	297	334	43	71
Managed Care	8356	4936	14,153	1519	2828
Other (Specify)	510	513	2303	118	370
TOTAL	34,218	30,904	34,701	3437	4919

F. Services and Facilities

1. Obstetrics	Enter Number of Infants
a. Live births (Vaginal Deliveries)	Ø
b. Live births (Cesarean Section)	Ø
c. Stillbirths	Ø

d. Delivery Rooms - Delivery Only (not Cesarean Section)	n/a
e. Delivery Rooms - Labor and Delivery, Recovery	n/a
f. Delivery Rooms – LDRP (include Item "**m**" on Page 4)	n/a
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	n/a

2. Abortion Services Number of procedures per Year Ø

PMC.2013.00015758

PET-EX036A.0011

RECORD 005121

D. Beds by Service (Inpatient) ***continued***

Number of Swing Beds *	n/a
Number of Skilled Nursing days in Swing Beds	n/a
Number of unlicensed observation beds	6

* means a hospital designated **as a swing-bed hospital** by CMS (Centers for Medicare and Medicaid Services)

E. Reimbursement Source (For "Inpatient Days," show Acute Inpatient Days only, excluding normal newborns.)

Primary Payer Source	Inpatient Days of Care (from p. 4, item D. 1.)	Emergency Visits (from p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (from p.8, Table 8. b)	Ambulatory Surgical Cases (from p. 8, Table 8. b)
Self Pay/Indigent/Charity	821	15,865	2107	38	174
Medicare & Medicare Managed Care	13,209	9935	11,157	682	860
Medicaid	4109	12,099	2131	254	441
Commercial Insurance	407	1145	499	33	69
Managed Care	12,574	24,630	20,442	1337	3467
Other (Specify)	513	3108	950	53	227
TOTAL	31,633	66,782	37,286	2397	5238

F. Services and Facilities

1. Obstetrics	Enter Number of Infants
a. Live births (Vaginal Deliveries)	1651
b. Live births (Cesarean Section)	757
c. Stillbirths	13

d. Delivery Rooms - Delivery Only (not Cesarean Section)	Ø
e. Delivery Rooms - Labor and Delivery, Recovery	Ø
f. Delivery Rooms – LDRP (include Item "**m**" on Page 4)	26
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	26

2. Abortion Services Number of procedures per Year 1

3. **Emergency Department Services** (cases equal visits to ED)

a. Total Number of ED Exam Rooms: 56

a.1. #Trauma Rooms 5 a.2. #Fast Track Rooms Ø Other 51

b. Total Number of ED visits for reporting period: 97,686

c. Total Number of admits from the ED for reporting period: 7148

d. Total Number of Urgent Care visits for reporting period: Not Applicable.

e. Does your ED provide services 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours of operation:

f. Is a physician on duty in your ED 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours physician is on duty:

4. **Medical Air Transport**: Owned or leased air ambulance service:

a. Does the facility operate an air ambulance service? ___ Yes X No
b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary				
Fixed Wing				

5. **Pathology and Medical Lab** (Check whether or not service is provided)

a. Blood Bank/Transfusion Services X Yes ___ No
b. Histopathology Laboratory X Yes ___ No
c. HIV Laboratory Testing X Yes ___ No
Number during reporting period
HIV Serology 380
HIV Culture Ø
d. Organ Bank ___ Yes X No
e. Pap Smear Screening X Yes ___ No

6. **Transplantation Services** - Number of transplants

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic	n/a	i. Kidney/Liver	n/a	k. Lung	n/a
b. Bone Marrow-Autologous		j. Liver		l. Pancreas	
c. Cornea		f. Heart/Liver		m. Pancreas/Kidney	
d. Heart		g. Heart/Kidney		n. Pancreas/Liver	
e. Heart/Lung		h. Kidney		o. Other	

Do you perform living donor transplants ? ___ Yes X No.

3. **Emergency Department Services** (cases equal visits to ED)

a. Total Number of ED Exam Rooms: 15

a.1. #Trauma Rooms 2 a.2. #Fast Track Rooms 0 Other 13

b. Total Number of ED visits for reporting period: 30,904

c. Total Number of admits from the ED for reporting period: 2817

d. Total Number of Urgent Care visits for reporting period: Not Applicable

e. Does your ED provide services 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours of operation:

f. Is a physician on duty in your ED 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours physician is on duty:

4. **Medical Air Transport**: Owned or leased air ambulance service:

a. Does the facility operate an air ambulance service? ___ Yes X No
b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary				
Fixed Wing				

5. **Pathology and Medical Lab** (Check whether or not service is provided)

a. Blood Bank/Transfusion Services X Yes ___ No
b. Histopathology Laboratory X Yes ___ No
c. HIV Laboratory Testing X Yes ___ No
Number during reporting period
HIV Serology 248
HIV Culture 0
d. Organ Bank ___ Yes X No
e. Pap Smear Screening X Yes ___ No

6. **Transplantation Services** - Number of transplants

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic	n/a	i. Kidney/Liver	n/a	k. Lung	n/a
b. Bone Marrow-Autologous		j. Liver		l. Pancreas	
c. Cornea		f. Heart/Liver		m. Pancreas/Kidney	
d. Heart		g. Heart/Kidney		n. Pancreas/Liver	
e. Heart/Lung		h. Kidney		o. Other	

Do you perform living donor transplants ? ___ Yes X No.

3. **Emergency Department Services** (cases equal visits to ED)

a. Total Number of ED Exam Rooms: 41

a.1. #Trauma Rooms 3 a.2. #Fast Track Rooms Ø Other 38

b. Total Number of ED visits for reporting period: 66,782

c. Total Number of admits from the ED for reporting period: 4331

d. Total Number of Urgent Care visits for reporting period: Not Applicable

e. Does your ED provide services 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours of operation:

f. Is a physician on duty in your ED 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours physician is on duty:

4. **Medical Air Transport**: Owned or leased air ambulance service:

a. Does the facility operate an air ambulance service? ___ Yes X No
b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary				
Fixed Wing				

5. **Pathology and Medical Lab** (Check whether or not service is provided)

a. Blood Bank/Transfusion Services X Yes ___ No
b. Histopathology Laboratory X Yes ___ No
c. HIV Laboratory Testing X Yes ___ No
Number during reporting period
HIV Serology 132
HIV Culture Ø
d. Organ Bank ___ Yes X No
e. Pap Smear Screening X Yes ___ No

6. **Transplantation Services** - Number of transplants

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic	n/a	i. Kidney/Liver	n/a	k. Lung	n/a
b. Bone Marrow-Autologous		j. Liver		l. Pancreas	
c. Cornea		f. Heart/Liver		m. Pancreas/Kidney	
d. Heart		g. Heart/Kidney		n. Pancreas/Liver	
e. Heart/Lung	↓	h. Kidney	↓	o. Other	↓

Do you perform living donor transplants ? ___ Yes X No.

All responses should pertain to **October 1, 2009 through September 30, 2010.** Consolidated

7. **Specialized Cardiac Services** (for questions, call 855-3865 [Medical Facilities Planning])

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25	Interventional Cardiac Catheterization ICD-9 00.66, 99.10, 36.06, 36.07, 36.09, 35.52, 35.71, 35.96	Electro-physiology 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54
1. Number of Units of Fixed Equipment	4		1
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	Ø	Ø	Ø
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	1455	173	647
4. Number of Procedures* Performed in Mobile Units	Ø	Ø	Ø

*A **procedure** is defined to be one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed within that visit.

Name of Mobile Vendor: _____

Number of 8-hour days per week the mobile unit is onsite: _____ 8-hour days per week.

(Examples: Monday through Friday for 8 hours per day is 5 8-hour days per week. Monday, Wednesday, & Friday for 4 hours per day is 1.5 8-hour days per week)

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	3
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	30
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	Ø
4. Total Open Heart Surgery Procedures (2. + 3.)	30
Procedures on Patients Age 14 and younger	
5. **Of total in #2,** Number of Procedures on Patients Age 14 & younger	Ø
6. **Of total in #3,** Number of Procedures on Patients Age 14 & younger	Ø

PMC.2013.00015763

PET-EX036A.0016

RECORD 005126

7. **Specialized Cardiac Services** (for questions, call 855-3865 [Medical Facilities Planning])

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25	Interventional Cardiac Catheterization- ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96	Electro-physiology 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54
1. Number of Units of Fixed Equipment	3		1
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	Ø	Ø	Ø
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	1155	172	598
4. Number of Procedures* Performed in Mobile Units	Ø	Ø	Ø

***A procedure** is defined to be one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed within that visit.

Name of Mobile Vendor: _____

Number of 8-hour days per week the mobile unit is onsite: _____ 8-hour days per week.
(Examples: Monday through Friday for 8 hours per day is 5 8-hour days per week. Monday, Wednesday, & Friday for 4 hours per day is 1.5 8-hour days per week)

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	3
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	30
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	Ø
4. Total Open Heart Surgery Procedures (2. + 3.)	30
Procedures on Patients Age 14 and younger	
5. **Of total in #2**, Number of Procedures on Patients Age 14 & younger	Ø
6. **Of total in #3**, Number of Procedures on Patients Age 14 & younger	Ø

7. **Specialized Cardiac Services** (for questions, call 855-3865 [Medical Facilities Planning])

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25	Interventional Cardiac Catheterization-ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96	Electro-physiology 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54
1. Number of Units of Fixed Equipment	1		Ø
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	n/a	n/a	n/a
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	300	1	49
4. Number of Procedures* Performed in Mobile Units	Ø	Ø	Ø

***A procedure** is defined to be one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed within that visit.

Name of Mobile Vendor: _____

Number of 8-hour days per week the mobile unit is onsite: _____ 8-hour days per week.
(Examples: Monday through Friday for 8 hours per day is 5 8-hour days per week. Monday, Wednesday, & Friday for 4 hours per day is 1.5 8-hour days per week)

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	Ø
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	Ø
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	Ø
4. Total Open Heart Surgery Procedures (2. + 3.)	Ø
Procedures on Patients Age 14 and younger	
5. **Of total in #2**, Number of Procedures on Patients Age 14 & younger	Ø
6. **Of total in #3**, Number of Procedures on Patients Age 14 & younger	Ø

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

NOTE: If this License includes more than one campus, please submit the Cumulative Totals **and** COPY and Submit a duplicate of pages 8 **and** 9 for each campus.

(**Campus** – ***If multiple sites*:** Consolidated)

a) Surgical Operating Rooms

Report *Surgical Operating Rooms* built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	Ø
Dedicated C-Section	2
Other Dedicated Inpatient Surgery	Ø
Dedicated Ambulatory Surgery	Ø
Shared - Inpatient / Ambulatory Surgery	23
Total of Surgical Operating Rooms	25

Number of additional CON approved surgical operating rooms pending development: 2

CON Project ID Number(s) F7979-07

b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 5

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures **performed in these rooms** during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 5

Number of additional CON approved GI Endoscopy Rooms pending development: Ø

CON Project ID Number(s)

	Number of Cases	Number of Procedures*
GI Endoscopy	2889	3318
Non-GI Endoscopy	231	231
Totals	3120	3549

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

NOTE: If this License includes more than one campus, please submit the Cumulative Totals **and COPY** and Submit a duplicate of pages 8 and 9 for each campus.

(Campus – *If multiple sites*: Mercy **)**

a) Surgical Operating Rooms:

Report *Surgical Operating Rooms* built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Rooms	Number of Rooms*
Dedicated Open Heart Surgery	Ø
Dedicated C-Section	Ø
Other Dedicated Inpatient Surgery	Ø
Dedicated Ambulatory Surgery	Ø
Shared - Inpatient / Ambulatory Surgery	15
Total of Surgical Operating Rooms:	15

Number of additional CON approved surgical operating rooms pending development: Ø

CON Project ID Number(s):

b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms):

Report rooms which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 3

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures performed in these rooms during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 3

Number of additional CON approved GI Endoscopy Rooms pending development: Ø

CON Project ID Number(s):

	Number of Cases	Number of Procedures*
GI Endoscopy	1415	1528
Non-GI Endoscopy	231	231
Totals	1646	1759

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

PMC.2013.00015767

PET-EX036A.0020

RECORD 005130

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

NOTE: If this License includes more than one campus, please submit the Cumulative Totals **and** COPY and Submit a duplicate of pages 8 **and** 9 for each campus.

(Campus — ***If multiple sites:*** Pineville **)**

a) Surgical Operating Rooms

Report *Surgical Operating Rooms* built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	Ø
Dedicated C-Section	2
Other Dedicated Inpatient Surgery	Ø
Dedicated Ambulatory Surgery	Ø
Shared - Inpatient / Ambulatory Surgery	8
Total of Surgical Operating Rooms	10

Number of additional CON approved surgical operating rooms pending development: 2

CON Project ID Number(s): E-7979-07

b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)

Report rooms which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 2

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures performed in these rooms during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 2

Number of additional CON approved GI Endoscopy Rooms pending development: Ø

CON Project ID Number(s):

	Number of Cases	Number of Procedures*
GI Endoscopy	1474	1790
Non-GI Endoscopy	Ø	Ø
Totals	1474	1790

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

PMC.2013.00015768

PET-EX036A.0021

RECORD 005131

8. **Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures** *(continued)*

(**Campus** – *If multiple sites*: Consolidated)

d) **Surgical Cases by Specialty Area Table**

Enter the number of **surgical** cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	138	13
Open Heart Surgery (from 7.(b) 4.)	30	
General Surgery	1449	3024
Neurosurgery	91	92
Obstetrics and GYN (excluding C-Sections)	183	1121
Ophthalmology	Ø	118
Oral Surgery	16	265
Orthopedics	3008	3917
Otolaryngology	26	740
Plastic Surgery	38	356
Urology	70	426
Vascular	22	3
Other Surgeries (specify) Pain Management	4	79
Other Surgeries (specify) Lung Center	2	3
Number of C-Section's Performed in Dedicated C-Section ORs	757	
Number of C-Section's Performed in Other ORs	Ø	
Total Surgical Cases	5834	10,157

e) **Non-Surgical Cases by Category Table**

Enter the number of **non-surgical** cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	Ø	2481
Cystoscopy	94	822
Non-GI Endoscopies *(not reported in 8. c)*	Ø	Ø
GI Endoscopies *(not reported in 8. c)*	Ø	Ø
~~TAVI Cases~~ Bronchs/TEE	285	231
Other (specify) Minor Procedures	Ø	4
Other (specify) Orthotripsy Procedures	Ø	21
Other (specify) Electro Convulsive Therapy Procedures	Ø	579
Total Non-Surgical Cases	379	4138

PMC.2013.00015769

PET-EX036A.0022

RECORD 005132

8. **Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures** *(continued)*

(**Campus – *If multiple sites:*** Mercy)

d) **Surgical Cases by Specialty Area Table**

Enter the number of **surgical** cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	134	8
Open Heart Surgery (from 7.(b) 4.)	30	
General Surgery	719	1298
Neurosurgery	3	4
Obstetrics and GYN (excluding C-Sections)	7	3
Ophthalmology	Ø	Ø
Oral Surgery	12	235
Orthopedics	2474	3196
Otolaryngology	Ø	Ø
Plastic Surgery	12	81
Urology	42	54
Vascular	Ø	Ø
Other Surgeries (specify) Pain Management	2	37
Other Surgeries (specify) Lung Center	2	3
Number of C-Section's Performed in Dedicated C-Section ORs	Ø	
Number of C-Section's Performed in Other ORs	Ø	
Total Surgical Cases	3437	4919

e) **Non-Surgical Cases by Category Table**

Enter the number of **non-surgical** cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	Ø	1297
Cystoscopy	40	191
Non-GI Endoscopies *(not reported in 8. c)*	Ø	Ø
GI Endoscopies *(not reported in 8. c)*	Ø	Ø
~~YAG Laser~~ Bronchs	85	129
Other (specify) Minor Procedures	Ø	4
Other (specify) Orthotripsy Procedures	Ø	21
Other (specify) Electro Convulsive Therapy Procedures	Ø	579
Total Non-Surgical Cases	125	2221

PMC.2013.00015770

PET-EX036A.0023

RECORD 005133

8. **Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures** *(continued)*

(**Campus** – ***If multiple sites:*** Pineville)

d) **Surgical Cases by Specialty Area Table**

Enter the number of **surgical** cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	4	5
Open Heart Surgery (from 7.(b) 4.)	0	
General Surgery	730	1726
Neurosurgery	88	88
Obstetrics and GYN (excluding C-Sections)	176	1118
Ophthalmology	Ø	118
Oral Surgery	4	30
Orthopedics	534	721
Otolaryngology	26	740
Plastic Surgery	26	275
Urology	28	372
Vascular	22	3
Other Surgeries (specify)	2	42
Other Surgeries (specify)	Ø	Ø
Number of C-Section's Performed in Dedicated C-Section ORs	757	
Number of C-Section's Performed in Other ORs	Ø	
Total Surgical Cases	2397	5238

e) **Non-Surgical Cases by Category Table**

Enter the number of **non-surgical** cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	Ø	1184
Cystoscopy	54	631
Non-GI Endoscopies *(not reported in 8. c)*	Ø	Ø
GI Endoscopies *(not reported in 8. c)*	Ø	Ø
YAG Laser	Ø	Ø
Other (specify) Bronchs	132	65
Other (specify) TEE	68	37
Other (specify)	Ø	Ø
Total Non-Surgical Cases	254	1917

PMC.2013.00015771

PET-EX036A.0024

RECORD 005134

9. **Average Operating Room Availability and Average Case Times:**
The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1872 hours per OR per year.

The Operating Room Methodology also assumes 3 hours for each Inpatient Surgery and 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

Consolidated (excludes C-Section:

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
10.02	255	158.36	97.51

* Use only Hours per Day **routinely** scheduled when determining. Example: 2 rooms @ 8 hours per day plus 2 rooms @ 10 hours per day equals 36 hours per day; divided by 4 rooms equals an average of 9 hours / per room / per day.

** **"Case Time" = Time from Room Set-up Start to Room Clean-up Finish**. Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure*

9. Average Operating Room Availability and Average Case Times:

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1872 hours per OR per year.

The Operating Room Methodology also assumes 3 hours for each Inpatient Surgery and 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

Mercy

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
9.6	255	185	115

* Use only Hours per Day **routinely** scheduled when determining. Example: 2 rooms @ 8 hours per day plus 2 rooms @ 10 hours per day equals 36 hours per day; divided by 4 rooms equals an average of 9 hours / per room / per day.

** **"Case Time" = Time from Room Set-up Start to Room Clean-up Finish.** Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure*

9. Average Operating Room Availability and Average Case Times:

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1872 hours per OR per year.

The Operating Room Methodology also assumes 3 hours for each Inpatient Surgery and 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

Pineville (excludes C-Sections)

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
10.8	255	120.17	81.08

* Use only Hours per Day **routinely** scheduled when determining. Example: 2 rooms @ 8 hours per day plus 2 rooms @ 10 hours per day equals 36 hours per day; divided by 4 rooms equals an average of 9 hours / per room / per day.

** **"Case Time" = Time from Room Set-up Start to Room Clean-up Finish.** Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure*

10a. Magnetic Resonance Imaging (MRI)

Indicate the number of scanners (units) and the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus.

	# Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
Number of fixed MRI scanners-closed (*do not include any* Policy AC-3 scanners)	2							
# of fixed MRI scanners-open (*do not include any* Policy AC-3 scanners)	Ø	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Number of Policy AC-3 MRI scanners used for general clinical purposes	Ø							
Total Fixed MRI Scanners	2	1326	1140	2466	2792	4572	7364	9830
Procedures performed on mobile MRI scanners **only at this site**								
Name(s) of Mobile MRI Provider(s):								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next two rows should not be included in the MRI Patient Origin Table on page 25 of this application.								
Policy AC-3 scanners used for dedicated or non-clinical purposes								
Other Human Research MRI scanners								

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	111
70540	MRI Orbit/Face/Neck w/o	13
70542	MRI Orbit/Face/Neck with contrast	1
70543	MRI Orbit/Face/Neck w/o & with	98
70544	MRA Head w/o	994
70545	MRA Head with contrast	4
70546	MRA Head w/o & with	8
70547	MRA Neck w/o	548
70548	MRA Neck with contrast	2
70549	MRA Neck w/o & with	7
70551	MRI Brain w/o	1710
70552	MRI Brain with contrast	26
	Subtotal for this page	3522

PMC.2013.00015775

PET-EX036A.0028

RECORD 005138

10a. Magnetic Resonance Imaging (MRI)

Indicate the number of scanners (units) and the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus.

	# Units	Inpatient Procedures*			Outpatient Procedures*			
Number of fixed MRI scanners-closed (*do not include any* Policy AC-3 scanners)	1							
# of fixed MRI scanners-open (*do not include any* Policy AC-3 scanners)	0	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	TOTAL Procedures
Number of Policy AC-3 MRI scanners used for general clinical purposes	0							
Total Fixed MRI Scanners	1	572	498	1070	1283	1849	3132	4202
Procedures performed on mobile MRI scanners **only at this site**								
Name(s) of Mobile MRI Provider(s):								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next two rows should not be included in the MRI Patient Origin Table on page 25 of this application.								
Policy AC-3 scanners used for dedicated or non-clinical purposes								
Other Human Research MRI scanners								

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	111
70540	MRI Orbit/Face/Neck w/o	4
70542	MRI Orbit/Face/Neck with contrast	1
70543	MRI Orbit/Face/Neck w/o & with	44
70544	MRA Head w/o	384
70545	MRA Head with contrast	4
70546	MRA Head w/o & with	6
70547	MRA Neck w/o	208
70548	MRA Neck with contrast	1
70549	MRA Neck w/o & with	4
70551	MRI Brain w/o	630
70552	MRI Brain with contrast	17
	Subtotal for this page	1414

PMC.2013.00015776

PET-EX036A.0029

RECORD 005139

10a. Magnetic Resonance Imaging (MRI)

Indicate the number of scanners (units) and the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus.

	# Units	Inpatient Procedures*			Outpatient Procedures*			
Number of fixed MRI scanners-closed (*do not include any* Policy AC-3 scanners)	1							
# of fixed MRI scanners-open (*do not include any* Policy AC-3 scanners)	Ø	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	TOTAL Procedures
Number of Policy AC-3 MRI scanners used for general clinical purposes	Ø							
Total Fixed MRI Scanners	1	754	642	1396	1509	2723	4232	5628
Procedures performed on mobile MRI scanners **only at this site**								
Name(s) of Mobile MRI Provider(s):								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next two rows should not be included in the MRI Patient Origin Table on page 25 of this application.								
Policy AC-3 scanners used for dedicated or non-clinical purposes								
Other Human Research MRI scanners								

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	Ø
70540	MRI Orbit/Face/Neck w/o	9
70542	MRI Orbit/Face/Neck with contrast	Ø
70543	MRI Orbit/Face/Neck w/o & with	54
70544	MRA Head w/o	610
70545	MRA Head with contrast	Ø
70546	MRA Head w/o & with	2
70547	MRA Neck w/o	340
70548	MRA Neck with contrast	1
70549	MRA Neck w/o & with	3
70551	MRI Brain w/o	1080
70552	MRI Brain with contrast	9
	Subtotal for this page	2108

PMC.2013.00015777

PET-EX036A.0030

RECORD 005140

Consolidated

10b. MRI Procedures by CPT Codes *continued*. . . .

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	1286
7055A	IAC Screening	Ø
71550	MRI Chest w/o	21
71551	MRI Chest with contrast	Ø
71552	MRI Chest w/o & with	10
71555	MRA Chest with OR without contrast	2
72126	Cervical Spine Infusion only	Ø
72141	MRI Cervical Spine w/o	787
72142	MRI Cervical Spine with contrast	85
72156	MRI Cervical Spine w/o & with	91
72146	MRI Thoracic Spine w/o	240
72147	MRI Thoracic Spine with contrast	42
72157	MRI Thoracic Spine w/o & with	57
72148	MRI Lumbar Spine w/o	1331
72149	MRI Lumbar Spine with contrast	21
72158	MRI Lumbar Spine w/o & with	166
72159	MRA Spinal Canal w/o OR with contrast	Ø
72195	MRI Pelvis w/o	115
72196	MRI Pelvis with contrast	3
72197	MRI Pelvis w/o & with	104
72198	MRA Pelvis w/o OR with Contrast	Ø
73218	MRI Upper Ext, other than joint w/o	39
73219	MRI Upper Ext, other than joint with contrast	Ø
73220	MRI Upper Ext, other than joint w/o & with	6
73221	MRI Upper Ext, any joint w/o	363
73222	MRI Upper Ext, any joint with contrast	29
73223	MRI Upper Ext, any joint w/o & with	10
73225	MRA Upper Ext, w/o OR with contrast	Ø
73718	MRI Lower Ext other than joint w/o	228
73719	MRI Lower Ext other than joint with contrast	Ø
73720	MRI Lower Ext other than joint w/o & with	22
73721	MRI Lower Ext any joint w/o	716
73722	MRI Lower Ext any joint with contrast	9
73723	MRI Lower Ext any joint w/o & with	8
73725	MRA Lower Ext w/o OR with contrast	13
74181	MRI Abdomen w/o	38
74182	MRI Abdomen with contrast	5
	Subtotal for this page	5847

10b. MRI Procedures by CPT Codes *continued*. . . .

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	604
7055A	IAC Screening	Ø
71550	MRI Chest w/o	16
71551	MRI Chest with contrast	Ø
71552	MRI Chest w/o & with	8
71555	MRA Chest with OR without contrast	2
72126	Cervical Spine Infusion only	Ø
72141	MRI Cervical Spine w/o	320
72142	MRI Cervical Spine with contrast	49
72156	MRI Cervical Spine w/o & with	55
72146	MRI Thoracic Spine w/o	115
72147	MRI Thoracic Spine with contrast	27
72157	MRI Thoracic Spine w/o & with	40
72148	MRI Lumbar Spine w/o	517
72149	MRI Lumbar Spine with contrast	17
72158	MRI Lumbar Spine w/o & with	93
72159	MRA Spinal Canal w/o OR with contrast	Ø
72195	MRI Pelvis w/o	49
72196	MRI Pelvis with contrast	3
72197	MRI Pelvis w/o & with	49
72198	MRA Pelvis w/o OR with Contrast	Ø
73218	MRI Upper Ext, other than joint w/o	19
73219	MRI Upper Ext, other than joint with contrast	Ø
73220	MRI Upper Ext, other than joint w/o & with	4
73221	MRI Upper Ext, any joint w/o	155
73222	MRI Upper Ext, any joint with contrast	11
73223	MRI Upper Ext, any joint w/o & with	7
73225	MRA Upper Ext. w/o OR with contrast	Ø
73718	MRI Lower Ext other than joint w/o	106
73719	MRI Lower Ext other than joint with contrast	Ø
73720	MRI Lower Ext other than joint w/o & with	14
73721	MRI Lower Ext any joint w/o	293
73722	MRI Lower Ext any joint with contrast	4
73723	MRI Lower Ext any joint w/o & with	4
73725	MRA Lower Ext w/o OR with contrast	13
74181	MRI Abdomen w/o	12
74182	MRI Abdomen with contrast	Ø
	Subtotal for this page	2606

PMC.2013.00015779

PET-EX036A.0032

RECORD 005142

10b. MRI Procedures by CPT Codes *continued.....*

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	682
7055A	IAC Screening	Ø
71550	MRI Chest w/o	5
71551	MRI Chest with contrast	Ø
71552	MRI Chest w/o & with	2
71555	MRA Chest with OR without contrast	Ø
72126	Cervical Spine Infusion only	Ø
72141	MRI Cervical Spine w/o	467
72142	MRI Cervical Spine with contrast	36
72156	MRI Cervical Spine w/o & with	36
72146	MRI Thoracic Spine w/o	125
72147	MRI Thoracic Spine with contrast	15
72157	MRI Thoracic Spine w/o & with	17
72148	MRI Lumbar Spine w/o	814
72149	MRI Lumbar Spine with contrast	4
72158	MRI Lumbar Spine w/o & with	73
72159	MRA Spinal Canal w/o OR with contrast	Ø
72195	MRI Pelvis w/o	66
72196	MRI Pelvis with contrast	Ø
72197	MRI Pelvis w/o & with	55
72198	MRA Pelvis w/o OR with Contrast	Ø
73218	MRI Upper Ext, other than joint w/o	20
73219	MRI Upper Ext, other than joint with contrast	Ø
73220	MRI Upper Ext, other than joint w/o & with	2
73221	MRI Upper Ext, any joint w/o	208
73222	MRI Upper Ext, any joint with contrast	18
73223	MRI Upper Ext, any joint w/o & with	3
73225	MRA Upper Ext, w/o OR with contrast	Ø
73718	MRI Lower Ext other than joint w/o	122
73719	MRI Lower Ext other than joint with contrast	Ø
73720	MRI Lower Ext other than joint w/o & with	8
73721	MRI Lower Ext any joint w/o	423
73722	MRI Lower Ext any joint with contrast	5
73723	MRI Lower Ext any joint w/o & with	4
73725	MRA Lower Ext w/o OR with contrast	Ø
74181	MRI Abdomen w/o	26
74182	MRI Abdomen with contrast	5
	Subtotal for this page	3241

10b. MRI Procedures by CPT Codes *continued. . . .*

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	414
74185	MRA Abdomen w/o OR with contrast	45
75552	MRI Cardiac Morphology w/o	Ø
75553	MRI Cardiac Morphology with contrast	Ø
75554	MRI Cardiac Function Complete	2
75555	MRI Cardiac Function Limited	Ø
75556	MRI Cardiac Velocity Flow Mapping	Ø
76093	MRI Breast, unilateral w/o and/or with contrast	Ø
76094	MRI Breast, bilateral w/o and/or with contrast	Ø
76125	Cineradiography to complement exam	Ø
76390	MRI Spectroscopy	Ø
76393	MRI Guidance for needle placement	Ø
76394	MRI Guidance for tissue ablation	Ø
76400	MRI Bone Marrow blood supply	Ø
7649A	MR functional imaging	Ø
7649D	MRI infant spine comp w/ & w/o contrast	Ø
7649E	Spine (infants) w/o infusion	Ø
7649H	MR functional imaging	Ø
N/A	Clinical Research Scans	Ø
	Subtotal for this page	461
	Total Number of Procedures for all pages	9830

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 4

Does the hospital contract for mobile CT scanner services? ___ Yes X No

If yes, identify the mobile CT vendor _____

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	9322	X	1.00	=	9322.00
2	Head with contrast	356	X	1.25	=	445.00
3	Head without and with contrast	200	X	1.75	=	350.00
4	Body without contrast	11722	X	1.50	=	17583.00
5	Body with contrast	19221	X	1.75	=	33,636.75
6	Body without contrast and with contrast	6489	X	2.75	=	17,844.75
7	Biopsy in addition to body scan with or without contrast	94	X	2.75	=	258.50
8	Abscess drainage in addition to body scan with or without contrast	41	X	4.00	=	164.00

PMC.2013.00015781

PET-EX036A.0034

RECORD 005144

10b. MRI Procedures by CPT Codes *continued. . . .*

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	155
74185	MRA Abdomen w/o OR with contrast	25
75552	MRI Cardiac Morphology w/o	Ø
75553	MRI Cardiac Morphology with contrast	Ø
75554	MRI Cardiac Function Complete	2
75555	MRI Cardiac Function Limited	Ø
75556	MRI Cardiac Velocity Flow Mapping	Ø
76093	MRI Breast, unilateral w/o and/or with contrast	Ø
76094	MRI Breast, bilateral w/o and/or with contrast	Ø
76125	Cineradiography to complement exam	Ø
76390	MRI Spectroscopy	Ø
76393	MRI Guidance for needle placement	Ø
76394	MRI Guidance for tissue ablation	Ø
76400	MRI Bone Marrow blood supply	Ø
7649A	MR functional imaging	Ø
7649D	MRI infant spine comp w/ & w/o contrast	Ø
7649E	Spine (infants) w/o infusion	Ø
7649H	MR functional imaging	Ø
N/A	Clinical Research Scans	Ø
	Subtotal for this page	182
	Total Number of Procedures for all pages	4202

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 2

Does the hospital contract for mobile CT scanner services? ___ Yes X No

If yes, identify the mobile CT vendor _____

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	2493	X	1.00	=	2493.00
2	Head with contrast	147	X	1.25	=	183.75
3	Head without and with contrast	94	X	1.75	=	164.50
4	Body without contrast	3671	X	1.50	=	5506.50
5	Body with contrast	6650	X	1.75	=	11.637.50
6	Body without contrast and with contrast	2435	X	2.75	=	6696.25
7	Biopsy in addition to body scan with or without contrast	79	X	2.75	=	217.25
8	Abscess drainage in addition to body scan with or without contrast	29	X	4.00	=	116.00

PMC.2013.00015782

PET-EX036A.0035

RECORD 005145

10b. MRI Procedures by CPT Codes *continued.....*

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	259
74185	MRA Abdomen w/o OR with contrast	20
75552	MRI Cardiac Morphology w/o	Ø
75553	MRI Cardiac Morphology with contrast	Ø
75554	MRI Cardiac Function Complete	Ø
75555	MRI Cardiac Function Limited	Ø
75556	MRI Cardiac Velocity Flow Mapping	Ø
76093	MRI Breast, unilateral w/o and/or with contrast	Ø
76094	MRI Breast, bilateral w/o and/or with contrast	Ø
76125	Cineradiography to complement exam	Ø
76390	MRI Spectroscopy	Ø
76393	MRI Guidance for needle placement	Ø
76394	MRI Guidance for tissue ablation	Ø
76400	MRI Bone Marrow blood supply	Ø
7649A	MR functional imaging	Ø
7649D	MRI infant spine comp w/ & w/o contrast	Ø
7649E	Spine (infants) w/o infusion	Ø
7649H	MR functional imaging	Ø
N/A	Clinical Research Scans	Ø
	Subtotal for this page	279
	Total Number of Procedures for all pages	5628

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 2

Does the hospital contract for mobile CT scanner services? ___ Yes X No

If yes, identify the mobile CT vendor _____

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	5799	X	1.00	=	5799.00
2	Head with contrast	192	X	1.25	=	240.00
3	Head without and with contrast	105	X	1.75	=	183.75
4	Body without contrast	6621	X	1.50	=	9,931.50
5	Body with contrast	10922	X	1.75	=	19,113.50
6	Body without contrast and with contrast	3589	X	2.75	=	9,869.75
7	Biopsy in addition to body scan with or without contrast	15	X	2.75	=	41.25
8	Abscess drainage in addition to body scan with or without contrast	12	X	4.00	=	48.00

10b. MRI Procedures by CPT Codes *continued*. . . .

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	
74185	MRA Abdomen w/o OR with contrast	
75552	MRI Cardiac Morphology w/o	
75553	MRI Cardiac Morphology with contrast	
75554	MRI Cardiac Function Complete	
75555	MRI Cardiac Function Limited	
75556	MRI Cardiac Velocity Flow Mapping	
76093	MRI Breast, unilateral w/o and/or with contrast	
76094	MRI Breast, bilateral w/o and/or with contrast	
76125	Cineradiography to complement exam	
76390	MRI Spectroscopy	
76393	MRI Guidance for needle placement	
76394	MRI Guidance for tissue ablation	
76400	MRI Bone Marrow blood supply	
7649A	MR functional imaging	
7649D	MRI infant spine comp w/ & w/o contrast	
7649E	Spine (infants) w/o infusion	
7649H	MR functional imaging	
N/A	Clinical Research Scans	
	Subtotal for this page	
	Total Number of Procedures for all pages	

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 1

Does the hospital contract for mobile CT scanner services? ___ Yes X No

If yes, identify the mobile CT vendor _____

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	1030	X	1.00	=	1030.00
2	Head with contrast	17	X	1.25	=	21.25
3	Head without and with contrast	1	X	1.75	=	1.75
4	Body without contrast	1430	X	1.50	=	2145.00
5	Body with contrast	1649	X	1.75	=	2885.75
6	Body without contrast and with contrast	465	X	2.75	=	1278.75
7	Biopsy in addition to body scan with or without contrast	Ø	X	2.75	=	Ø
8	Abscess drainage in addition to body scan with or without contrast	Ø	X	4.00	=	Ø

Scans Performed on Mobile CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	Ø	X	1.00	=	Ø
2	Head with contrast		X	1.25	=	
3	Head without and with contrast		X	1.75	=	
4	Body without contrast		X	1.50	=	
5	Body with contrast		X	1.75	=	
6	Body without contrast and with contrast		X	2.75	=	
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

10d. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner				
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment	6	5834	11876	17,710
Mammography equipment				
Bone Density Equipment				
Fixed X-ray Equipment (excluding fluoroscopic)	7	4771	23,302	28,073
Fixed Fluoroscopic X-ray Equipment	4	757	2365	3122
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	1	952	799	1751
Coincidence Camera				
Mobile Coincidence Camera Vendor:				
* SPECT	Ø	905	374	1279
Mobile SPECT Vendor:				
* Gamma Camera	3	381	1189	1570
Mobile Gamma Camera Vendor:				

* PET **procedure** means a single discrete study of one patient involving one or more PET scans. PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. **The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 27.**

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed	Ø	Ø	Ø	Ø
Mobile	1	Ø	227	227

Lithotripsy Vendor/Owner: The Stone Institute

* Gamma camera is capable of doing both bone+heart SPECT scans.

PMC.2013.00015785

PET-EX036A.0038

RECORD 005148

Scans Performed on Mobile CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	Ø	X	1.00	=	Ø
2	Head with contrast		X	1.25	=	
3	Head without and with contrast		X	1.75	=	
4	Body without contrast		X	1.50	=	
5	Body with contrast		X	1.75	=	
6	Body without contrast and with contrast		X	2.75	=	
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast	↓	X	4.00	=	↓

10d. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner				
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment	2	2621	3341	5962
Mammography equipment				
Bone Density Equipment				
Fixed X-ray Equipment (excluding fluoroscopic)	4	2425	11,444	13,869
Fixed Fluoroscopic X-ray Equipment	2	340	1276	1616
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	1	952	799	1751
Coincidence Camera				
Mobile Coincidence Camera Vendor:				
* SPECT	Ø	405	191	596
Mobile SPECT Vendor:				
* Gamma Camera	2	183	615	798
Mobile Gamma Camera Vendor:				

* PET **procedure** means a single discrete study of one patient involving one or more PET scans. PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. **The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 27.**

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed	Ø	Ø	Ø	Ø
Mobile	1	Ø	16	16

Lithotripsy Vendor/Owner: The Stone Institute

* Gamma Camera is capable of doing both bone + heart SPECT scans.

PMC.2013.00015786

PET-EX036A.0039

RECORD 005149

Scans Performed on Mobile CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	Ø	X	1.00	=	Ø
2	Head with contrast		X	1.25	=	
3	Head without and with contrast		X	1.75	=	
4	Body without contrast		X	1.50	=	
5	Body with contrast		X	1.75	=	
6	Body without contrast and with contrast		X	2.75	=	
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

10d. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner				
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment	3	3213	7016	10229
Mammography equipment				
Bone Density Equipment				
Fixed X-ray Equipment (excluding fluoroscopic)	2	2346	6724	9070
Fixed Fluoroscopic X-ray Equipment	2	417	1089	1506
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)				
Coincidence Camera				
Mobile Coincidence Camera Vendor:				
SPECT	Ø	500	183	683
Mobile SPECT Vendor:				
Gamma Camera	1	198	574	772
Mobile Gamma Camera Vendor:				

* PET **procedure** means a single discrete study of one patient involving one or more PET scans. PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. **The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 27.**

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed	Ø	Ø	Ø	Ø
Mobile	1	Ø	211	211

Lithotripsy Vendor/Owner: The Stone Institute

PMC.2013.00015787

PET-EX036A.0040

RECORD 005150

Scans Performed on Mobile CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	Ø	X	1.00	=	Ø
2	Head with contrast		X	1.25	=	
3	Head without and with contrast		X	1.75	=	
4	Body without contrast		X	1.50	=	
5	Body with contrast		X	1.75	=	
6	Body without contrast and with contrast		X	2.75	=	
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast	↓	X	4.00	=	↓

10d. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner				
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment	1	Ø	1519	1519
Mammography equipment				
Bone Density Equipment				
Fixed X-ray Equipment (excluding fluoroscopic)				
Fixed Fluoroscopic X-ray Equipment	1	Ø	5134	5134
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)				
Coincidence Camera				
Mobile Coincidence Camera Vendor:				
SPECT				
Mobile SPECT Vendor:				
Gamma Camera				
Mobile Gamma Camera Vendor:				

* PET **procedure** means a single discrete study of one patient involving one or more PET scans. PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. **The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 27.**

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed	Ø			
Mobile	Ø			

Lithotripsy Vendor/Owner: _____

PMC.2013.00015788

PET-EX036A.0041

RECORD 005151

11. Linear Accelerator Treatment Data (including Cyberknife® & Similar Equipment)

n/a

CPT Code	Description	# of Procedures
Simple Treatment Delivery		
77401	Radiation treatment delivery	
77402	Radiation treatment delivery (<=5 MeV)	
77403	Radiation treatment delivery (6-10 MeV)	
77404	Radiation treatment delivery (11-19 MeV)	
77406	Radiation treatment delivery (>=20 MeV)	
Intermediate Treatment Delivery		
77407	Radiation treatment delivery (<=5 MeV)	
77408	Radiation treatment delivery (6-10 MeV)	
77409	Radiation treatment delivery (11-19 MeV)	
77411	Radiation treatment delivery (>=20 MeV)	
Complex Treatment Delivery		
77412	Radiation treatment delivery (<=5 MeV)	
77413	Radiation treatment delivery (6-10 MeV)	
77414	Radiation treatment delivery (11-19 MeV)	
77416	Radiation treatment delivery (>=20 MeV)	
Other Treatment Delivery Not Included Above		
77418	Intensity modulated radiation treatment (IMRT) delivery	
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	
	Pediatric Patient under anesthesia	
	Neutron and proton radiation therapy	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	
Imaging Procedures Not Included Above		
77417	Additional field check radiographs	
	Total Procedures – Linear Accelerators	
Gamma Knife® Procedures		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multisource Cobalt 60 based (Gamma Knife)	
	Total Procedures – Gamma Knife®	

PMC.2013.00015789

PET-EX036A.0042

RECORD 005152

11. Linear Accelerator Treatment Data *continued*

n/a

a. Number of unduplicated patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. . # patients _____ **(This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 26.**

b. Total number of Linear Accelerator(s) _____

c. Number of Linear Accelerators configured for stereotactic radiosurgery _____

d. Number of simulators (machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient."(GS 131E-176(24b)) _____

e. Number of CyberKnife® Systems: _____, Gamma Knife® _____

Other specialized Linear Accelerators _____

Identify Manufacturer of Equipment _____

12. Telemedicine

a. Does your facility utilize telemedicine to have images read at another facility? Yes

b. Does your facility read telemedicine images? Yes

13. Additional Services:

a) **Check if Service(s) is provided: (for dialysis stations, show number of stations)**

	Check		Check
1. Cardiac Rehab Program (Outpatient)		5. Rehabilitation Outpatient Unit	
2. Chemotherapy	✓	6. Podiatric Services	
3. Clinical Psychology Services		7. Genetic Counseling Service	
4. Dental Services		8. **Number** of Acute Dialysis Stations	6

n/a

b) **Hospice Inpatient Unit Data:**

Hospital-based hospice units with licensed hospice beds. List each county served and report **all patients by county of residence**. Use each patient's age on the admission day to the Licensed Hospice Inpatient Facility. **For age categories count each inpatient client only once.**

County of Residence	Age 0-17	Age 18-40	Age 41-59	Age 60-64	Age 65-74	Age 75-84	Age 85+	Total Patients Served	Total Days of Care	Deaths
Out of State										
Total All Ages										

PMC.2013.00015790

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RECORD 005153

13. Additional Services: *continued*

c) **Mental Health and Substance Abuse**

1. If psychiatric care has a different name than the hospital, please indicate:

n/a

2. If address is different than the hospital, please indicate:

3. Director of the above services.

Indicate the program/unit location in the Service Categories chart below. If it is in the hospital, include the room number. If it is located at another site, include the building name, program/unit name and address.

Service Categories: All applicants must complete the following table for all mental health services which are to be provided by the facility. If the service is not offered, leave the spaces blank.

Rule 10A NCAC 27G Licensure Rules For Mental Health Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.						
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness						
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness						
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances						
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness						
.5000 Facility Based Crisis Center						

n/a

n/a

Rule 10A NCAC 13B Licensure Rules For Hospitals	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders						

PMC.2013.00015791

PET-EX036A.0044

RECORD 005154

13. Additional Services: *continued*

c) Mental Health and Substance Abuse *continued*

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.3100 Nonhospital medical detoxification for individuals who are substance abusers						
.3200 Social setting detoxification for substance abusers						
.3300 Outpatient detoxification for substance abusers						
.3400 Residential treatment/ rehabilitation for individuals with substance abuse disorders						
.3500 Outpatient facilities for individuals with substance abuse disorders						
.3600 Outpatient narcotic addiction treatment						
.3700 Day treatment facilities for individuals with substance abuse disorders						

Rule 10A NCAC 13B Licensure Rules For Hospitals	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.5200 Dedicated inpatient hospital unit for individuals who have substance abuse disorders (specify type) # of Treatment beds Ø # of Medical Detox beds 11	2nd Floor CMC-Mercy	Ø	Ø	Ø	11	11

PMC.2013.00015792

PET-EX036A.0045

RECORD 005155

All responses should pertain to **October 1, 2009 through September 30, 2010.** Consolidated

Patient Origin -General Acute Care Inpatient Services

Facility County: Mecklenburg

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance	2	37. Gates		73. Person	
2. Alexander	6	38. Graham		74. Pitt	
3. Alleghany	1	39. Granville	1	75. Polk	2
4. Anson	78	40. Greene		76. Randolph	6
5. Ashe	8	41. Guilford	10	77. Richmond	17
6. Avery	11	42. Halifax		78. Robeson	10
7. Beaufort		43. Harnett	1	79. Rockingham	1
8. Bertie		44. Haywood		80. Rowan	34
9. Bladen		45. Henderson	6	81. Rutherford	24
10. Brunswick	9	46. Hertford		82. Sampson	1
11. Buncombe	4	47. Hoke		83. Scotland	8
12. Burke	25	48. Hyde		84. Stanly	104
13. Cabarrus	184	49. Iredell	109	85. Stokes	
14. Caldwell	11	50. Jackson	2	86. Surry	5
15. Camden		51. Johnston	1	87. Swain	
16. Carteret		52. Jones		88. Transylvania	1
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	58	54. Lenoir		90. Union	1131
19. Chatham	1	55. Lincoln	100	91. Vance	
20. Cherokee	1	56. Macon	1	92. Wake	8
21. Chowan		57. Madison		93. Warren	
22. Clay	1	58. Martin		94. Washington	
23. Cleveland	120	59. McDowell	7	95. Watauga	20
24. Columbus		60. Mecklenburg	8754	96. Wayne	2
25. Craven	2	61. Mitchell	2	97. Wilkes	7
26. Cumberland	9	62. Montgomery	3	98. Wilson	
27. Currituck		63. Moore	7	99. Yadkin	1
28. Dare		64. Nash	3	100. Yancey	
29. Davidson	7	65. New Hanover	5		
30. Davie	3	66. Northampton		101. Georgia	25
31. Duplin		67. Onslow		102. South Carolina	3951
32. Durham	2	68. Orange	4	103. Tennessee	9
33. Edgecombe	9	69. Pamlico		104. Virginia	19
34. Forsyth	1	70. Pasquotank		105. Other States	212
35. Franklin		71. Pender	1	106. Other	0
36. Gaston	407	72. Perquimans		**Total No. of Patients**	15,575

PMC.2013.00015793

PET-EX036A.0046

RECORD 005156

Patient Origin -General Acute Care Inpatient Services

Facility County: Mecklenburg

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance	1	37. Gates		73. Person	
2. Alexander	6	38. Graham		74. Pitt	
3. Alleghany	1	39. Granville	1	75. Polk	2
4. Anson	74	40. Greene		76. Randolph	6
5. Ashe	7	41. Guilford	8	77. Richmond	13
6. Avery	9	42. Halifax		78. Robeson	10
7. Beaufort		43. Harnett		79. Rockingham	1
8. Bertie		44. Haywood		80. Rowan	32
9. Bladen		45. Henderson	4	81. Rutherford	22
10. Brunswick	5	46. Hertford		82. Sampson	1
11. Buncombe	3	47. Hoke		83. Scotland	7
12. Burke	22	48. Hyde		84. Stanly	92
13. Cabarrus	157	49. Iredell	103	85. Stokes	
14. Caldwell	11	50. Jackson	1	86. Surry	5
15. Camden		51. Johnston	1	87. Swain	
16. Carteret		52. Jones		88. Transylvania	1
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	53	54. Lenoir		90. Union	584
19. Chatham	1	55. Lincoln	83	91. Vance	
20. Cherokee	1	56. Macon	1	92. Wake	3
21. Chowan		57. Madison		93. Warren	
22. Clay	1	58. Martin		94. Washington	
23. Cleveland	105	59. McDowell	5	95. Watauga	18
24. Columbus		60. Mecklenburg	4829	96. Wayne	1
25. Craven		61. Mitchell	2	97. Wilkes	6
26. Cumberland	1	62. Montgomery	1	98. Wilson	
27. Currituck		63. Moore	6	99. Yadkin	1
28. Dare		64. Nash	3	100. Yancey	
29. Davidson	7	65. New Hanover	1		
30. Davie	3	66. Northampton		101. Georgia	10
31. Duplin		67. Onslow		102. South Carolina	911
32. Durham	1	68. Orange	3	103. Tennessee	6
33. Edgecombe	9	69. Pamlico		104. Virginia	6
34. Forsyth		70. Pasquotank		105. Other States	88
35. Franklin		71. Pender	1	106. Other	0
36. Gaston	311	72. Perquimans		**Total No. of Patients**	7668

PMC.2013.00015794

PET-EX036A.0047

RECORD 005157

Patient Origin -General Acute Care Inpatient Services

Facility County: Mecklenburg

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance	1	37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	4	40. Greene		76. Randolph	
5. Ashe	1	41. Guilford	2	77. Richmond	4
6. Avery	2	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett	1	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	2
9. Bladen		45. Henderson	2	81. Rutherford	2
10. Brunswick	4	46. Hertford		82. Sampson	
11. Buncombe	1	47. Hoke		83. Scotland	1
12. Burke	3	48. Hyde		84. Stanly	12
13. Cabarrus	27	49. Iredell	6	85. Stokes	
14. Caldwell		50. Jackson	1	86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	5	54. Lenoir		90. Union	547
19. Chatham		55. Lincoln	17	91. Vance	
20. Cherokee		56. Macon		92. Wake	5
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	15	59. McDowell	2	95. Watauga	2
24. Columbus		60. Mecklenburg	3925	96. Wayne	1
25. Craven	2	61. Mitchell		97. Wilkes	1
26. Cumberland	8	62. Montgomery	2	98. Wilson	
27. Currituck		63. Moore	1	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover	4		
30. Davie		66. Northampton		101. Georgia	15
31. Duplin		67. Onslow		102. South Carolina	3040
32. Durham	1	68. Orange	1	103. Tennessee	3
33. Edgecombe		69. Pamlico		104. Virginia	13
34. Forsyth	1	70. Pasquotank		105. Other States	124
35. Franklin		71. Pender		106. Other	0
36. Gaston	96	72. Perquimans		**Total No. of Patients**	7907

PMC.2013.00015795

PET-EX036A.0048

RECORD 005158

Patient Origin – Inpatient Surgical Cases

Facility County: Mecklenburg

In an effort to document patterns of Inpatient utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each inpatient surgical patient served in your facility. Count each inpatient surgical patient once regardless of the number of surgical procedures performed while the patient was having surgery. However, each admission as an inpatient surgical case should be reported separately.

The Total from this chart should match the Total Inpatient Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	
2. Alexander	5	38. Graham		74. Pitt	
3. Alleghany	1	39. Granville	1	75. Polk	2
4. Anson	37	40. Greene		76. Randolph	5
5. Ashe	4	41. Guilford	7	77. Richmond	8
6. Avery	7	42. Halifax		78. Robeson	4
7. Beaufort		43. Harnett		79. Rockingham	Ø
8. Bertie		44. Haywood		80. Rowan	20
9. Bladen		45. Henderson	3	81. Rutherford	17
10. Brunswick	4	46. Hertford		82. Sampson	
11. Buncombe	2	47. Hoke		83. Scotland	3
12. Burke	18	48. Hyde		84. Stanly	50
13. Cabarrus	119	49. Iredell	90	85. Stokes	
14. Caldwell	8	50. Jackson		86. Surry	4
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	1
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	44	54. Lenoir		90. Union	451
19. Chatham		55. Lincoln	64	91. Vance	
20. Cherokee		56. Macon	1	92. Wake	3
21. Chowan		57. Madison		93. Warren	
22. Clay	1	58. Martin		94. Washington	
23. Cleveland	82	59. McDowell	7	95. Watauga	14
24. Columbus		60. Mecklenburg	3002	96. Wayne	
25. Craven	1	61. Mitchell	1	97. Wilkes	5
26. Cumberland	2	62. Montgomery	1	98. Wilson	
27. Currituck		63. Moore	5	99. Yadkin	1
28. Dare		64. Nash	2	100. Yancey	
29. Davidson	5	65. New Hanover	3		
30. Davie	3	66. Northampton		101. Georgia	7
31. Duplin		67. Onslow		102. South Carolina	1372
32. Durham		68. Orange	2	103. Tennessee	7
33. Edgecombe		69. Pamlico		104. Virginia	9
34. Forsyth	9	70. Pasquotank		105. Other States	51
35. Franklin		71. Pender		106. Other	Ø
36. Gaston	257	72. Perquimans		**Total No. of Patients**	5834

PMC.2013.00015796

PET-EX036A.0049

RECORD 005159

Patient Origin – Inpatient Surgical Cases

Facility County: Mecklenburg

In an effort to document patterns of Inpatient utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each inpatient surgical patient served in your facility. Count each inpatient surgical patient once regardless of the number of surgical procedures performed while the patient was having surgery. However, each admission as an inpatient surgical case should be reported separately.

The Total from this chart should match the Total Inpatient Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	
2. Alexander	5	38. Graham		74. Pitt	
3. Alleghany	1	39. Granville	1	75. Polk	2
4. Anson	35	40. Greene		76. Randolph	5
5. Ashe	4	41. Guilford	6	77. Richmond	7
6. Avery	7	42. Halifax		78. Robeson	4
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	19
9. Bladen		45. Henderson	3	81. Rutherford	16
10. Brunswick	3	46. Hertford		82. Sampson	
11. Buncombe	2	47. Hoke		83. Scotland	3
12. Burke	17	48. Hyde		84. Stanly	45
13. Cabarrus	111	49. Iredell	87	85. Stokes	
14. Caldwell	8	50. Jackson		86. Surry	4
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	1
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	43	54. Lenoir		90. Union	286
19. Chatham		55. Lincoln	59	91. Vance	
20. Cherokee		56. Macon	1	92. Wake	2
21. Chowan		57. Madison		93. Warren	
22. Clay	1	58. Martin		94. Washington	
23. Cleveland	73	59. McDowell	5	95. Watauga	14
24. Columbus		60. Mecklenburg	1820	96. Wayne	
25. Craven		61. Mitchell	1	97. Wilkes	5
26. Cumberland	1	62. Montgomery	1	98. Wilson	
27. Currituck		63. Moore	5	99. Yadkin	1
28. Dare		64. Nash	2	100. Yancey	
29. Davidson	5	65. New Hanover	1		
30. Davie	3	66. Northampton		101. Georgia	4
31. Duplin		67. Onslow		102. South Carolina	435
32. Durham		68. Orange	2	103. Tennessee	6
33. Edgecombe		69. Pamlico		104. Virginia	6
34. Forsyth	9	70. Pasquotank		105. Other States	30
35. Franklin		71. Pender		106. Other	0
36. Gaston	219	72. Perquimans		**Total No. of Patients**	3437

PMC.2013.00015797

PET-EX036A.0050

RECORD 005160

Patient Origin – Inpatient Surgical Cases

Facility County: Mecklenburg

In an effort to document patterns of Inpatient utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each inpatient surgical patient served in your facility. Count each inpatient surgical patient once regardless of the number of surgical procedures performed while the patient was having surgery. However, each admission as an inpatient surgical case should be reported separately.

The Total from this chart should match the Total Inpatient Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	2	40. Greene		76. Randolph	
5. Ashe	1	41. Guilford	1	77. Richmond	1
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	1
9. Bladen		45. Henderson		81. Rutherford	1
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	1	48. Hyde		84. Stanly	5
13. Cabarrus	8	49. Iredell	3	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	1	54. Lenoir		90. Union	165
19. Chatham		55. Lincoln	5	91. Vance	
20. Cherokee		56. Macon		92. Wake	1
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	9	59. McDowell	2	95. Watauga	
24. Columbus		60. Mecklenburg	1182	96. Wayne	
25. Craven	1	61. Mitchell		97. Wilkes	
26. Cumberland	1	62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover	2		
30. Davie		66. Northampton		101. Georgia	3
31. Duplin		67. Onslow		102. South Carolina	937
32. Durham		68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	3
34. Forsyth		70. Pasquotank		105. Other States	21
35. Franklin		71. Pender		106. Other	Ø
36. Gaston	38	72. Perquimans		**Total No. of Patients**	2397

Patient Origin – Ambulatory Surgical Cases

Facility County: Mecklenburg

In an effort to document patterns of Ambulatory utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each ambulatory surgery patient served in your facility. Count each ambulatory patient once regardless of the number of procedures performed while the patient was having surgery. However, each admission as an ambulatory surgery case should be reported separately.

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	5	37. Gates		73. Person	
2. Alexander	9	38. Graham		74. Pitt	1
3. Alleghany	3	39. Granville		75. Polk	5
4. Anson	58	40. Greene		76. Randolph	7
5. Ashe	4	41. Guilford	12	77. Richmond	10
6. Avery	7	42. Halifax		78. Robeson	2
7. Beaufort		43. Harnett		79. Rockingham	1
8. Bertie		44. Haywood	6	80. Rowan	60
9. Bladen		45. Henderson	7	81. Rutherford	23
10. Brunswick	4	46. Hertford		82. Sampson	1
11. Buncombe	8	47. Hoke	1	83. Scotland	4
12. Burke	22	48. Hyde		84. Stanly	103
13. Cabarrus	219	49. Iredell	108	85. Stokes	
14. Caldwell	15	50. Jackson	1	86. Surry	4
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	1
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba	74	54. Lenoir		90. Union	932
19. Chatham		55. Lincoln	105	91. Vance	
20. Cherokee	1	56. Macon	2	92. Wake	5
21. Chowan		57. Madison	1	93. Warren	
22. Clay	1	58. Martin		94. Washington	
23. Cleveland	141	59. McDowell	6	95. Watauga	8
24. Columbus	2	60. Mecklenburg	4871	96. Wayne	2
25. Craven		61. Mitchell	3	97. Wilkes	12
26. Cumberland	3	62. Montgomery	11	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	5	65. New Hanover	2		
30. Davie	5	66. Northampton		101. Georgia	17
31. Duplin		67. Onslow	1	102. South Carolina	2614
32. Durham	2	68. Orange	5	103. Tennessee	14
33. Edgecombe	1	69. Pamlico		104. Virginia	24
34. Forsyth	14	70. Pasquotank		105. Other States	96
35. Franklin	2	71. Pender	1	106. Other	1
36. Gaston	461	72. Perquimans		**Total No. of Patients**	10,157

PMC.2013.00015799

PET-EX036A.0052

RECORD 005162

Patient Origin – Ambulatory Surgical Cases

Facility County: Mecklenburg

In an effort to document patterns of Ambulatory utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each ambulatory surgery patient served in your facility. Count each ambulatory patient once regardless of the number of procedures performed while the patient was having surgery. However, each admission as an ambulatory surgery case should be reported separately.

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	
2. Alexander	6	38. Graham		74. Pitt	
3. Alleghany	3	39. Granville		75. Polk	5
4. Anson	42	40. Greene		76. Randolph	6
5. Ashe	2	41. Guilford	6	77. Richmond	7
6. Avery	5	42. Halifax		78. Robeson	2
7. Beaufort		43. Harnett		79. Rockingham	1
8. Bertie		44. Haywood	5	80. Rowan	47
9. Bladen		45. Henderson	5	81. Rutherford	14
10. Brunswick	1	46. Hertford		82. Sampson	1
11. Buncombe	4	47. Hoke	1	83. Scotland	4
12. Burke	17	48. Hyde		84. Stanly	92
13. Cabarrus	179	49. Iredell	96	85. Stokes	
14. Caldwell	12	50. Jackson	1	86. Surry	4
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	1
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba	54	54. Lenoir		90. Union	364
19. Chatham		55. Lincoln	79	91. Vance	
20. Cherokee	1	56. Macon	2	92. Wake	2
21. Chowan		57. Madison	1	93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	112	59. McDowell	6	95. Watauga	7
24. Columbus	2	60. Mecklenburg	2739	96. Wayne	2
25. Craven		61. Mitchell	3	97. Wilkes	12
26. Cumberland	3	62. Montgomery	6	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	5	65. New Hanover	1		
30. Davie	1	66. Northampton		101. Georgia	15
31. Duplin		67. Onslow	1	102. South Carolina	539
32. Durham	2	68. Orange	4	103. Tennessee	11
33. Edgecombe		69. Pamlico		104. Virginia	22
34. Forsyth	11	70. Pasquotank		105. Other States	69
35. Franklin	2	71. Pender		106. Other	1
36. Gaston	269	72. Perquimans		**Total No. of Patients**	4919

PMC.2013.00015800

PET-EX036A.0053

RECORD 005163

Patient Origin – Ambulatory Surgical Cases

Facility County: Mecklenburg

In an effort to document patterns of Ambulatory utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each ambulatory surgery patient served in your facility. Count each ambulatory patient once regardless of the number of procedures performed while the patient was having surgery. However, each admission as an ambulatory surgery case should be reported separately.

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	4	37. Gates		73. Person	
2. Alexander	3	38. Graham		74. Pitt	1
3. Alleghany		39. Granville		75. Polk	
4. Anson	16	40. Greene		76. Randolph	1
5. Ashe	2	41. Guilford	6	77. Richmond	3
6. Avery	2	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	1	80. Rowan	13
9. Bladen		45. Henderson	2	81. Rutherford	9
10. Brunswick	3	46. Hertford		82. Sampson	
11. Buncombe	4	47. Hoke		83. Scotland	
12. Burke	5	48. Hyde		84. Stanly	11
13. Cabarrus	40	49. Iredell	12	85. Stokes	
14. Caldwell	3	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	20	54. Lenoir		90. Union	568
19. Chatham		55. Lincoln	26	91. Vance	
20. Cherokee		56. Macon		92. Wake	3
21. Chowan		57. Madison		93. Warren	
22. Clay	1	58. Martin		94. Washington	
23. Cleveland	29	59. McDowell		95. Watauga	1
24. Columbus		60. Mecklenburg	2132	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery	5	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover	1		
30. Davie	4	66. Northampton		101. Georgia	2
31. Duplin		67. Onslow		102. South Carolina	2075
32. Durham		68. Orange	1	103. Tennessee	3
33. Edgecombe	1	69. Pamlico		104. Virginia	2
34. Forsyth	3	70. Pasquotank		105. Other States	27
35. Franklin		71. Pender	1	106. Other	0
36. Gaston	192	72. Perquimans		**Total No. of Patients**	5238

PMC.2013.00015801

PET-EX036A.0054

RECORD 005164

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: Mecklenburg

In an effort to document patterns of utilization of Gastrointestinal Endoscopy Services in North Carolina hospitals, please provide the county of residence for each GI Endoscopy patient served in your facility. Count each patient once regardless of the number of procedures performed while the patient was receiving GI Endoscopy Services. However, each admission for GI Endoscopy services should be reported separately.

The Total from this chart should match the Total GI Endoscopy cases reported on the "Gastrointestinal Endoscopy Rooms, Cases and Procedures" Table on page 8 plus the total Inpatient and Ambulatory GI Endoscopy cases from the "Non-Surgical Cases by Category" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	1	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	1
4. Anson	20	40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	2
6. Avery		42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett	1	79. Rockingham	1
8. Bertie		44. Haywood		80. Rowan	11
9. Bladen		45. Henderson	1	81. Rutherford	3
10. Brunswick	3	46. Hertford		82. Sampson	
11. Buncombe	1	47. Hoke		83. Scotland	
12. Burke	3	48. Hyde		84. Stanly	19
13. Cabarrus	42	49. Iredell	10	85. Stokes	
14. Caldwell	1	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	10	54. Lenoir		90. Union	212
19. Chatham		55. Lincoln	44	91. Vance	
20. Cherokee	1	56. Macon		92. Wake	4
21. Chowan		57. Madison		93. Warren	
22. Clay	1	58. Martin		94. Washington	
23. Cleveland	27	59. McDowell	1	95. Watauga	2
24. Columbus		60. Mecklenburg	1938	96. Wayne	
25. Craven		61. Mitchell	1	97. Wilkes	2
26. Cumberland	1	62. Montgomery	7	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	2
28. Dare		64. Nash		100. Yancey	1
29. Davidson	3	65. New Hanover	1		
30. Davie		66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	601
32. Durham		68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	4
34. Forsyth		70. Pasquotank		105. Other States	22
35. Franklin		71. Pender		106. Other	8
36. Gaston	112	72. Perquimans		**Total No. of Patients**	3120

PMC.2013.00015802

PET-EX036A.0055

RECORD 005165

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: Mecklenburg

In an effort to document patterns of utilization of Gastrointestinal Endoscopy Services in North Carolina hospitals, please provide the county of residence for each GI Endoscopy patient served in your facility. Count each patient once regardless of the number of procedures performed while the patient was receiving GI Endoscopy Services. However, each admission for GI Endoscopy services should be reported separately.

The Total from this chart should match the Total GI Endoscopy cases reported on the "Gastrointestinal Endoscopy Rooms, Cases and Procedures" Table on page 8 plus the total Inpatient and Ambulatory GI Endoscopy cases from the "Non-Surgical Cases by Category" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	1	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	1
4. Anson	18	40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	2
6. Avery		42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett		79. Rockingham	1
8. Bertie		44. Haywood		80. Rowan	11
9. Bladen		45. Henderson		81. Rutherford	3
10. Brunswick	3	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	3	48. Hyde		84. Stanly	17
13. Cabarrus	39	49. Iredell	9	85. Stokes	
14. Caldwell	1	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	5	54. Lenoir		90. Union	87
19. Chatham		55. Lincoln	39	91. Vance	
20. Cherokee	1	56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	18	59. McDowell	1	95. Watauga	2
24. Columbus		60. Mecklenburg	1122	96. Wayne	
25. Craven		61. Mitchell	1	97. Wilkes	1
26. Cumberland		62. Montgomery	7	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	2
28. Dare		64. Nash		100. Yancey	1
29. Davidson	1	65. New Hanover			
30. Davie		66. Northampton		101. Georgia	Ø
31. Duplin		67. Onslow		102. South Carolina	146
32. Durham		68. Orange		103. Tennessee	Ø
33. Edgecombe		69. Pamlico		104. Virginia	2
34. Forsyth		70. Pasquotank		105. Other States	11
35. Franklin		71. Pender		106. Other	Ø
36. Gaston	89	72. Perquimans		**Total No. of Patients**	1646

PMC.2013.00015803

PET-EX036A.0056

RECORD 005166

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: Mecklenburg

In an effort to document patterns of utilization of Gastrointestinal Endoscopy Services in North Carolina hospitals, please provide the county of residence for each GI Endoscopy patient served in your facility. Count each patient once regardless of the number of procedures performed while the patient was receiving GI Endoscopy Services. However, each admission for GI Endoscopy services should be reported separately.

The Total from this chart should match the Total GI Endoscopy cases reported on the "Gastrointestinal Endoscopy Rooms, Cases and Procedures" Table on page 8 plus the total Inpatient and Ambulatory GI Endoscopy cases from the "Non-Surgical Cases by Category" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	2	40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett	1	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson	1	81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	1	47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	2
13. Cabarrus	3	49. Iredell	1	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	5	54. Lenoir		90. Union	125
19. Chatham		55. Lincoln	5	91. Vance	
20. Cherokee		56. Macon		92. Wake	4
21. Chowan		57. Madison		93. Warren	
22. Clay	1	58. Martin		94. Washington	
23. Cleveland	9	59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	816	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	1
26. Cumberland	1	62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	2	65. New Hanover	1		
30. Davie		66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	455
32. Durham		68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	2
34. Forsyth		70. Pasquotank		105. Other States	11
35. Franklin		71. Pender		106. Other	0
36. Gaston	23	72. Perquimans		**Total No. of Patients**	1474

PMC.2013.00015804

PET-EX036A.0057

RECORD 005167

All responses should pertain to **October 1, 2009 through September 30, 2010.** Mercy

Patient Origin - Psychiatric and Substance Abuse Alamance through Johnston

Facility County: Mecklenburg

Complete the following table below for inpatient Days of Care reported under Section .5200.

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Alamance									
Alexander							Ø	15	15
Alleghany							Ø	8	8
Anson							Ø	12	12
Ashe							Ø	3	3
Avery									
Beaufort									
Bertie									
Bladen									
Brunswick									
Buncombe							0	9	9
Burke							0	13	13
Cabarrus							0	207	207
Caldwell									
Camden									
Carteret							0	6	6
Caswell									
Catawba							0	4	4
Chatham									
Cherokee									
Chowan									
Clay									
Cleveland							0	19	19
Columbus									
Craven									
Cumberland							0	5	5
Currituck									
Dare									
Davidson							0	23	23
Davie									
Duplin									
Durham									
Edgecombe							0	4	4
Forsyth							0	4	4
Franklin									
Gaston							0	227	227
Gates									
Graham									
Granville									
Greene									
Guilford									
Halifax									
Harnett							0	5	5
Haywood									
Henderson							0	4	4
Hertford									
Hoke									
Hyde									
Iredell							0	67	67
Jackson							0	4	4
Johnston									

** **Note:** See counties: Jones through Yancey (including Out-of-State) on next page.

PMC.2013.00015805

PET-EX036A.0058

RECORD 005168

2011 Renewal Application for Hospital:
Carolinas Medical Center Mercy/Pineville

License No: **H0042**
Facility ID: **923352**

All responses should pertain to **October 1, 2009 through September 30, 2010**

Mercy

Patient Origin - Psychiatric and Substance Abuse **Jones through Yancey** (including Out-of-State)

Facility County: **Mecklenburg**

(Continued from previous page)

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Jones									
Lee									
Lenoir									
Lincoln							0	37	37
Macon									
Madison									
Martin									
McDowell									
Mecklenburg							0	2095	2095
Mitchell									
Montgomery							0	5	5
Moore									
Nash									
New Hanover									
Northampton									
Onslow									
Orange							0	5	5
Pamlico									
Pasquotank									
Pender									
Perquimans									
Person									
Pitt									
Polk									
Randolph									
Richmond							0	4	4
Robeson									
Rockingham									
Rowan							0	84	84
Rutherford									
Sampson									
Scotland							0	2	2
Stanly							0	25	25
Stokes									
Surry									
Swain									
Transylvania									
Tyrrell									
Union							0	176	176
Vance									
Wake									
Warren									
Washington									
Watauga									
Wayne									
Wilkes									
Wilson							0	15	15
Yadkin									
Yancey									
Out of State							0	266	266
TOTALS									3353

** Note: See counties Alamance through Johnston on previous page.

All responses should pertain to **October 1, 2009 through September 30, 2010.** Consolidated

Patient Origin - MRI Services

Facility County: Mecklenburg

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. **The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table 10a.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	
2. Alexander	1	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	15	40. Greene		76. Randolph	4
5. Ashe	1	41. Guilford	1	77. Richmond	6
6. Avery	1	42. Halifax		78. Robeson	2
7. Beaufort		43. Harnett		79. Rockingham	1
8. Bertie		44. Haywood	1	80. Rowan	13
9. Bladen		45. Henderson	5	81. Rutherford	7
10. Brunswick	2	46. Hertford		82. Sampson	
11. Buncombe	4	47. Hoke	1	83. Scotland	
12. Burke	6	48. Hyde		84. Stanly	27
13. Cabarrus	74	49. Iredell	23	85. Stokes	
14. Caldwell	7	50. Jackson	2	86. Surry	4
15. Camden		51. Johnston	2	87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba	20	54. Lenoir		90. Union	541
19. Chatham		55. Lincoln	35	91. Vance	
20. Cherokee	1	56. Macon	1	92. Wake	4
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	50	59. McDowell	2	95. Watauga	7
24. Columbus		60. Mecklenburg	4369	96. Wayne	
25. Craven		61. Mitchell	1	97. Wilkes	2
26. Cumberland	4	62. Montgomery	1	98. Wilson	
27. Currituck		63. Moore	1	99. Yadkin	
28. Dare	2	64. Nash		100. Yancey	
29. Davidson	3	65. New Hanover			
30. Davie	1	66. Northampton		101. Georgia	5
31. Duplin		67. Onslow		102. South Carolina	1680
32. Durham	2	68. Orange		103. Tennessee	0
33. Edgecombe		69. Pamlico		104. Virginia	10
34. Forsyth	4	70. Pasquotank		105. Other States	60
35. Franklin	2	71. Pender		106. Other	1
36. Gaston	196	72. Perquimans		**Total No. of Patients**	7217

Are mobile MRI services currently provided at your hospital? yes _____ no X

2011 Renewal Application for Hospital:
Carolinas Medical Center Mercy/Pineville

License No: H0042
Facility ID: 923352

All responses should pertain to October 1, 2009 through September 30, 2010.

Mercy

Patient Origin - MRI Services

Facility County: Mecklenburg

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. **The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table 10a.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	
2. Alexander	1	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	12	40. Greene		76. Randolph	4
5. Ashe	1	41. Guilford		77. Richmond	3
6. Avery	1	42. Halifax		78. Robeson	2
7. Beaufort		43. Harnett		79. Rockingham	1
8. Bertie		44. Haywood	1	80. Rowan	8
9. Bladen		45. Henderson	2	81. Rutherford	7
10. Brunswick	2	46. Hertford		82. Sampson	
11. Buncombe	2	47. Hoke	1	83. Scotland	
12. Burke	6	48. Hyde		84. Stanly	23
13. Cabarrus	66	49. Iredell	19	85. Stokes	
14. Caldwell	6	50. Jackson	2	86. Surry	4
15. Camden		51. Johnston	2	87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba	17	54. Lenoir		90. Union	163
19. Chatham		55. Lincoln	30	91. Vance	
20. Cherokee	1	56. Macon	1	92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	38	59. McDowell	2	95. Watauga	5
24. Columbus		60. Mecklenburg	2116	96. Wayne	
25. Craven		61. Mitchell	1	97. Wilkes	1
26. Cumberland	2	62. Montgomery	1	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare	2	64. Nash		100. Yancey	
29. Davidson	3	65. New Hanover			
30. Davie	1	66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	210
32. Durham		68. Orange		103. Tennessee	Ø
33. Edgecombe		69. Pamlico		104. Virginia	6
34. Forsyth	3	70. Pasquotank		105. Other States	16
35. Franklin	2	71. Pender		106. Other	Ø
36. Gaston	139	72. Perquimans		**Total No. of Patients**	2939

Are mobile MRI services currently provided at your hospital? yes _____ no X

PMC.2013.00015808

PET-EX036A.0061

RECORD 005171

All responses should pertain to October 1, 2009 through September 30, 2010. Pineville

Patient Origin - MRI Services

Facility County: Mecklenburg

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. **The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table 10a.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	3	40. Greene		76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	3
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	5
9. Bladen		45. Henderson	3	81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	2	47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	4
13. Cabarrus	8	49. Iredell	4	85. Stokes	
14. Caldwell	1	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	3	54. Lenoir		90. Union	378
19. Chatham		55. Lincoln	5	91. Vance	
20. Cherokee		56. Macon		92. Wake	4
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	12	59. McDowell		95. Watauga	2
24. Columbus		60. Mecklenburg	2253	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	1
26. Cumberland	2	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	1	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	4
31. Duplin		67. Onslow		102. South Carolina	1470
32. Durham	2	68. Orange		103. Tennessee	0
33. Edgecombe		69. Pamlico		104. Virginia	4
34. Forsyth	1	70. Pasquotank		105. Other States	44
35. Franklin		71. Pender		106. Other	1
36. Gaston	57	72. Perquimans		**Total No. of Patients**	4278

Are mobile MRI services currently provided at your hospital? yes _____ no X

PMC.2013.00015809

PET-EX036A.0062

RECORD 005172

n/a

Patient Origin – Linear Accelerator Treatment

Facility County: Mecklenburg

In an effort to document patterns of utilization of linear accelerators in North Carolina, hospitals are asked to provide the county of residence for patients served on linear accelerators in your facility. Report the number of unduplicated patients who receive radiation oncology treatment on equipment (linear accelerators, CyberKnife®, but not Gamma Knife®) listed in Section 11 of this application. Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. **The number of patients reported here should match the number of patients reported in Section 11.a. of this application.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		**Total No. of Patients**	

All responses should pertain to **October 1, 2009 through September 30, 2010.** n/a

Patient Origin – PET Scanner

Facility County: Mecklenburg

In an effort to document patterns of utilization of PET Scanner in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. **Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in Table 10d on page 14.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		**Total No. of Patients**	

PMC.2013.00015811

PET-EX036A.0064

RECORD 005174

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2011 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2011 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature: _____ **Date:** 12/13/10

PRINT NAME OF APPROVING OFFICIAL William Spencer Lilly, President

Please be advised, the license fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, prior to the issuance of a hospital license.

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
1205 Umstead Drive, 2712 Mail Service Center
Raleigh, North Carolina 27699-2712
Telephone: (919) 855-4620 Fax: (919) 715-3073

For Official Use Only
License # H0042 Medicare # **340098**
Computer: 923352
PC _____ Date _____

License Fee: **$5,887.50**

2012
HOSPITAL LICENSE
RENEWAL APPLICATION

Legal Identity of Applicant: **Mercy Hospital, Inc.**
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Doing Business As
(d/b/a) name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: **Carolinas Medical Center Mercy/Pineville**
Other: _____
Other: _____

Facility Mailing Address: 2001 Vail Ave
Charlotte, NC 28207

Facility Site Address: 2001 Vail Ave
Charlotte, NC 28207
County: Mecklenburg
Telephone: (704)304-5000
Fax: (704)304-5695

Administrator/Director: ~~PHYLLIS WINGATE-JONES~~ Douglas Chan Roush
Title: ~~SENIOR VP~~ President
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: Douglas Chan Roush **Title:** President
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Name of the person to contact for any questions regarding this form:

Name: Cynthia M. Polshak **Telephone:** (704) 512-6423

E-Mail: cindy.polshak@carolinashealthcare.org

Primary National Provider Identifier (NPI) registered at NPPES 1497792550

If facility has more than one "Primary" NPI, please provide 1821039975

For questions regarding NPI contact Azzie Conley at (919) 855-4646.

"The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services."

Petitioner's Trial Exhibit 036B

Type of Health Care Facilities under the Hospital License (please include offsite emergency departments)

List Name(s) of facilities:	Address:	Type of Business / Service:
Please see attached.		

Please attach a separate sheet for additional listings

Ownership Disclosure (Please fill in any blanks and make changes where necessary.)

1. What is the name of the legal entity with ownership responsibility and liability?

Owner: Mercy Hospital, Inc.
Federal Employer ID#
Street/Box: 2001 Vail Ave
City: Charlotte 304 State: NC Zip: 28207-304
Telephone: (704) ~~379~~-5100 Fax: (704) ~~379~~-5695
CEO: ~~Curtis Copenhaver~~ Douglas Chan Roush

Is your facility part of a Health System? [i.e., are there other hospitals, offsite emergency departments, ambulatory surgical facilities, nursing homes, home health agencies, etc. owned by your hospital, a parent company or a related entity?] X Yes ____ No ____

If 'Yes', name of Health System*: The Charlotte Mecklenburg Hospital Authority d/b/a Carolinas HealthCare System
* (*please attach a list of NC facilities that are part of your Health System*)
If 'Yes', name of CEO: Michael C. Tarwater

a. Legal entity is: ___ For Profit X Not For Profit

b. Legal entity is: ___ Corporation ___ LLP ___ Partnership
___ Proprietorship ___ LLC X Government Unit

c. Does the above entity (partnership, corporation, etc.) **LEASE** the building from which services are offered? ___ Yes X No

If "**YES**", name of building owner:

2. Is the business operated under a management contract? ___Yes X No

If 'Yes', name and address of the management company.
Name:
Street/Box:
City: State: Zip:
Telephone: (___) ____

Ownership Disclosure *continued. . .*

3. Vice President of Nursing and Patient Care Services: Janet Handy
4. Director of Planning: Del Murphy

Facility Data

A. Reporting Period All responses should pertain to the period **October 1, 2010 to September 30, 2011.**

B. General Information (Please fill in any blanks and make changes where necessary.)

a. Admissions to Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	16843	
b. Discharges from Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	16929	
c. Average Daily Census: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	193.69	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No X
If 'Yes', what is the current number of licensed beds?		
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:		
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	6110	

C. Designation and Accreditation

1. Are you a designated trauma center? ____ Yes (____ Designated Level #) X No
2. Are you a critical access hospital (CAH)? ____ Yes X No
3. Are you a long term care hospital (LTCH)? ____ Yes X No
4. Is this facility TJC accredited? X Yes ____ No Expiration Date: 5/7/2014
5. Is this facility DNV accredited? ____ Yes X No Expiration Date: ____
6. Is this facility AOA accredited? ____ Yes X No Expiration Date: ____
7. Are you a Medicare deemed provider? X Yes ____ No

PMC.2013.00015985

PET-EX036B.0003

RECORD 005178

The Joint Commission



HELPING HEALTH CARE ORGANIZATIONS HELP PATIENTS

Quality Check

Accreditation Quality Report

- > Summary of Accreditation Quality Information
- > Accredited Programs
- > Accreditation National Patient Safety Goals
- > Sites and Services
- > Accreditation History
- > Download Accreditation PDF Report
- > Download Accreditation PDF Report - Include Quarterly Data
- > Accreditation Quality Report User Guide

Certification Quality Report

- > View Certification Quality Report

Quality Report

Summary of Quality Information



Carolinas Medical Center-Mercy & Carolinas Med Ctr-Pineville
Org ID: 6482
2001 Vail Avenue
Charlotte, NC 28207
(704)304-5100
www.carolinashealthcare.org

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Hospital	Accredited	5/7/2011	5/6/2011	5/6/2011

Accreditation programs recognized by the Centers for Medicare and Medicaid Services (CMS)

Hospital

Certified Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
Acute Coronary Syndrome	Certification	5/21/2010	5/20/2010	1/21/2011
Joint Replacement - Hip	Certification	5/22/2010	5/21/2010	5/21/2010
Joint Replacement - Knee	Certification	5/22/2010	5/21/2010	1/21/2011

Special Quality Awards

- 2010 Top Performer on Key Quality Measures
- 2011 Patient-Centered Designation Program

- Top -

National Patient Safety Goals and National Quality Improvement Goals

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- This measure is not

Hospital			Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
Reporting Period: Apr 2010 - Mar 2011	2011 National Patient Safety Goals	See Detail	✓	N/A *
	National Quality Improvement Goals:			
	Heart Attack Care	See Detail	⊕	⊕

N/A applicable for this organization.

N/S Not displayed

Footnote Key

1. The measure or measure set was not reported.
2. The measure set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The measure results are not statistically valid.
7. The measure results are based on a sample of patients.
8. The number of months with measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

Heart Failure Care	See Detail	✓	✓
Pneumonia Care	See Detail	⊕	⊕
Surgical Care Improvement Project (SCIP)			
SCIP - Cardiac	See Detail		
SCIP - Infection Prevention *For All Reported Procedures:*	See Detail	⊕	⊕
• Blood Vessel Surgery	See Detail	✓	✓
• Colon/Large Intestine Surgery	See Detail	✓	✓
• Coronary Artery Bypass Graft	See Detail	⊕	⊕
• Hip Joint Replacement	See Detail	⊕	⊕
• Hysterectomy	See Detail	✓	✓
• Knee Replacement	See Detail	⊕	⊕
• Open Heart Surgery	See Detail	N/S [3]	N/S [3]
SCIP – Venous Thromboembolism (VTE)	See Detail		

30 Day Risk Adjusted Mortality Rates (see details)

30 Day Hospital Readmission Rates (see details)

Survey of Patients' Hospital Experiences (see details)

Hospitals voluntarily participate in the Survey of Patients' Hospital Experiences(HCAHPS). Pediatric and psychiatric hospitals are not eligible to participate in the HCAHPS survey based on their patient population.

NQF The Joint Commission only reports measures endorsed by the National Quality Forum.

* State results are not calculated for the National Patient Safety Goals.

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Sites and Services

*** Primary Location**

An organization may provide services not listed here. For more information refer to the Quality Report User Guide .

Locations of Care

Carolinas Medical Center-Mercy *
2001 Vail Avenue
Charlotte, NC 28207

Available Services

Joint Commission Certified Programs:

- Acute Coronary Syndrome
- Joint Replacement - Hip
- Joint Replacement - Knee

Services:

- Cancer Center/Oncology (Inpatient, Outpatient)
- Cardiac Catheterization Lab (Inpatient, Outpatient)
- Cardiac Surgery (Inpatient)
- Cardiac Unit/Cardiology (Inpatient)
- Magnetic Resonance Imaging (Inpatient, Outpatient)
- Medical Detoxification (Inpatient)
- Nephrology (Inpatient)
- Neurology (Inpatient)
- Nuclear Medicine (Inpatient,

- CT Scanner (Inpatient, Outpatient)
- Dentistry (Inpatient)
- Dialysis (Inpatient)
- EEG/EKG/EMG Lab (Inpatient, Outpatient)
- Electroconvulsive Therapy (Outpatient)
- Emergency Room (Outpatient)
- Endocrinology (Inpatient)
- Family Practice (Inpatient)
- Gastroenterology (Inpatient)
- General Medical Services (Inpatient)
- General Surgery (Inpatient)
- GI or Endoscopy Lab (Inpatient, Outpatient)
- Gynecology (Inpatient)
- Hematology/Blood Treatment (Inpatient)
- Imaging/Radiology (Inpatient, Outpatient)
- Infectious Diseases (Inpatient)
- Intensive Care Unit (Inpatient)
- Internal Medicine (Inpatient)
- Lithotripsy/Kidney Stone Treatment (Inpatient, Outpatient)
- Operating Room (Inpatient, Outpatient)
- Oral Maxillofacial Surgery (Inpatient, Outpatient)
- Orthopedic Surgery (Inpatient, Outpatient)
- Otolaryngology/Ear, Nose, and Throat (Inpatient, Outpatient)
- Outpatient Surgery (Outpatient)
- Pain Management (Inpatient, Outpatient)
- Plastic Surgery (Inpatient, Outpatient)
- Post Anesthesia Care Unit (PACU) (Inpatient, Outpatient)
- Pulmonary Function Lab (Inpatient)
- Respiratory Care (Ventilator) (Inpatient)
- Sleep Center (Outpatient)
- Subacute Care (Inpatient)
- Telemetry (Inpatient)
- Thoracic Surgery (Inpatient, Outpatient)
- Ultrasound (Inpatient, Outpatient)
- Urology (Inpatient, Outpatient)
- Vascular Surgery (Inpatient, Outpatient)
- Wound Care (Inpatient, Outpatient)

Carolinas Medical Center-Pineville
10628 Park Road
Charlotte, NC 28210

Joint Commission Certified Programs:

- Acute Coronary Syndrome
- Joint Replacement - Knee

Services:

- Cancer Center/Oncology (Inpatient)
- Cardiac Catheterization Lab (Inpatient, Outpatient)
- Cardiac Unit/Cardiology (Inpatient)
- CT Scanner (Inpatient, Outpatient)
- Dentistry (Outpatient)
- EEG/EKG/EMG Lab (Inpatient, Outpatient)
- Emergency Room (Outpatient)
- Family Practice (Inpatient, Outpatient)
- Gastroenterology (Inpatient)
- General Medical Services (Inpatient)
- General Surgery (Inpatient, Outpatient)
- GI or Endoscopy Lab (Inpatient, Outpatient)
- Gynecology (Inpatient, Outpatient)
- Imaging/Radiology (Inpatient, Outpatient)
- Infectious Diseases (Inpatient)
- Intensive Care Unit (Inpatient)
- Internal Medicine (Inpatient)
- Labor & Delivery (Inpatient)
- Lithotripsy/Kidney Stone Treatment (Inpatient, Outpatient)
- Magnetic Resonance Imaging (Inpatient, Outpatient)
- Nuclear Medicine (Inpatient, Outpatient)
- Nursery (Inpatient)
- Obstetrics (Inpatient)
- Operating Room (Inpatient, Outpatient)
- Ophthalmology/Eye Surgery (Inpatient, Outpatient)
- Oral Maxillofacial Surgery (Inpatient, Outpatient)
- Orthopedic Surgery (Inpatient, Outpatient)
- Otolaryngology/Ear, Nose, and Throat (Inpatient, Outpatient)
- Outpatient Surgery (Outpatient)
- Pain Management (Inpatient, Outpatient)
- Pediatric Care (Inpatient, Outpatient)
- Plastic Surgery (Outpatient)
- Post Anesthesia Care Unit (PACU) (Inpatient, Outpatient)
- Pulmonary Function Lab (Inpatient, Outpatient)
- Respiratory Care (Ventilator) (Inpatient)
- Sleep Center (Outpatient)
- Telemetry (Inpatient)
- Ultrasound (Inpatient, Outpatient)
- Urology (Inpatient, Outpatient)
- Vascular Surgery (Inpatient, Outpatient)

	• Neonatal Intensive Care (Inpatient) • Wound Care (Inpatient)
Carolinas Sleep Service - , Pineville 10036-B Park Cedar Drive Charlotte, NC 28210	• Single Specialty Group Practice (Outpatient)
Carolinas Sleep Services - Mercy 1601 Abbey Place Charlotte, NC 28209	• Single Specialty Group Practice (Outpatient)
Carolinas Wound Care Center 1601 Abbey Place Charlotte, NC 28209	• General Outpatient Services (Outpatient)
SEPC - Pineville 10502 Park Road Charlotte, NC 28210	• Anesthesia (Outpatient) • Single Specialty Group Practice (Outpatient)
SEPC at Museum Medical Plaza 3030 Randolph Road Suite 100 Charlotte, NC 28211	• Anesthesia (Outpatient) • Single Specialty Group Practice (Outpatient)
Steele Creek Healthcare Pavilion 13640 Steelecroft Parkway Charlotte, NC 28273	• Anesthesia (Outpatient) • General Outpatient Services (Outpatient)

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The Joint Commission obtains information about accredited/certified organizations not only through direct observations by its employees ...**Read more.**

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Carolinas HealthCare System - North Carolina		
Owned, Managed, and Leased Facilities	As of September 30, 2011	
Facility	Location	Relationship to CHS
Hospitals		
Anson Community Hospital	Wadesboro	Owned
Carolinas Medical Center	Charlotte	Owned
Carolinas Medical Center - Lincoln	Lincolnton	Owned
Carolinas Medical Center - Mercy	Charlotte	Owned
Carolinas Medical Center - NorthEast	Concord	Owned
Carolinas Medical Center - Pineville	Pineville	Owned
Carolinas Medical Center - Randolph	Charlotte	Owned
Carolinas Medical Center - Union/First Step Recovery Center	Monroe	Owned/Lease
Carolinas Medical Center - University	Charlotte	Owned
Carolinas Rehabilitation	Charlotte	Owned
Carolinas Rehabilitation-Mount Holly	Mount Holly	Owned
Cleveland Regional Medical Center	Shelby	Owned/Lease
Columbus Regional Healthcare System	Whiteville	Managed
Crawley Memorial Hospital	Boiling Springs	Owned/Lease
Grace Hospital	Morganton	Managed
Harris Regional	Sylva	Managed
Haywood Regional Medical Center	Clyde	Managed
Kings Mountain Hospital	Kings Mountain	Owned/Lease
Levine Children's Hospital	Charlotte	Owned
Murphy Medical Center	Murphy	Managed
Scotland Memorial Hospital	Laurinburg	Managed
St. Lukes Hospital	Columbus	Managed
Stanly Regional Medical Center	Albemarle	Managed
Swain County Hospital	Bryson City	Managed
Valdese Hospital	Valdese	Owned
Wilkes Regional Medical Center	North Wilkesboro	Managed
Imaging Centers		
Ballantyne Imaging Center (CIS)	Charlotte	Owned (60%)
Matthews Imaging Center (CIS)	Matthews	Owned (60%)
Northcross Imaging Center (CIS)	Huntersville	Owned (60%)
Southpark Imaging Center (CIS)	Charlotte	Owned (60%)
Stanly Imaging Services	Locust	Owned (49%)
Union Medical Services, LLC (Union West MRI)	Indian Trail	Owned (50%)
Ambulatory Surgery Centers		
Carolina Center for Specialty Surgery (WaveCo, LLC)	Charlotte	Owned (50%)
Carolinas Gastroenterology Ballantyne	Charlotte	Owned
Carolinas Gastroenterology Medical Center Plaza	Charlotte	Owned
Carolinas Surgery Center Randolph	Charlotte	Owned
Cleveland Ambulatory Services, LLC		CCHS (60%)
Endoscopy Center Monroe, LLC	Monroe	Owned (60%)
Endoscopy Center Northcross, LLC	Huntersville	Owned (60%)
Endoscopy Center Pineville, LLC	Pineville	Owned (60%)
Endoscopy Center University, LLC	Charlotte	Owned (60%)
Gateway Ambulatory Surgery Center, LLC	Concord	Owned (42.5%)
Iredell Surgical Center	Statesville	Owned (55%)
Nursing Homes and Hospices		
Cleveland Pines Nursing Center	Shelby	Owned/Lease
College Pines Nursing Center	Valdese	Owned
Edwin Morgan Center (517 Peden St., Laurinburg, NC 28352)	Laurinburg	Managed
Grace Heights Health and Rehab Center	Morganton	Managed
Grace Ridge Retirement Community	Morganton	Managed
Hospice and Palliative Care of Cabarrus County	Kannapolis	Owned
Huntersville Oaks	Huntersville	Owned
Jesse Helms Nursing Center	Monroe	Owned/Lease
Lillie Bennett Nursing Center	Wadesboro	Owned
Murphy Medical Center Nursing Home	Murphy	Managed
North Mecklenburg Nursing Home, LLC (not open yet)		Owned (10%)
Sardis Oaks	Charlotte	Owned
Stanly Manor	Albemarle	Managed

Note: This data represents Carolinas HealthCare System's (CHS) North Carolina Hospitals, Imaging Centers, Ambulatory Surgery Centers, and Nursing Homes. CHS also operates numerous Physician Practices and Urgent Care Center locations.

Ownership Disclosure *continued. . .*

3. Vice President of Nursing and Patient Care Services: Janet Handy
4. Director of Planning: Del Murphy

Facility Data

A. Reporting Period All responses should pertain to the period **October 1, 2010 to September 30, 2011.**

B. General Information (Please fill in any blanks and make changes where necessary.)

a. Admissions to Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	8594	
b. Discharges from Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	8648	
c. Average Daily Census: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	102.75	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes: X	No:
If 'Yes', what is the current number of licensed beds?	179	
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:	Transfers to CMC-Pineville Campus	
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	3130	

C. Designation and Accreditation

1. Are you a designated trauma center? ___ Yes (___ Designated Level #) X No
2. Are you a critical access hospital (CAH)? ___ Yes X No
3. Are you a long term care hospital (LTCH)? ___ Yes X No
4. Is this facility TJC accredited? X Yes ___ X No Expiration Date: 5/7/2014
5. Is this facility DNV accredited? ___ Yes X No Expiration Date: ___
6. Is this facility AOA accredited? ___ Yes X No Expiration Date: ___
7. Are you a Medicare deemed provider? X Yes ___ No

PMC.2013.00015991

PET-EX036B.0009

RECORD 005184

Ownership Disclosure *continued. . . .*

3. Vice President of Nursing and Patient Care Services: Janet Handy
4. Director of Planning: Del Murphy

Facility Data

A. Reporting Period All responses should pertain to the period **October 1, 2010 to September 30, 2011.**

B. General Information (Please fill in any blanks and make changes where necessary.)

a. Admissions to Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	8249	
b. Discharges from Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	8281	
c. Average Daily Census: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	90.94	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes: X	No:
If 'Yes', what is the current number of licensed beds?	126	
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:	Transfer from CMC-Mercy ICU and Maternity Expansion	
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	2980	

C. Designation and Accreditation

1. Are you a designated trauma center? ___ Yes (___ Designated Level #) X No
2. Are you a critical access hospital (CAH)? ___ Yes X No
3. Are you a long term care hospital (LTCH)? ___ Yes X No
4. Is this facility TJC accredited? X Yes ___ No Expiration Date: 5/7/2014
5. Is this facility DNV accredited? ___ Yes X No Expiration Date: ___
6. Is this facility AOA accredited? ___ Yes X No Expiration Date: ___
7. Are you a Medicare deemed provider? X Yes ___ No

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)
[Please provide a Beds by Service (p. 4) for each hospital campus *(see G.S. 131E-176(2c))*]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below) *Campus* Consolidated	**Licensed Beds as of September 30, 2011**	**Staffed Beds as of September 30, 2011**	**Annual Census Inpt. Days of Care**
Intensive Care Units			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical			
e. Neonatal Beds Level IV ** (Not Normal Newborn)	45	45	** 9161
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology			
j. Medical/Surgical ***	201	199	*** 51254
k. Neonatal Level III ** (Not Normal Newborn)	10	10	** 2150
l. Neonatal Level II ** (Not Normal Newborn)	[redacted]	[redacted]	**
m. Obstetric (including LDRP)	34	33	6659
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other (List) Progressive	4	4	1473
Total General Acute Care Beds/Days (a through q)	**294**	291	70,697
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	11	11	3359
6. Psychiatry	0		
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	**305**	302	74056

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.
** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)
*** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)

[Please provide a Beds by Service (p. 4) for each hospital campus *(see G.S. 131E-176(2c))*]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below) *Campus* CMC-Mercy	**Licensed Beds as of September 30, 2011**	**Staffed Beds as of September 30, 2011**	**Annual Census Inpt. Days of Care**
Intensive Care Units			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	30	30	7160
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology			
j. Medical/Surgical ***	134	132	*** 28,870
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)			
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other (List) Progressive	4	4	1473
Total General Acute Care Beds/Days (a through q)	168 ~~294~~	166	37,503
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	11	11	3359
6. Psychiatry	0		
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	179 ~~305~~	177	40,862

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.
** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)
*** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)

[Please provide a Beds by Service (p. 4) for each hospital campus (see G.S. 131E-176(2c))]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below) *Campus* CMC-Pineville	**Licensed Beds as of September 30, 2011**	**Staffed Beds as of September 30, 2011**	**Annual Census Inpt. Days of Care**
Intensive Care Units			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	15	15	2001
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology			
j. Medical/Surgical ***	67	67	***22384
k. Neonatal Level III ** (Not Normal Newborn)	10	10	** 2150
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)	34	33	6659
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other (List)			
Total General Acute Care Beds/Days (a through q)	126 ~~294~~	125	33,194
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	Ø ~~11~~	Ø	Ø
6. Psychiatry	0		
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	126 ~~305~~	125	33,194

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.
** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)
*** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

D. Beds by Service (Inpatient) ***continued***

Number of Swing Beds *	n/a
Number of Skilled Nursing days in Swing Beds	n/a
Number of unlicensed observation beds	n/a

* means a hospital designated **as a swing-bed hospital** by CMS (Centers for Medicare and Medicaid Services)

E. Reimbursement Source (For "Inpatient Days," show Acute Inpatient Days only, excluding normal newborns.)

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a – q total on p. 4)	Emergency Visits (total should be the same as F.3.b. on p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Inpatient Cases on p. 9)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Ambulatory Cases on p. 9)
Self Pay/Indigent/Charity	3799	29337	5366	159	287
Medicare & Medicare Managed Care	36065	18330	26,904	2511	2353
Medicaid	7575	22487	5728	438	787
Commercial Insurance	931	1508	1020	74	149
Managed Care	21505	31475	34944	3091	6439
Other (Specify)	822	3591	3635	158	579
TOTAL	70,697	106728	77597	6431	10594

F. Services and Facilities

1. Obstetrics	Enter Number of Infants
a. Live births (Vaginal Deliveries)	1785
b. Live births (Cesarean Section)	732
c. Stillbirths	14

d. Delivery Rooms - Delivery Only (not Cesarean Section)	ø
e. Delivery Rooms - Labor and Delivery, Recovery	ø
f. Delivery Rooms – LDRP (include Item **"D.1.m"** on Page 4)	33
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	33

2. Abortion Services Number of procedures per Year 1

PMC.2013.00015996

PET-EX036B.0014

RECORD 005189

D. Beds by Service (Inpatient) ***continued***

Number of Swing Beds *	n/a
Number of Skilled Nursing days in Swing Beds	n/a
Number of unlicensed observation beds	n/a

* means a hospital designated **as a swing-bed hospital** by CMS (Centers for Medicare and Medicaid Services)

E. Reimbursement Source (For "Inpatient Days," show Acute Inpatient Days only, excluding normal newborns.)

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a – q total on p. 4)	Emergency Visits (total should be the same as F.3.b. on p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Inpatient Cases on p. 9)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Ambulatory Cases on p. 9)
Self Pay/Indigent/Charity	1900	10933	2313	63	108
Medicare & Medicare Managed Care	21653	6676	14446	1826	1439
Medicaid	4966	8684	3304	228	267
Commercial Insurance	352	295	439	46	89
Managed Care	9072	4974	13949	1901	2998
Other (Specify)	460	616	2574	117	378
TOTAL	37503	32178	37025	4181	5279

F. Services and Facilities

1. Obstetrics	Enter Number of Infants
a. Live births (Vaginal Deliveries)	∅
b. Live births (Cesarean Section)	∅
c. Stillbirths	∅

d. Delivery Rooms - Delivery Only (not Cesarean Section)	n/a
e. Delivery Rooms - Labor and Delivery, Recovery	n/a
f. Delivery Rooms – LDRP (include Item **"D.1.m"** on Page 4)	n/a
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	n/a

2. Abortion Services Number of procedures per Year ∅

PMC.2013.00015997

PET-EX036B.0015

RECORD 005190

D. Beds by Service (Inpatient) ***continued***

Number of Swing Beds *	n/a
Number of Skilled Nursing days in Swing Beds	n/a
Number of unlicensed observation beds	n/a

* means a hospital designated **as a swing-bed hospital** by CMS (Centers for Medicare and Medicaid Services)

E. Reimbursement Source (For "Inpatient Days," show Acute Inpatient Days only, excluding normal newborns.)

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a – q total on p. 4)	Emergency Visits (total should be the same as F.3.b. on p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Inpatient Cases on p. 9)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Ambulatory Cases on p. 9)
Self Pay/Indigent/Charity	1899	18,404	3053	96	179
Medicare & Medicare Managed Care	14,412	11,654	12,458	685	914
Medicaid	3509	13,803	2424	210	520
Commercial Insurance	579	1,213	581	28	60
Managed Care	12433	26,501	20,995	1190	3441
Other (Specify)	362	2,975	1061	41	201
TOTAL	33,194	74,550	40,572	2250	5315

F. Services and Facilities

1. Obstetrics	Enter Number of Infants
a. Live births (Vaginal Deliveries)	1785
b. Live births (Cesarean Section)	732
c. Stillbirths	14

d. Delivery Rooms - Delivery Only (not Cesarean Section)	Ø
e. Delivery Rooms - Labor and Delivery, Recovery	Ø
f. Delivery Rooms – LDRP (include Item **"D.1.m"** on Page 4)	33
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	33

2. Abortion Services Number of procedures per Year _____

PMC.2013.00015998

PET-EX036B.0016

RECORD 005191

3. **Emergency Department Services** (cases equal visits to ED)

a. Total Number of ED Exam Rooms: 57

a.1. #Trauma Rooms 6 a.2. #Fast Track Rooms 5 Other 46

b. Total Number of ED visits for reporting period: 106,728

c. Total Number of admits from the ED for reporting period: 7655

d. Total Number of Urgent Care visits for reporting period: n/a

e. Does your ED provide services 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours of operation:

f. Is a physician on duty in your ED 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours physician is on duty:

4. **Medical Air Transport**: Owned or leased air ambulance service:

a. Does the facility operate an air ambulance service? ___ Yes X No
b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary				
Fixed Wing				

5. **Pathology and Medical Lab** (Check whether or not service is provided)

a. Blood Bank/Transfusion Services X Yes ___ No
b. Histopathology Laboratory X Yes ___ No
c. HIV Laboratory Testing X Yes ___ No
Number during reporting period
HIV Serology 789
HIV Culture Ø
d. Organ Bank ___ Yes X No
e. Pap Smear Screening X Yes ___ No

6. **Transplantation Services** - Number of transplants

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic	n/a	f. Heart/Liver	n/a	k. Lung	n/a
b. Bone Marrow-Autologous		g. Heart/Kidney		l. Pancreas	
c. Cornea		h. Kidney		m. Pancreas/Kidney	
d. Heart		i. Kidney/Liver		n. Pancreas/Liver	
e. Heart/Lung		j. Liver		o. Other	

Do you perform living donor transplants ? ___ Yes X No.

3. **Emergency Department Services** (cases equal visits to ED)

a. Total Number of ED Exam Rooms: 16

a.1. #Trauma Rooms 2 a.2. #Fast Track Rooms 0 Other 14

b. Total Number of ED visits for reporting period: 32,178

c. Total Number of admits from the ED for reporting period: 3085

d. Total Number of Urgent Care visits for reporting period: n/a

e. Does your ED provide services 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours of operation:

f. Is a physician on duty in your ED 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours physician is on duty:

4. **Medical Air Transport**: Owned or leased air ambulance service:

a. Does the facility operate an air ambulance service? ___ Yes X No
b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary				
Fixed Wing				

5. **Pathology and Medical Lab** (Check whether or not service is provided)

a. Blood Bank/Transfusion Services X Yes ___ No
b. Histopathology Laboratory X Yes ___ No
c. HIV Laboratory Testing X Yes ___ No
Number during reporting period
HIV Serology 461
HIV Culture 0
d. Organ Bank ___ Yes X No
e. Pap Smear Screening X Yes ___ No

6. **Transplantation Services** - Number of transplants

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic	n/a	f. Heart/Liver	n/a	k. Lung	n/a
b. Bone Marrow-Autologous		g. Heart/Kidney		l. Pancreas	
c. Cornea		h. Kidney		m. Pancreas/Kidney	
d. Heart		i. Kidney/Liver		n. Pancreas/Liver	
e. Heart/Lung		j. Liver		o. Other	

Do you perform living donor transplants ? ___ Yes X No.

3. **Emergency Department Services** (cases equal visits to ED)

a. Total Number of ED Exam Rooms: 31

a.1. #Trauma Rooms 3 a.2. #Fast Track Rooms 5 Other 23

b. Total Number of ED visits for reporting period: 51,890

c. Total Number of admits from the ED for reporting period: 4155

d. Total Number of Urgent Care visits for reporting period: n/a

e. Does your ED provide services 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours of operation:

f. Is a physician on duty in your ED 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours physician is on duty:

4. **Medical Air Transport**: Owned or leased air ambulance service:

a. Does the facility operate an air ambulance service? ___ Yes X No
b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary				
Fixed Wing				

5. **Pathology and Medical Lab** (Check whether or not service is provided)

a. Blood Bank/Transfusion Services X Yes ___ No
b. Histopathology Laboratory X Yes ___ No
c. HIV Laboratory Testing X Yes ___ No
Number during reporting period
HIV Serology 328
HIV Culture Ø
d. Organ Bank ___ Yes X No
e. Pap Smear Screening X Yes ___ No

6. **Transplantation Services** - Number of transplants

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic	n/a	f. Heart/Liver	n/a	k. Lung	n/a
b. Bone Marrow-Autologous		g. Heart/Kidney		l. Pancreas	
c. Cornea		h. Kidney		m. Pancreas/Kidney	
d. Heart		i. Kidney/Liver		n. Pancreas/Liver	
e. Heart/Lung		j. Liver		o. Other	

Do you perform living donor transplants ? ___ Yes X No.

3. **Emergency Department Services** (cases equal visits to ED)

a. Total Number of ED Exam Rooms: 10

a.1. #Trauma Rooms 1 a.2. #Fast Track Rooms Ø Other 9

b. Total Number of ED visits for reporting period: 22,660

c. Total Number of admits from the ED for reporting period: 415

d. Total Number of Urgent Care visits for reporting period: n/a

e. Does your ED provide services 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours of operation:

f. Is a physician on duty in your ED 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours physician is on duty:

4. **Medical Air Transport**: Owned or leased air ambulance service: n/a See

a. Does the facility operate an air ambulance service? __ Yes __ No CMC-Pineville
b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary				
Fixed Wing				

5. **Pathology and Medical Lab** (Check whether or not service is provided)

a. Blood Bank/Transfusion Services __ Yes __ No
b. Histopathology Laboratory __ Yes __ No
c. HIV Laboratory Testing __ Yes __ No
Number during reporting period
HIV Serology _____
HIV Culture _____
d. Organ Bank __ Yes __ No
e. Pap Smear Screening __ Yes __ No

6. **Transplantation Services** - Number of transplants

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic		f. Heart/Liver		k. Lung	
b. Bone Marrow-Autologous		g. Heart/Kidney		l. Pancreas	
c. Cornea		h. Kidney		m. Pancreas/Kidney	
d. Heart		i. Kidney/Liver		n. Pancreas/Liver	
e. Heart/Lung		j. Liver		o. Other	

Do you perform living donor transplants ? ___ Yes ___ No.

7. **Specialized Cardiac Services** (for questions, call 855-3865 [Medical Facilities Planning])

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25	Interventional Cardiac Catheterization- ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96	Electro-physiology 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54
1. Number of Units of Fixed Equipment	3		1
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	Ø	Ø	Ø
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	1367	473	607
4. Number of Procedures* Performed in Mobile Units	n/a	n/a	n/a

***A procedure** is defined to be one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed within that visit.

Name of Mobile Vendor: _____

Number of 8-hour days per week the mobile unit is onsite: _____ 8-hour days per week.
(Examples: Monday through Friday for 8 hours per day is 5 8-hour days per week. Monday, Wednesday, & Friday for 4 hours per day is 1.5 8-hour days per week)

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	3
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	120
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	Ø
4. Total Open Heart Surgery Procedures (2. + 3.)	120
Procedures on Patients Age 14 and younger	
5. **Of total in #2**, Number of Procedures on Patients Age 14 & younger	Ø
6. **Of total in #3**, Number of Procedures on Patients Age 14 & younger	Ø

7. Specialized Cardiac Services (for questions, call 855-3865 [Medical Facilities Planning])

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25	Interventional Cardiac Catheterization- ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96	Electro-physiology 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54
1. Number of Units of Fixed Equipment	2		1
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	Ø	Ø	Ø
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	1112	473	574
4. Number of Procedures* Performed in Mobile Units	n/a	n/a	n/a

*A **procedure** is defined to be one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed within that visit.

Name of Mobile Vendor: _____

Number of 8-hour days per week the mobile unit is onsite: _____ 8-hour days per week.
(Examples: Monday through Friday for 8 hours per day is 5 8-hour days per week. Monday, Wednesday, & Friday for 4 hours per day is 1.5 8-hour days per week)

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	3
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	120
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	Ø
4. Total Open Heart Surgery Procedures (2. + 3.)	120
Procedures on Patients Age 14 and younger	
5. **Of total in #2**, Number of Procedures on Patients Age 14 & younger	Ø
6. **Of total in #3**, Number of Procedures on Patients Age 14 & younger	Ø

7. **Specialized Cardiac Services** (for questions, call 855-3865 [Medical Facilities Planning])

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25	Interventional Cardiac Catheterization- ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96	Electro-physiology 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54
1. Number of Units of Fixed Equipment	1		Ø
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	n/a	n/a	n/a
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	255	Ø	33
4. Number of Procedures* Performed in Mobile Units	Ø	Ø	Ø

*A **procedure** is defined to be one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed within that visit.

Name of Mobile Vendor: _____

Number of 8-hour days per week the mobile unit is onsite: _____ 8-hour days per week.
(Examples: Monday through Friday for 8 hours per day is 5 8-hour days per week. Monday, Wednesday, & Friday for 4 hours per day is 1.5 8-hour days per week)

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	Ø
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	Ø
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	Ø
4. Total Open Heart Surgery Procedures (2. + 3.)	Ø
Procedures on Patients Age 14 and younger	
5. **Of total in #2**, Number of Procedures on Patients Age 14 & younger	Ø
6. **Of total in #3**, Number of Procedures on Patients Age 14 & younger	Ø

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

NOTE: If this License includes more than one campus, please copy pages 8 and 9 for each site. Submit the Cumulative Totals and submit a duplicate of pages 8 **and** 9 for each campus.

(Campus – *If multiple sites*: Consolidated)

a) Surgical Operating Rooms

Report *Surgical Operating Rooms* built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	Ø
Dedicated C-Section	2
Other Dedicated Inpatient Surgery	Ø
Dedicated Ambulatory Surgery	Ø
Shared - Inpatient / Ambulatory Surgery	25
Total of Surgical Operating Rooms	27

Number of additional CON approved surgical operating rooms pending development: Ø

CON Project ID Number(s) _____

b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 5

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures **performed in these rooms** during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 5

Number of additional CON approved GI Endoscopy Rooms pending development: Ø

CON Project ID Number(s) _____

	Number of Cases		Number of Procedures*	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy	941	2112	1209	2724
Non-GI Endoscopy	8	346	41	592
Totals	949	2458	1250	3316

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

PMC.2013.00016006

PET-EX036B.0024

RECORD 005199

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

NOTE: If this License includes more than one campus, please copy pages 8 and 9 for each site. Submit the Cumulative Totals and submit a duplicate of pages 8 **and** 9 for each campus.

(**Campus** – *If multiple sites*: CMC- Mercy)

a) Surgical Operating Rooms

Report *Surgical Operating Rooms* built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	Ø
Dedicated C-Section	Ø
Other Dedicated Inpatient Surgery	Ø
Dedicated Ambulatory Surgery	Ø
Shared - Inpatient / Ambulatory Surgery	15
Total of Surgical Operating Rooms	15

Number of additional CON approved surgical operating rooms pending development: Ø

CON Project ID Number(s) _____

b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 3

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures **performed in these rooms** during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 3

Number of additional CON approved GI Endoscopy Rooms pending development: Ø

CON Project ID Number(s) _____

	Number of Cases		Number of Procedures*	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy	386	1124	556	1344
Non-GI Endoscopy	Ø	32	29	233
Totals	386	1156	585	1577

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

NOTE: If this License includes more than one campus, please copy pages 8 and 9 for each site. Submit the Cumulative Totals and submit a duplicate of pages 8 **and** 9 for each campus.

(**Campus – *If multiple sites*:** CMC- Pineville)

a) Surgical Operating Rooms

Report *Surgical Operating Rooms* built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	Ø
Dedicated C-Section	2
Other Dedicated Inpatient Surgery	Ø
Dedicated Ambulatory Surgery	Ø
Shared - Inpatient / Ambulatory Surgery	10
Total of Surgical Operating Rooms	12

Number of additional CON approved surgical operating rooms pending development: Ø

CON Project ID Number(s) _____

b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 2

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures **performed in these rooms** during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 2

Number of additional CON approved GI Endoscopy Rooms pending development: Ø

CON Project ID Number(s) _____

	Number of Cases		Number of Procedures*	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy	555	988	653	1380
Non-GI Endoscopy	8	314	12	359
Totals	563	1302	665	1739

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

PMC.2013.00016008

PET-EX036B.0026

RECORD 005201

8. **Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures** *(continued)*

(**Campus** – *If multiple sites:* Consolidated)

d) **Surgical Cases by Specialty Area Table**

Enter the number of **surgical** cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	88	11
Open Heart Surgery (from 7.(b) 4.)	120	
General Surgery	1475	3092
Neurosurgery	109	71
Obstetrics and GYN (excluding C-Sections)	167	1520
Ophthalmology	Ø	116
Oral Surgery	16	117
Orthopedics	3555	4284
Otolaryngology	35	651
Plastic Surgery	32	224
Urology	61	521
Vascular	38	4
Other Surgeries (specify) Pain Management	Ø	32
Other Surgeries (specify) Lung Center	3	3
Number of C-Section's Performed in Dedicated C-Section ORs	732	
Number of C-Section's Performed in Other ORs	Ø	
Total Surgical Cases	6431	10.594

e) **Non-Surgical Cases by Category Table**

Enter the number of **non-surgical** cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	Ø	2223
Cystoscopy	185	1066
Non-GI Endoscopies *(not reported in 8. c)*	Ø	5
GI Endoscopies *(not reported in 8. c)*	Ø	Ø
~~YAG Laser~~ Bronchs	257	141
Other (specify) Minor Procedures / TEE	52	59
Other (specify) Orthotripsy Procedures	Ø	23
Other (specify) Electro Convulsive Therapy	Ø	938
Total Non-Surgical Cases	494	[redacted] 4455

PMC.2013.00016009

PET-EX036B.0027

RECORD 005202

8. **Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures** *(continued)*

(**Campus** – ***If multiple sites:*** CMC- Mercy)

d) Surgical Cases by Specialty Area Table

Enter the number of **surgical** cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	86	8
Open Heart Surgery (from 7.(b) 4.)	120	
General Surgery	877	1397
Neurosurgery	Ø	Ø
Obstetrics and GYN (excluding C-Sections)	17	222
Ophthalmology	Ø	Ø
Oral Surgery	13	101
Orthopedics	3000	3400
Otolaryngology	21	6
Plastic Surgery	16	49
Urology	28	113
Vascular	Ø	Ø
Other Surgeries (specify) Pain Management	Ø	32
Other Surgeries (specify) Lung Center	3	3
Number of C-Section's Performed in Dedicated C-Section ORs	Ø	
Number of C-Section's Performed in Other ORs	Ø	
Total Surgical Cases	4181	5279

e) Non-Surgical Cases by Category Table

Enter the number of **non-surgical** cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	Ø	1153
Cystoscopy	97	436
Non-GI Endoscopies *(not reported in 8. c)*	Ø	Ø
GI Endoscopies *(not reported in 8. c)*	Ø	Ø
~~YAG~~ Laser Bronchs	138	75
Other (specify) Minor Procedures	Ø	10
Other (specify) Orthotripsy Procedures	Ø	23
Other (specify) Electro Convulsive Therapy	Ø	938
Total Non-Surgical Cases	235	2635

PMC.2013.00016010

PET-EX036B.0028

RECORD 005203

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures *(continued)*

(Campus – *If multiple sites*: CMC-Pineville)

d) Surgical Cases by Specialty Area Table

Enter the number of **surgical** cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	2	3
Open Heart Surgery (from 7.(b) 4.)	0	
General Surgery	598	1695
Neurosurgery	109	71
Obstetrics and GYN (excluding C-Sections)	150	1298
Ophthalmology	Ø	116
Oral Surgery	3	16
Orthopedics	555	884
Otolaryngology	14	645
Plastic Surgery	16	175
Urology	33	408
Vascular	38	4
Other Surgeries (specify)	Ø	Ø
Other Surgeries (specify)	Ø	Ø
Number of C-Section's Performed in Dedicated C-Section ORs	732	
Number of C-Section's Performed in Other ORs	Ø	
Total Surgical Cases	2250	5315

e) Non-Surgical Cases by Category Table

Enter the number of **non-surgical** cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	Ø	1070
Cystoscopy	88	630
Non-GI Endoscopies *(not reported in 8. c)*	Ø	5
GI Endoscopies *(not reported in 8. c)*	Ø	Ø
YAG Laser	Ø	Ø
Other (specify) Bronchs	119	66
Other (specify) TEE	52	49
Other (specify)	Ø	Ø
Total Non-Surgical Cases	259	[redacted]1820

PMC.2013.00016011

PET-EX036B.0029

RECORD 005204

9. Average Operating Room Availability and Average Case Times:
The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per operating room per year.

The Operating Room Methodology also assumes an average of 3 hours for each Inpatient Surgery and an average of 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

Consolidated (excludes C-Sections)

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
9.60	255	172.55	104.05

* . Use only Hours per Day **routinely** scheduled when determining the answer.

Example for determining average hours per day routinely scheduled for use:
A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.
2 rooms X 8 hours = 16 hours per day
plus
2 rooms X 10 hours = 20 hours per day
equals 36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

** **"Case Time" = Time from Room Set-up Start to Room Clean-up Finish.** Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.*

PMC.2013.00016012

PET-EX036B.0030

RECORD 005205

9. Average Operating Room Availability and Average Case Times:

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per operating room per year.

The Operating Room Methodology also assumes an average of 3 hours for each Inpatient Surgery and an average of 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

CMC-Mercy

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
9.6	255	183	117

* Use only Hours per Day **routinely** scheduled when determining the answer.

Example for determining average hours per day routinely scheduled for use:
A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.
2 rooms X 8 hours = 16 hours per day
plus
2 rooms X 10 hours = 20 hours per day
equals 36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

** **"Case Time" = Time from Room Set-up Start to Room Clean-up Finish.** Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.*

PMC.2013.00016013

PET-EX036B.0031

RECORD 005206

9. Average Operating Room Availability and Average Case Times:

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per operating room per year.

The Operating Room Methodology also assumes an average of 3 hours for each Inpatient Surgery and an average of 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

CMC-Pineville (excludes C-Sections)

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
9.6	255	143.75	91.18

* Use only Hours per Day **routinely** scheduled when determining the answer.

Example for determining average hours per day routinely scheduled for use:
A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.
2 rooms X 8 hours = 16 hours per day
plus
2 rooms X 10 hours = 20 hours per day
equals 36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

** **"Case Time" = Time from Room Set-up Start to Room Clean-up Finish.** Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.*

10a. Magnetic Resonance Imaging (MRI)

Indicate the number of scanners (units) and the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* _____

	# Units	Inpatient Procedures*			Outpatient Procedures*			
Number of fixed MRI scanners-closed (*do not include any* Policy AC-3 scanners)	2							
# of fixed MRI scanners-open (*do not include any* Policy AC-3 scanners)	∅	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	TOTAL Procedures
Number of Policy AC-3 MRI scanners used for general clinical purposes	∅							
Total Fixed MRI Scanners/Procedures	2	1345	1275	2620	2827	4673	7500	10,120
Procedures performed on mobile MRI scanners **only at this site**								
Name(s) of Mobile MRI Provider(s):								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next two rows should not be included in the MRI Patient Origin Table on page 25 of this application.								
Policy AC-3 scanners used for dedicated or non-clinical purposes								
Other Human Research MRI scanners								

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	83
70540	MRI Orbit/Face/Neck w/o	9
70542	MRI Orbit/Face/Neck with contrast	3
70543	MRI Orbit/Face/Neck w/o & with	98
70544	MRA Head w/o	1032
70545	MRA Head with contrast	5
70546	MRA Head w/o & with	34
70547	MRA Neck w/o	611
70548	MRA Neck with contrast	∅
70549	MRA Neck w/o & with	9
70551	MRI Brain w/o	1842
70552	MRI Brain with contrast	23
	Subtotal for this page	3749

PMC.2013.00016015

PET-EX036B.0033

RECORD 005208

10a. Magnetic Resonance Imaging (MRI)

Indicate the number of scanners (units) and the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* CMC-Mercy

	# Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
Number of fixed MRI scanners-closed (*do not include any* Policy AC-3 scanners)	1							
# of fixed MRI scanners-open (*do not include any* Policy AC-3 scanners)	Ø	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Number of Policy AC-3 MRI scanners used for general clinical purposes	Ø							
Total Fixed MRI Scanners/Procedures	1	561	564	1125	1288	1844	3132	4257
Procedures performed on mobile MRI scanners **only at this site**								
Name(s) of Mobile MRI Provider(s):								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next two rows should not be included in the MRI Patient Origin Table on page 25 of this application.								
Policy AC-3 scanners used for dedicated or non-clinical purposes								
Other Human Research MRI scanners								

* **An MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	83
70540	MRI Orbit/Face/Neck w/o	3
70542	MRI Orbit/Face/Neck with contrast	1
70543	MRI Orbit/Face/Neck w/o & with	38
70544	MRA Head w/o	399
70545	MRA Head with contrast	4
70546	MRA Head w/o & with	25
70547	MRA Neck w/o	245
70548	MRA Neck with contrast	Ø
70549	MRA Neck w/o & with	5
70551	MRI Brain w/o	700
70552	MRI Brain with contrast	17
	Subtotal for this page	1520

PMC.2013.00016016

PET-EX036B.0034

RECORD 005209

10a. Magnetic Resonance Imaging (MRI)

Indicate the number of scanners (units) and the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* CMC-Pineville

	# Units	Inpatient Procedures*			Outpatient Procedures*			
Number of fixed MRI scanners-closed (*do not include any* Policy AC-3 scanners)	1							
# of fixed MRI scanners-open (*do not include any* Policy AC-3 scanners)	Ø	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	TOTAL Procedures
Number of Policy AC-3 MRI scanners used for general clinical purposes	Ø							
Total Fixed MRI Scanners/Procedures	1	784	711	1495	1539	2829	4368	5863
Procedures performed on mobile MRI scanners **only at this site**								
Name(s) of Mobile MRI Provider(s):								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next two rows should not be included in the MRI Patient Origin Table on page 25 of this application.								
Policy AC-3 scanners used for dedicated or non-clinical purposes								
Other Human Research MRI scanners								

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	Ø
70540	MRI Orbit/Face/Neck w/o	6
70542	MRI Orbit/Face/Neck with contrast	2
70543	MRI Orbit/Face/Neck w/o & with	60
70544	MRA Head w/o	633
70545	MRA Head with contrast	1
70546	MRA Head w/o & with	9
70547	MRA Neck w/o	366
70548	MRA Neck with contrast	Ø
70549	MRA Neck w/o & with	4
70551	MRI Brain w/o	1142
70552	MRI Brain with contrast	6
	Subtotal for this page	2229

10b. MRI Procedures by CPT Codes *continued.....*

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	1323
7055A	IAC Screening	Ø
71550	MRI Chest w/o	20
71551	MRI Chest with contrast	Ø
71552	MRI Chest w/o & with	14
71555	MRA Chest with OR without contrast	6
72126	Cervical Spine Infusion only	Ø
72141	MRI Cervical Spine w/o	743
72142	MRI Cervical Spine with contrast	63
72156	MRI Cervical Spine w/o & with	94
72146	MRI Thoracic Spine w/o	217
72147	MRI Thoracic Spine with contrast	22
72157	MRI Thoracic Spine w/o & with	61
72148	MRI Lumbar Spine w/o	1332
72149	MRI Lumbar Spine with contrast	16
72158	MRI Lumbar Spine w/o & with	167
72159	MRA Spinal Canal w/o OR with contrast	Ø
72195	MRI Pelvis w/o	126
72196	MRI Pelvis with contrast	1
72197	MRI Pelvis w/o & with	92
72198	MRA Pelvis w/o OR with Contrast	Ø
73218	MRI Upper Ext, other than joint w/o	49
73219	MRI Upper Ext, other than joint with contrast	1
73220	MRI Upper Ext, other than joint w/o & with	6
73221	MRI Upper Ext, any joint w/o	409
73222	MRI Upper Ext, any joint with contrast	28
73223	MRI Upper Ext, any joint w/o & with	9
73225	MRA Upper Ext, w/o OR with contrast	Ø
73718	MRI Lower Ext other than joint w/o	272
73719	MRI Lower Ext other than joint with contrast	1
73720	MRI Lower Ext other than joint w/o & with	36
73721	MRI Lower Ext any joint w/o	787
73722	MRI Lower Ext any joint with contrast	14
73723	MRI Lower Ext any joint w/o & with	15
73725	MRA Lower Ext w/o OR with contrast	5
74181	MRI Abdomen w/o	49
74182	MRI Abdomen with contrast	Ø
	Subtotal for this page	5978

PMC.2013.00016018

PET-EX036B.0036

RECORD 005211

10b. MRI Procedures by CPT Codes *continued*. . . .

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	621
7055A	IAC Screening	Ø
71550	MRI Chest w/o	10
71551	MRI Chest with contrast	Ø
71552	MRI Chest w/o & with	14
71555	MRA Chest with OR without contrast	4
72126	Cervical Spine Infusion only	Ø
72141	MRI Cervical Spine w/o	316
72142	MRI Cervical Spine with contrast	37
72156	MRI Cervical Spine w/o & with	58
72146	MRI Thoracic Spine w/o	102
72147	MRI Thoracic Spine with contrast	14
72157	MRI Thoracic Spine w/o & with	36
72148	MRI Lumbar Spine w/o	515
72149	MRI Lumbar Spine with contrast	7
72158	MRI Lumbar Spine w/o & with	99
72159	MRA Spinal Canal w/o OR with contrast	Ø
72195	MRI Pelvis w/o	45
72196	MRI Pelvis with contrast	1
72197	MRI Pelvis w/o & with	52
72198	MRA Pelvis w/o OR with Contrast	Ø
73218	MRI Upper Ext, other than joint w/o	20
73219	MRI Upper Ext, other than joint with contrast	Ø
73220	MRI Upper Ext, other than joint w/o & with	3
73221	MRI Upper Ext, any joint w/o	150
73222	MRI Upper Ext, any joint with contrast	9
73223	MRI Upper Ext, any joint w/o & with	4
73225	MRA Upper Ext, w/o OR with contrast	Ø
73718	MRI Lower Ext other than joint w/o	120
73719	MRI Lower Ext other than joint with contrast	Ø
73720	MRI Lower Ext other than joint w/o & with	22
73721	MRI Lower Ext any joint w/o	317
73722	MRI Lower Ext any joint with contrast	4
73723	MRI Lower Ext any joint w/o & with	4
73725	MRA Lower Ext w/o OR with contrast	5
74181	MRI Abdomen w/o	19
74182	MRI Abdomen with contrast	Ø
	Subtotal for this page	2608

PMC.2013.00016019

PET-EX036B.0037

RECORD 005212

10b. MRI Procedures by CPT Codes *continued*. . . .

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	702
7055A	IAC Screening	Ø
71550	MRI Chest w/o	10
71551	MRI Chest with contrast	Ø
71552	MRI Chest w/o & with	Ø
71555	MRA Chest with OR without contrast	2
72126	Cervical Spine Infusion only	Ø
72141	MRI Cervical Spine w/o	427
72142	MRI Cervical Spine with contrast	26
72156	MRI Cervical Spine w/o & with	36
72146	MRI Thoracic Spine w/o	115
72147	MRI Thoracic Spine with contrast	8
72157	MRI Thoracic Spine w/o & with	25
72148	MRI Lumbar Spine w/o	817
72149	MRI Lumbar Spine with contrast	9
72158	MRI Lumbar Spine w/o & with	68
72159	MRA Spinal Canal w/o OR with contrast	Ø
72195	MRI Pelvis w/o	81
72196	MRI Pelvis with contrast	Ø
72197	MRI Pelvis w/o & with	40
72198	MRA Pelvis w/o OR with Contrast	Ø
73218	MRI Upper Ext, other than joint w/o	29
73219	MRI Upper Ext, other than joint with contrast	1
73220	MRI Upper Ext, other than joint w/o & with	3
73221	MRI Upper Ext, any joint w/o	259
73222	MRI Upper Ext, any joint with contrast	19
73223	MRI Upper Ext, any joint w/o & with	5
73225	MRA Upper Ext, w/o OR with contrast	Ø
73718	MRI Lower Ext other than joint w/o	152
73719	MRI Lower Ext other than joint with contrast	1
73720	MRI Lower Ext other than joint w/o & with	14
73721	MRI Lower Ext any joint w/o	470
73722	MRI Lower Ext any joint with contrast	10
73723	MRI Lower Ext any joint w/o & with	11
73725	MRA Lower Ext w/o OR with contrast	Ø
74181	MRI Abdomen w/o	30
74182	MRI Abdomen with contrast	Ø
	Subtotal for this page	3370

10b. MRI Procedures by CPT Codes *continued.....*

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	367
74185	MRA Abdomen w/o OR with contrast	26
75552	MRI Cardiac Morphology w/o	Ø
75553	MRI Cardiac Morphology with contrast	Ø
75554	MRI Cardiac Function Complete	Ø
75555	MRI Cardiac Function Limited	Ø
75556	MRI Cardiac Velocity Flow Mapping	Ø
76093	MRI Breast, unilateral w/o and/or with contrast	Ø
76094	MRI Breast, bilateral w/o and/or with contrast	Ø
76125	Cineradiography to complement exam	Ø
76390	MRI Spectroscopy	Ø
76393	MRI Guidance for needle placement	Ø
76394	MRI Guidance for tissue ablation	Ø
76400	MRI Bone Marrow blood supply	Ø
7649A	MR functional imaging	Ø
7649D	MRI infant spine comp w/ & w/o contrast	Ø
7649E	Spine (infants) w/o infusion	Ø
7649H	MR functional imaging	Ø
N/A	Clinical Research Scans	Ø
	Subtotal for this page	393
	Total Number of Procedures for all pages	10,120

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 4

Does the hospital contract for mobile CT scanner services? ___ Yes X No

If yes, identify the mobile CT vendor _____

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	8270	X	1.00	=	8270.00
2	Head with contrast	299	X	1.25	=	373.75
3	Head without and with contrast	91	X	1.75	=	159.25
4	Body without contrast	7797	X	1.50	=	11695.50
5	Body with contrast	12,211	X	1.75	=	21,369.25
6	Body without contrast and with contrast	5561	X	2.75	=	15,292.75
7	Biopsy in addition to body scan with or without contrast	84	X	2.75	=	231.00
8	Abscess drainage in addition to body scan with or without contrast	66	X	4.00	=	264.00

10b. MRI Procedures by CPT Codes *continued. . . .*

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	116
74185	MRA Abdomen w/o OR with contrast	13
75552	MRI Cardiac Morphology w/o	Ø
75553	MRI Cardiac Morphology with contrast	Ø
75554	MRI Cardiac Function Complete	Ø
75555	MRI Cardiac Function Limited	Ø
75556	MRI Cardiac Velocity Flow Mapping	Ø
76093	MRI Breast, unilateral w/o and/or with contrast	Ø
76094	MRI Breast, bilateral w/o and/or with contrast	Ø
76125	Cineradiography to complement exam	Ø
76390	MRI Spectroscopy	Ø
76393	MRI Guidance for needle placement	Ø
76394	MRI Guidance for tissue ablation	Ø
76400	MRI Bone Marrow blood supply	Ø
7649A	MR functional imaging	Ø
7649D	MRI infant spine comp w/ & w/o contrast	Ø
7649E	Spine (infants) w/o infusion	Ø
7649H	MR functional imaging	Ø
N/A	Clinical Research Scans	Ø
	Subtotal for this page	129
	Total Number of Procedures for all pages	4257

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 2

Does the hospital contract for mobile CT scanner services? ___ Yes X No

If yes, identify the mobile CT vendor _____

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	2611	X	1.00	=	2611.00
2	Head with contrast	128	X	1.25	=	160.00
3	Head without and with contrast	27	X	1.75	=	47.25
4	Body without contrast	2934	X	1.50	=	4401.00
5	Body with contrast	4597	X	1.75	=	8044.75
6	Body without contrast and with contrast	2141	X	2.75	=	5887.75
7	Biopsy in addition to body scan with or without contrast	69	X	2.75	=	189.75
8	Abscess drainage in addition to body scan with or without contrast	39	X	4.00	=	156.00

PMC.2013.00016022

PET-EX036B.0040

RECORD 005215

10b. MRI Procedures by CPT Codes *continued*. . . .

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	251
74185	MRA Abdomen w/o OR with contrast	13
75552	MRI Cardiac Morphology w/o	Ø
75553	MRI Cardiac Morphology with contrast	Ø
75554	MRI Cardiac Function Complete	Ø
75555	MRI Cardiac Function Limited	Ø
75556	MRI Cardiac Velocity Flow Mapping	Ø
76093	MRI Breast, unilateral w/o and/or with contrast	Ø
76094	MRI Breast, bilateral w/o and/or with contrast	Ø
76125	Cineradiography to complement exam	Ø
76390	MRI Spectroscopy	Ø
76393	MRI Guidance for needle placement	Ø
76394	MRI Guidance for tissue ablation	Ø
76400	MRI Bone Marrow blood supply	Ø
7649A	MR functional imaging	Ø
7649D	MRI infant spine comp w/ & w/o contrast	Ø
7649E	Spine (infants) w/o infusion	Ø
7649H	MR functional imaging	Ø
N/A	Clinical Research Scans	Ø
	Subtotal for this page	264
	Total Number of Procedures for all pages	5863

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 2

Does the hospital contract for mobile CT scanner services? ___ Yes X No

If yes, identify the mobile CT vendor _____

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	5659	X	1.00	=	5659.00
2	Head with contrast	171	X	1.25	=	213.75
3	Head without and with contrast	64	X	1.75	=	112.00
4	Body without contrast	4863	X	1.50	=	7294.50
5	Body with contrast	7614	X	1.75	=	13,324.50
6	Body without contrast and with contrast	3420	X	2.75	=	9405.00
7	Biopsy in addition to body scan with or without contrast	15	X	2.75	=	41.25
8	Abscess drainage in addition to body scan with or without contrast	27	X	4.00	=	108.00

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PET-EX036B.0041

RECORD 005216

Scans Performed on Mobile CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	n/a	X	1.00	=	n/a
2	Head with contrast		X	1.25	=	
3	Head without and with contrast		X	1.75	=	
4	Body without contrast		X	1.50	=	
5	Body with contrast		X	1.75	=	
6	Body without contrast and with contrast		X	2.75	=	
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

10d. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner				
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment	5	6362	10696	17058
Mammography equipment	*			
Bone Density Equipment				
Fixed X-ray Equipment (excluding fluoroscopic)	6	14056	43971	58027
Fixed Fluoroscopic X-ray Equipment	4	3554	2493	6047
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	1	1138	720	1858
Coincidence Camera				
Mobile Coincidence Camera Vendor:				
* SPECT	∅	567	527	1094
Mobile SPECT Vendor:				
* Gamma Camera	3	794	1252	2046
Mobile Gamma Camera Vendor:				

* PET **procedure** means a single discrete study of one patient involving one or more PET scans. PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. **The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 27.**

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed	∅	∅	∅	∅
Mobile	2	∅	375	375

Lithotripsy Vendor/Owner: The Stone Institute

 * Gamma Camera is capable of doing both bone + heart SPECT scans

PMC.2013.00016024
PET-EX036B.0042
RECORD 005217

Scans Performed on Mobile CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	Ø	X	1.00	=	Ø
2	Head with contrast	Ø	X	1.25	=	Ø
3	Head without and with contrast	Ø	X	1.75	=	Ø
4	Body without contrast	Ø	X	1.50	=	Ø
5	Body with contrast	Ø	X	1.75	=	Ø
6	Body without contrast and with contrast	Ø	X	2.75	=	Ø
7	Biopsy in addition to body scan with or without contrast	Ø	X	2.75	=	Ø
8	Abscess drainage in addition to body scan with or without contrast	Ø	X	4.00	=	Ø

10d. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner				
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment	2	3133	3558	6691
Mammography equipment				
Bone Density Equipment				
Fixed X-ray Equipment (excluding fluoroscopic)	4	9529	16683	26212
Fixed Fluoroscopic X-ray Equipment	2	2258	1162	3420
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	1	1138	720	1858
Coincidence Camera				
Mobile Coincidence Camera Vendor:				
* SPECT	Ø	281	382	663
Mobile SPECT Vendor:				
* Gamma Camera	2	378	658	1036
Mobile Gamma Camera Vendor:				

* PET **procedure** means a single discrete study of one patient involving one or more PET scans. PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. **The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 27.**

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed	Ø	Ø	Ø	Ø
Mobile	1	Ø	150	150

Lithotripsy Vendor/Owner: The Stone Institute

* Gamma Camera is capable of doing both bone & heart SPECT scans.

PMC.2013.00016025
PET-EX036B.0043

RECORD 005218

Scans Performed on Mobile CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	n/a	X	1.00	=	n/a
2	Head with contrast		X	1.25	=	
3	Head without and with contrast		X	1.75	=	
4	Body without contrast		X	1.50	=	
5	Body with contrast		X	1.75	=	
6	Body without contrast and with contrast		X	2.75	=	
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

10d. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner				
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment	3	3229	7138	10367
Mammography equipment				
Bone Density Equipment				
Fixed X-ray Equipment (excluding fluoroscopic)	2	4527	27288	31815
Fixed Fluoroscopic X-ray Equipment	2	1296	1331	2627
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)				
Coincidence Camera				
Mobile Coincidence Camera Vendor:				
* SPECT	Ø	286	145	431
Mobile SPECT Vendor:				
* Gamma Camera	1	416	594	1010
Mobile Gamma Camera Vendor:				

*** PET procedure** means a single discrete study of one patient involving one or more PET scans. PET scan means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. **The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 27.**

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed	Ø	Ø	Ø	Ø
Mobile	1	Ø	225	225

Lithotripsy Vendor/Owner: The Stone Institute

11. Linear Accelerator Treatment Data (including Cyberknife® & Similar Equipment)

CPT Code	Description	# of Procedures
Simple Treatment Delivery		
77401	Radiation treatment delivery	
77402	Radiation treatment delivery (<=5 MeV)	
77403	Radiation treatment delivery (6-10 MeV)	
77404	Radiation treatment delivery (11-19 MeV)	
77406	Radiation treatment delivery (>=20 MeV)	
Intermediate Treatment Delivery		
77407	Radiation treatment delivery (<=5 MeV)	
77408	Radiation treatment delivery (6-10 MeV)	
77409	Radiation treatment delivery (11-19 MeV)	
77411	Radiation treatment delivery (>=20 MeV)	
Complex Treatment Delivery		
77412	Radiation treatment delivery (<=5 MeV)	
77413	Radiation treatment delivery (6-10 MeV)	
77414	Radiation treatment delivery (11-19 MeV)	
77416	Radiation treatment delivery (>= 20 MeV)	
Other Treatment Delivery Not Included Above		
77418	Intensity modulated radiation treatment (IMRT) delivery	
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	
	Pediatric Patient under anesthesia	
	Neutron and proton radiation therapy	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	
Imaging Procedures Not Included Above		
77417	Additional field check radiographs	
	Total Procedures – Linear Accelerators	
Gamma Knife® Procedures		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®)	
	Total Procedures – Gamma Knife®	

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PET-EX036B.0045

RECORD 005220

11. Linear Accelerator Treatment Data *continued*

n/a

a. Number of patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. . # Patients _____ **(This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 26.)**
b. Total number of Linear Accelerator(s)
c. Number of Linear Accelerators configured for stereotactic radiosurgery
d. Number of simulators ("machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient."(GS 131E-176(24b)))
e. Number of CyberKnife® Systems: _____, Gamma Knife®_____ Other specialized Linear Accelerators _____ Identify Manufacturer of Equipment

12. Telemedicine

a. Does your facility utilize telemedicine to have images read at another facility? Yes

b. Does your facility read telemedicine images? Yes

13. Additional Services:

a) **Check if Service(s) is provided: (for dialysis stations, show number of stations)**

	Check		Check
1. Cardiac Rehab Program (Outpatient)		5. Rehabilitation Outpatient Unit	
2. Chemotherapy	X	6. Podiatric Services	
3. Clinical Psychology Services		7. Genetic Counseling Service	
4. Dental Services		8. **Number** of Acute Dialysis Stations	6

b) **Hospice Inpatient Unit Data:**

n/a

Hospital-based hospice units with licensed hospice beds. List each county served and report **all patients by county of residence.** Use each patient's age on the admission day to the Licensed Hospice Inpatient Facility. **For age categories count each inpatient client only once.**

County of Residence	Age 0-17	Age 18-40	Age 41-59	Age 60-64	Age 65-74	Age 75-84	Age 85+	Total Patients Served	Total Days of Care	Deaths
Out of State										
Total All Ages										

PMC.2013.00016028

PET-EX036B.0046

RECORD 005221

13. Additional Services: ***continued***

c) Mental Health and Substance Abuse

n/a

1. If psychiatric care has a different name than the hospital, please indicate:

   _____

2. If address is different than the hospital, please indicate:

   _____

3. Director of the above services.

   _____

Indicate the program/unit location in the **Service Categories** chart below. If it is in the hospital, include the room number. If it is located at another site, include the building name, program/unit name and address.

Service Categories: All applicants must complete the following table for all mental health services which are to be provided by the facility. If the service is not offered, leave the spaces blank.

n/a

Rule 10A NCAC 27G Licensure Rules For Mental Health Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.						
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness						
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness						
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances						
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness						
.5000 Facility Based Crisis Center						

n/a

Rule 10A NCAC 13B Licensure Rules For Hospitals	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders						

PMC.2013.00016029

PET-EX036B.0047

RECORD 005222

13. Additional Services: *continued*

c) Mental Health and Substance Abuse *continued*

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.3100 Nonhospital medical detoxification for individuals who are substance abusers						
.3200 Social setting detoxification for substance abusers						
.3300 Outpatient detoxification for substance abusers						
.3400 Residential treatment/ rehabilitation for individuals with substance abuse disorders						
.3500 Outpatient facilities for individuals with substance abuse disorders						
.3600 Outpatient narcotic addiction treatment						
.3700 Day treatment facilities for individuals with substance abuse disorders						

Rule 10A NCAC 13B Licensure Rules For Hospitals	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.5200 Dedicated inpatient hospital unit for individuals who have substance abuse disorders (specify type) # of Treatment beds Ø # of Medical Detox beds 11	2nd Floor CMC-Mercy	Ø	Ø	Ø	11	11

Patient Origin - General Acute Care Inpatient Services

Facility County: Mecklenburg

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance	5	37. Gates		73. Person	2
2. Alexander	9	38. Graham		74. Pitt	
3. Alleghany	3	39. Granville		75. Polk	2
4. Anson	109	40. Greene		76. Randolph	7
5. Ashe	8	41. Guilford	15	77. Richmond	19
6. Avery	8	42. Halifax		78. Robeson	8
7. Beaufort		43. Harnett	2	79. Rockingham	1
8. Bertie		44. Haywood	2	80. Rowan	53
9. Bladen	1	45. Henderson	12	81. Rutherford	29
10. Brunswick	7	46. Hertford		82. Sampson	2
11. Buncombe	8	47. Hoke		83. Scotland	13
12. Burke	26	48. Hyde		84. Stanly	101
13. Cabarrus	280	49. Iredell	111	85. Stokes	1
14. Caldwell	24	50. Jackson	3	86. Surry	6
15. Camden		51. Johnston		87. Swain	1
16. Carteret	1	52. Jones		88. Transylvania	3
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	168	54. Lenoir	1	90. Union	1256
19. Chatham	1	55. Lincoln	111	91. Vance	2
20. Cherokee		56. Macon	2	92. Wake	9
21. Chowan	1	57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	131	59. McDowell	6	95. Watauga	18
24. Columbus	1	60. Mecklenburg	9289	96. Wayne	1
25. Craven	1	61. Mitchell	4	97. Wilkes	14
26. Cumberland	6	62. Montgomery	11	98. Wilson	3
27. Currituck		63. Moore	1	99. Yadkin	1
28. Dare		64. Nash	1	100. Yancey	2
29. Davidson	9	65. New Hanover	5		
30. Davie	2	66. Northampton		101. Georgia	20
31. Duplin		67. Onslow		102. South Carolina	4230
32. Durham	4	68. Orange		103. Tennessee	14
33. Edgecombe	1	69. Pamlico		104. Virginia	27
34. Forsyth	8	70. Pasquotank		105. Other States	257
35. Franklin		71. Pender	2	106. Other	3
36. Gaston	437	72. Perquimans	1	**Total No. of Patients**	16843

PMC.2013.00016031

PET-EX036B.0049

RECORD 005224

CMC-Mercy

Patient Origin - General Acute Care Inpatient Services

Facility County: Mecklenburg

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance	4	37. Gates		73. Person	
2. Alexander	9	38. Graham		74. Pitt	
3. Alleghany	2	39. Granville		75. Polk	1
4. Anson	102	40. Greene		76. Randolph	7
5. Ashe	8	41. Guilford	11	77. Richmond	14
6. Avery	8	42. Halifax		78. Robeson	7
7. Beaufort		43. Harnett	2	79. Rockingham	1
8. Bertie		44. Haywood	2	80. Rowan	47
9. Bladen	1	45. Henderson	10	81. Rutherford	27
10. Brunswick	3	46. Hertford		82. Sampson	2
11. Buncombe	6	47. Hoke		83. Scotland	11
12. Burke	24	48. Hyde		84. Stanly	95
13. Cabarrus	245	49. Iredell	103	85. Stokes	1
14. Caldwell	23	50. Jackson	2	86. Surry	6
15. Camden		51. Johnston		87. Swain	1
16. Carteret		52. Jones		88. Transylvania	3
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	64	54. Lenoir		90. Union	675
19. Chatham	1	55. Lincoln	100	91. Vance	1
20. Cherokee		56. Macon	2	92. Wake	4
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	110	59. McDowell	6	95. Watauga	18
24. Columbus	1	60. Mecklenburg	5241	96. Wayne	1
25. Craven	1	61. Mitchell	4	97. Wilkes	13
26. Cumberland	5	62. Montgomery	10	98. Wilson	1
27. Currituck		63. Moore	1	99. Yadkin	1
28. Dare		64. Nash	1	100. Yancey	2
29. Davidson	5	65. New Hanover	3		
30. Davie	2	66. Northampton		101. Georgia	9
31. Duplin		67. Onslow		102. South Carolina	1037
32. Durham	4	68. Orange		103. Tennessee	11
33. Edgecombe	1	69. Pamlico		104. Virginia	19
34. Forsyth	7	70. Pasquotank		105. Other States	108
35. Franklin		71. Pender		106. Other	1
36. Gaston	335	72. Perquimans	1	**Total No. of Patients**	8594

PMC.2013.00016032

PET-EX036B.0050

RECORD 005225

Patient Origin - General Acute Care Inpatient Services

Facility County: Mecklenburg

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance	1	37. Gates		73. Person	2
2. Alexander		38. Graham		74. Pitt	
3. Alleghany	1	39. Granville		75. Polk	1
4. Anson	7	40. Greene		76. Randolph	
5. Ashe		41. Guilford	4	77. Richmond	5
6. Avery		42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	6
9. Bladen		45. Henderson	2	81. Rutherford	2
10. Brunswick	4	46. Hertford		82. Sampson	
11. Buncombe	2	47. Hoke		83. Scotland	2
12. Burke	2	48. Hyde		84. Stanly	6
13. Cabarrus	35	49. Iredell	8	85. Stokes	
14. Caldwell	1	50. Jackson	1	86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret	1	52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	4	54. Lenoir	1	90. Union	581
19. Chatham		55. Lincoln	11	91. Vance	1
20. Cherokee		56. Macon		92. Wake	5
21. Chowan	1	57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	21	59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	4048	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	1
26. Cumberland	1	62. Montgomery	1	98. Wilson	2
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	4	65. New Hanover	2		
30. Davie		66. Northampton		101. Georgia	11
31. Duplin		67. Onslow		102. South Carolina	3193
32. Durham		68. Orange		103. Tennessee	3
33. Edgecombe		69. Pamlico		104. Virginia	8
34. Forsyth	1	70. Pasquotank		105. Other States	149
35. Franklin		71. Pender	2	106. Other	2
36. Gaston	102	72. Perquimans		**Total No. of Patients**	8249

PMC.2013.00016033

PET-EX036B.0051

RECORD 005226

Patient Origin – Inpatient Surgical Cases

Facility County: Mecklenburg

In an effort to document patterns of Inpatient utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each inpatient surgical patient served in your facility. Count each inpatient surgical patient once regardless of the number of surgical procedures performed while the patient was having surgery. However, each admission as an inpatient surgical case should be reported separately.

The Total from this chart should match the Total Inpatient Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	4	37. Gates		73. Person	
2. Alexander	8	38. Graham		74. Pitt	
3. Alleghany	1	39. Granville		75. Polk	1
4. Anson	48	40. Greene		76. Randolph	5
5. Ashe	5	41. Guilford	9	77. Richmond	14
6. Avery	6	42. Halifax		78. Robeson	4
7. Beaufort		43. Harnett		79. Rockingham	1
8. Bertie		44. Haywood	2	80. Rowan	46
9. Bladen		45. Henderson	9	81. Rutherford	26
10. Brunswick	3	46. Hertford		82. Sampson	2
11. Buncombe	5	47. Hoke		83. Scotland	10
12. Burke	18	48. Hyde		84. Stanly	72
13. Cabarrus	209	49. Iredell	86	85. Stokes	1
14. Caldwell	18	50. Jackson	2	86. Surry	4
15. Camden		51. Johnston		87. Swain	1
16. Carteret	1	52. Jones		88. Transylvania	2
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	54	54. Lenoir		90. Union	563
19. Chatham	1	55. Lincoln	83	91. Vance	
20. Cherokee		56. Macon	2	92. Wake	4
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	94	59. McDowell	5	95. Watauga	15
24. Columbus	1	60. Mecklenburg	3174	96. Wayne	1
25. Craven		61. Mitchell	4	97. Wilkes	11
26. Cumberland	2	62. Montgomery	9	98. Wilson	2
27. Currituck		63. Moore	1	99. Yadkin	1
28. Dare		64. Nash	1	100. Yancey	2
29. Davidson	6	65. New Hanover	5		
30. Davie	2	66. Northampton		101. Georgia	6
31. Duplin		67. Onslow		102. South Carolina	1380
32. Durham	2	68. Orange		103. Tennessee	10
33. Edgecombe		69. Pamlico		104. Virginia	17
34. Forsyth	7	70. Pasquotank		105. Other States	83
35. Franklin		71. Pender		106. Other	1
36. Gaston	258	72. Perquimans	1	**Total No. of Patients**	6431

Patient Origin – Inpatient Surgical Cases

Facility County: Mecklenburg

In an effort to document patterns of Inpatient utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each inpatient surgical patient served in your facility. Count each inpatient surgical patient once regardless of the number of surgical procedures performed while the patient was having surgery. However, each admission as an inpatient surgical case should be reported separately.

The Total from this chart should match the Total Inpatient Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	4	37. Gates		73. Person	
2. Alexander	8	38. Graham		74. Pitt	
3. Alleghany	1	39. Granville		75. Polk	1
4. Anson	42	40. Greene		76. Randolph	5
5. Ashe	5	41. Guilford	8	77. Richmond	10
6. Avery	6a	42. Halifax		78. Robeson	4
7. Beaufort		43. Harnett		79. Rockingham	1
8. Bertie		44. Haywood	2	80. Rowan	43
9. Bladen		45. Henderson	9	81. Rutherford	25
10. Brunswick	2	46. Hertford		82. Sampson	2
11. Buncombe	5	47. Hoke		83. Scotland	8
12. Burke	17	48. Hyde		84. Stanly	70
13. Cabarrus	198	49. Iredell	84	85. Stokes	1
14. Caldwell	18	50. Jackson	2	86. Surry	4
15. Camden		51. Johnston		87. Swain	1
16. Carteret		52. Jones		88. Transylvania	2
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	53	54. Lenoir		90. Union	364
19. Chatham	1	55. Lincoln	77	91. Vance	
20. Cherokee		56. Macon	2	92. Wake	2
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	84	59. McDowell	5	95. Watauga	15
24. Columbus	1	60. Mecklenburg	2103	96. Wayne	1
25. Craven		61. Mitchell	4	97. Wilkes	11
26. Cumberland	2	62. Montgomery	8	98. Wilson	
27. Currituck		63. Moore	1	99. Yadkin	1
28. Dare		64. Nash	1	100. Yancey	2
29. Davidson	5	65. New Hanover	3		
30. Davie	2	66. Northampton		101. Georgia	6
31. Duplin		67. Onslow		102. South Carolina	527
32. Durham	2	68. Orange		103. Tennessee	10
33. Edgecombe		69. Pamlico		104. Virginia	15
34. Forsyth	7	70. Pasquotank		105. Other States	55
35. Franklin		71. Pender		106. Other	1
36. Gaston	221	72. Perquimans	1	**Total No. of Patients**	4181

PMC.2013.00016035

PET-EX036B.0053

RECORD 005228

Patient Origin – Inpatient Surgical Cases

Facility County: Mecklenburg

In an effort to document patterns of Inpatient utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each inpatient surgical patient served in your facility. Count each inpatient surgical patient once regardless of the number of surgical procedures performed while the patient was having surgery. However, each admission as an inpatient surgical case should be reported separately.

The Total from this chart should match the Total Inpatient Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	6	40. Greene		76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	4
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	3
9. Bladen		45. Henderson		81. Rutherford	1
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	2
12. Burke	1	48. Hyde		84. Stanly	2
13. Cabarrus	11	49. Iredell	2	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret	1	52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	1	54. Lenoir		90. Union	199
19. Chatham		55. Lincoln	6	91. Vance	
20. Cherokee		56. Macon		92. Wake	2
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	10	59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	1071	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery	1	98. Wilson	2
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	1	65. New Hanover	2		
30. Davie		66. Northampton		101. Georgia	Ø
31. Duplin		67. Onslow		102. South Carolina	853
32. Durham		68. Orange		103. Tennessee	Ø
33. Edgecombe		69. Pamlico		104. Virginia	2
34. Forsyth		70. Pasquotank		105. Other States	28
35. Franklin		71. Pender		106. Other	Ø
36. Gaston	37	72. Perquimans		**Total No. of Patients**	2250

PMC.2013.00016036

PET-EX036B.0054

RECORD 005229

Patient Origin – Ambulatory Surgical Cases

Facility County: Mecklenburg

In an effort to document patterns of Ambulatory utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each ambulatory surgery patient served in your facility. Count each ambulatory patient once regardless of the number of procedures performed while the patient was having surgery. However, each admission as an ambulatory surgery case should be reported separately.

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	5	37. Gates		73. Person	
2. Alexander	10	38. Graham		74. Pitt	1
3. Alleghany		39. Granville		75. Polk	4
4. Anson	62	40. Greene		76. Randolph	6
5. Ashe	7	41. Guilford	9	77. Richmond	16
6. Avery	4	42. Halifax		78. Robeson	7
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	6	80. Rowan	66
9. Bladen		45. Henderson	16	81. Rutherford	33
10. Brunswick	5	46. Hertford		82. Sampson	
11. Buncombe	11	47. Hoke	2	83. Scotland	8
12. Burke	14	48. Hyde		84. Stanly	8
13. Cabarrus	225	49. Iredell	117	85. Stokes	
14. Caldwell	29	50. Jackson	5	86. Surry	5
15. Camden		51. Johnston		87. Swain	2
16. Carteret		52. Jones		88. Transylvania	3
17. Caswell	1	53. Lee		89. Tyrrell	
18. Catawba	75	54. Lenoir		90. Union	1043
19. Chatham		55. Lincoln	120	91. Vance	1
20. Cherokee	1	56. Macon	3	92. Wake	6
21. Chowan		57. Madison	2	93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	135	59. McDowell	7	95. Watauga	13
24. Columbus		60. Mecklenburg	5027	96. Wayne	
25. Craven	1	61. Mitchell	3	97. Wilkes	16
26. Cumberland	5	62. Montgomery	18	98. Wilson	
27. Currituck		63. Moore	8	99. Yadkin	2
28. Dare		64. Nash		100. Yancey	
29. Davidson	3	65. New Hanover	3		
30. Davie	1	66. Northampton		101. Georgia	23
31. Duplin		67. Onslow	3	102. South Carolina	2703
32. Durham	1	68. Orange	2	103. Tennessee	13
33. Edgecombe		69. Pamlico		104. Virginia	23
34. Forsyth	7	70. Pasquotank		105. Other States	97
35. Franklin		71. Pender		106. Other	0
36. Gaston	469	72. Perquimans		**Total No. of Patients**	10,594

PMC.2013.00016037

PET-EX036B.0055

RECORD 005230

CMC - Mercy

Patient Origin – Ambulatory Surgical Cases

Facility County: Mecklenburg

In an effort to document patterns of Ambulatory utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each ambulatory surgery patient served in your facility. Count each ambulatory patient once regardless of the number of procedures performed while the patient was having surgery. However, each admission as an ambulatory surgery case should be reported separately.

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	4	37. Gates		73. Person	
2. Alexander	5	38. Graham		74. Pitt	1
3. Alleghany		39. Granville		75. Polk	3
4. Anson	41	40. Greene		76. Randolph	5
5. Ashe	7	41. Guilford	7	77. Richmond	14
6. Avery	3	42. Halifax		78. Robeson	5
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	5	80. Rowan	63
9. Bladen		45. Henderson	11	81. Rutherford	28
10. Brunswick	2	46. Hertford		82. Sampson	
11. Buncombe	5	47. Hoke		83. Scotland	7
12. Burke	9	48. Hyde		84. Stanly	71
13. Cabarrus	200	49. Iredell	97	85. Stokes	
14. Caldwell	22	50. Jackson	3	86. Surry	4
15. Camden		51. Johnston		87. Swain	1
16. Carteret		52. Jones		88. Transylvania	2
17. Caswell	1	53. Lee		89. Tyrrell	
18. Catawba	57	54. Lenoir		90. Union	530
19. Chatham		55. Lincoln	94	91. Vance	1
20. Cherokee	1	56. Macon	2	92. Wake	2
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	91	59. McDowell	2	95. Watauga	12
24. Columbus		60. Mecklenburg	2709	96. Wayne	
25. Craven	1	61. Mitchell	3	97. Wilkes	16
26. Cumberland	4	62. Montgomery	15	98. Wilson	
27. Currituck		63. Moore	8	99. Yadkin	2
28. Dare		64. Nash		100. Yancey	
29. Davidson	3	65. New Hanover	2		
30. Davie	1	66. Northampton		101. Georgia	19
31. Duplin		67. Onslow	3	102. South Carolina	636
32. Durham	1	68. Orange	2	103. Tennessee	12
33. Edgecombe		69. Pamlico		104. Virginia	20
34. Forsyth	6	70. Pasquotank		105. Other States	69
35. Franklin		71. Pender		106. Other	8
36. Gaston	329	72. Perquimans		**Total No. of Patients**	5279

PMC.2013.00016038

PET-EX036B.0056

RECORD 005231

Patient Origin – Ambulatory Surgical Cases

Facility County: Mecklenburg

In an effort to document patterns of Ambulatory utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each ambulatory surgery patient served in your facility. Count each ambulatory patient once regardless of the number of procedures performed while the patient was having surgery. However, each admission as an ambulatory surgery case should be reported separately.

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	
2. Alexander	5	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	1
4. Anson	21	40. Greene		76. Randolph	1
5. Ashe		41. Guilford	2	77. Richmond	2
6. Avery	1	42. Halifax		78. Robeson	2
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	1	80. Rowan	3
9. Bladen		45. Henderson	5	81. Rutherford	5
10. Brunswick	3	46. Hertford		82. Sampson	
11. Buncombe	6	47. Hoke	2	83. Scotland	1
12. Burke	5	48. Hyde		84. Stanly	10
13. Cabarrus	25	49. Iredell	20	85. Stokes	
14. Caldwell	7	50. Jackson	2	86. Surry	1
15. Camden		51. Johnston		87. Swain	1
16. Carteret		52. Jones		88. Transylvania	1
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	18	54. Lenoir		90. Union	513
19. Chatham		55. Lincoln	26	91. Vance	
20. Cherokee		56. Macon	1	92. Wake	4
21. Chowan		57. Madison	2	93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	44	59. McDowell	5	95. Watauga	1
24. Columbus		60. Mecklenburg	2318	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	1	62. Montgomery	3	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover	1		
30. Davie		66. Northampton		101. Georgia	4
31. Duplin		67. Onslow		102. South Carolina	2067
32. Durham		68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	3
34. Forsyth	1	70. Pasquotank		105. Other States	28
35. Franklin		71. Pender		106. Other	0
36. Gaston	140	72. Perquimans		**Total No. of Patients**	5315

PMC.2013.00016039

PET-EX036B.0057

RECORD 005232

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: Mecklenburg

In an effort to document patterns of utilization of Gastrointestinal Endoscopy Services in North Carolina hospitals, please provide the county of residence for each GI Endoscopy patient served in your facility. Count each patient once regardless of the number of procedures performed while the patient was receiving GI Endoscopy Services. However, each admission for GI Endoscopy services should be reported separately.

The Total from this chart should match the Total GI Endoscopy cases reported on the "Gastrointestinal Endoscopy Rooms, Cases and Procedures" Table on page 8 plus the total Inpatient and Ambulatory GI Endoscopy cases from the "Non-Surgical Cases by Category" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	1
4. Anson	17	40. Greene		76. Randolph	
5. Ashe	1	41. Guilford	2	77. Richmond	3
6. Avery		42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett	2	79. Rockingham	1
8. Bertie		44. Haywood		80. Rowan	9
9. Bladen		45. Henderson	3	81. Rutherford	3
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe	2	47. Hoke		83. Scotland	1
12. Burke	15	48. Hyde		84. Stanly	14
13. Cabarrus	46	49. Iredell	14	85. Stokes	
14. Caldwell	3	50. Jackson	1	86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	7	54. Lenoir		90. Union	227
19. Chatham		55. Lincoln	22	91. Vance	
20. Cherokee		56. Macon		92. Wake	2
21. Chowan	1	57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	22	59. McDowell		95. Watauga	1
24. Columbus		60. Mecklenburg	2073	96. Wayne	1
25. Craven		61. Mitchell		97. Wilkes	4
26. Cumberland	1	62. Montgomery	4	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	2	65. New Hanover			
30. Davie		66. Northampton		101. Georgia	2
31. Duplin		67. Onslow		102. South Carolina	750
32. Durham		68. Orange		103. Tennessee	0
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth	3	70. Pasquotank		105. Other States	24
35. Franklin		71. Pender		106. Other	0
36. Gaston	120	72. Perquimans		**Total No. of Patients**	3407

PMC.2013.00016040

PET-EX036B.0058

RECORD 005233

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: Mecklenburg

In an effort to document patterns of utilization of Gastrointestinal Endoscopy Services in North Carolina hospitals, please provide the county of residence for each GI Endoscopy patient served in your facility. Count each patient once regardless of the number of procedures performed while the patient was receiving GI Endoscopy Services. However, each admission for GI Endoscopy services should be reported separately.

The Total from this chart should match the Total GI Endoscopy cases reported on the "Gastrointestinal Endoscopy Rooms, Cases and Procedures" Table on page 8 plus the total Inpatient and Ambulatory GI Endoscopy cases from the "Non-Surgical Cases by Category" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	1
4. Anson	13	40. Greene		76. Randolph	
5. Ashe	1	41. Guilford	1	77. Richmond	3
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett	2	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	7
9. Bladen		45. Henderson	2	81. Rutherford	3
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe	1	47. Hoke		83. Scotland	1
12. Burke	4	48. Hyde		84. Stanly	10
13. Cabarrus	45	49. Iredell	13	85. Stokes	
14. Caldwell	3	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	6	54. Lenoir		90. Union	94
19. Chatham		55. Lincoln	19	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	22	59. McDowell		95. Watauga	1
24. Columbus		60. Mecklenburg	1041	96. Wayne	1
25. Craven		61. Mitchell		97. Wilkes	3
26. Cumberland	1	62. Montgomery	1	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	2	65. New Hanover			
30. Davie		66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	145
32. Durham		68. Orange		103. Tennessee	Ø
33. Edgecombe		69. Pamlico		104. Virginia	Ø
34. Forsyth	2	70. Pasquotank		105. Other States	7
35. Franklin		71. Pender		106. Other	Ø
36. Gaston	85	72. Perquimans		**Total No. of Patients**	1542

PMC.2013.00016041

PET-EX036B.0059

RECORD 005234

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: Mecklenburg

In an effort to document patterns of utilization of Gastrointestinal Endoscopy Services in North Carolina hospitals, please provide the county of residence for each GI Endoscopy patient served in your facility. Count each patient once regardless of the number of procedures performed while the patient was receiving GI Endoscopy Services. However, each admission for GI Endoscopy services should be reported separately.

The Total from this chart should match the Total GI Endoscopy cases reported on the "Gastrointestinal Endoscopy Rooms, Cases and Procedures" Table on page 8 plus the total Inpatient and Ambulatory GI Endoscopy cases from the "Non-Surgical Cases by Category" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	4	40. Greene		76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	
6. Avery		42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett		79. Rockingham	1
8. Bertie		44. Haywood		80. Rowan	2
9. Bladen		45. Henderson	1	81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	1	47. Hoke		83. Scotland	
12. Burke	11	48. Hyde		84. Stanly	4
13. Cabarrus	1	49. Iredell	1	85. Stokes	
14. Caldwell		50. Jackson	1	86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	1	54. Lenoir		90. Union	133
19. Chatham		55. Lincoln	3	91. Vance	
20. Cherokee		56. Macon		92. Wake	2
21. Chowan	1	57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	1032	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	1
26. Cumberland		62. Montgomery	3	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	605
32. Durham		68. Orange		103. Tennessee	0
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth	1	70. Pasquotank		105. Other States	17
35. Franklin		71. Pender		106. Other	0
36. Gaston	35	72. Perquimans		**Total No. of Patients**	1865

All responses should pertain to **October 1, 2010 through September 30, 2011.**

CMC-Mercy

Patient Origin - Psychiatric and Substance Abuse Alamance through Johnston

Facility County: Mecklenburg

Complete the following table below for inpatient Days of Care reported under Section .5200.

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Alamance							0	5	5
Alexander									
Alleghany							0	6	6
Anson									
Ashe									
Avery									
Beaufort									
Bertie									
Bladen									
Brunswick									
Buncombe							0	5	5
Burke							0	5	5
Cabarrus							0	190	190
Caldwell									
Camden									
Carteret									
Caswell									
Catawba							0	21	21
Chatham									
Cherokee									
Chowan									
Clay									
Cleveland							0	22	22
Columbus							0	6	6
Craven									
Cumberland							0	3	3
Currituck									
Dare									
Davidson							0	10	10
Davie									
Duplin									
Durham							0	9	9
Edgecombe									
Forsyth									
Franklin									
Gaston							0	215	215
Gates									
Graham									
Granville									
Greene									
Guilford							0	5	5
Halifax									
Harnett									
Haywood							0	5	5
Henderson									
Hertford									
Hoke									
Hyde									
Iredell							0	45	45
Jackson									
Johnston									

** Note: See counties: Jones through Yancey (including Out-of-State) on next page.

PMC.2013.00016043

PET-EX036B.0061

RECORD 005236

2012 Renewal Application for Hospital:
Carolinas Medical Center Mercy/Pineville

License No: **H0042**
Facility ID: **923352**

All responses should pertain to **October 1, 2010 through September 30, 2011.**

CMC - Mercy

Patient Origin - Psychiatric and Substance Abuse Jones through Yancey (including Out-of-State)

Facility County: Mecklenburg

(Continued from previous page)

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Jones									
Lee									
Lenoir									
Lincoln							0	39	39
Macon							0	5	5
Madison									
Martin									
McDowell							0	5	5
Mecklenburg							0	2175	2175
Mitchell									
Montgomery							0	3	3
Moore							0	5	5
Nash									
New Hanover									
Northampton									
Onslow									
Orange									
Pamlico									
Pasquotank									
Pender									
Perquimans									
Person									
Pitt									
Polk									
Randolph							0	4	4
Richmond									
Robeson									
Rockingham							0	5	5
Rowan							0	69	69
Rutherford							0	4	4
Sampson									
Scotland							0	5	5
Stanly							0	23	23
Stokes									
Surry									
Swain									
Transylvania									
Tyrrell									
Union							0	229	229
Vance									
Wake							0	4	4
Warren									
Washington									
Watauga							0	6	6
Wayne									
Wilkes							0	10	10
Wilson									
Yadkin									
Yancey									
Out of State							0	216	216
TOTALS									3359

** Note: See counties: Alamance through Johnston on previous page.

PMC.2013.00016044

PET-EX036B.0062

RECORD 005237

All responses should pertain to **October 1, 2010 through September 30, 2011.** Consolidated

Patient Origin - MRI Services

Facility County: Mecklenburg

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. **The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table 10a. on page 11.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville	1	75. Polk	
4. Anson	11	40. Greene		76. Randolph	1
5. Ashe	4	41. Guilford	6	77. Richmond	5
6. Avery	1	42. Halifax		78. Robeson	2
7. Beaufort		43. Harnett	1	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	15
9. Bladen		45. Henderson		81. Rutherford	11
10. Brunswick	2	46. Hertford		82. Sampson	
11. Buncombe	2	47. Hoke		83. Scotland	5
12. Burke	5	48. Hyde		84. Stanly	27
13. Cabarrus	78	49. Iredell	39	85. Stokes	1
14. Caldwell	3	50. Jackson	3	86. Surry	1
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones	1	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	31	54. Lenoir	1	90. Union	598
19. Chatham		55. Lincoln	30	91. Vance	
20. Cherokee	1	56. Macon	1	92. Wake	3
21. Chowan	1	57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	38	59. McDowell	2	95. Watauga	5
24. Columbus		60. Mecklenburg	4588	96. Wayne	
25. Craven		61. Mitchell	1	97. Wilkes	3
26. Cumberland		62. Montgomery	5	98. Wilson	
27. Currituck		63. Moore	2	99. Yadkin	2
28. Dare		64. Nash	1	100. Yancey	
29. Davidson	2	65. New Hanover	2		
30. Davie	1	66. Northampton		101. Georgia	1
31. Duplin	1	67. Onslow		102. South Carolina	1812
32. Durham	2	68. Orange	1	103. Tennessee	5
33. Edgecombe		69. Pamlico		104. Virginia	10
34. Forsyth	8	70. Pasquotank		105. Other States	71
35. Franklin		71. Pender		106. Other	0
36. Gaston	205	72. Perquimans		**Total No. of Patients**	7659

Are mobile MRI services currently provided at your hospital? yes _____ no X

PMC.2013.00016045

PET-EX036B.0063

RECORD 005238

2012 Renewal Application for Hospital:
Carolinas Medical Center Mercy/Pineville

License No: H0042
Facility ID: 923352

All responses should pertain to October 1, 2010 through September 30, 2011.

CMC-Mercy

Patient Origin - MRI Services

Facility County: Mecklenburg

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. **The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table 10a. on page 11.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville	1	75. Polk	
4. Anson	9	40. Greene		76. Randolph	1
5. Ashe	4	41. Guilford	4	77. Richmond	2
6. Avery	1	42. Halifax		78. Robeson	2
7. Beaufort		43. Harnett	1	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	12
9. Bladen		45. Henderson		81. Rutherford	9
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe	1	47. Hoke		83. Scotland	4
12. Burke	5	48. Hyde		84. Stanly	21
13. Cabarrus	69	49. Iredell	32	85. Stokes	1
14. Caldwell	3	50. Jackson	2	86. Surry	1
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones	1	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	24	54. Lenoir	1	90. Union	169
19. Chatham		55. Lincoln	26	91. Vance	
20. Cherokee	1	56. Macon	1	92. Wake	2
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	35	59. McDowell	2	95. Watauga	3
24. Columbus		60. Mecklenburg	2206	96. Wayne	
25. Craven		61. Mitchell	1	97. Wilkes	3
26. Cumberland		62. Montgomery	5	98. Wilson	
27. Currituck		63. Moore	2	99. Yadkin	2
28. Dare		64. Nash	1	100. Yancey	
29. Davidson	2	65. New Hanover	2		
30. Davie		66. Northampton		101. Georgia	Ø
31. Duplin	1	67. Onslow		102. South Carolina	227
32. Durham	2	68. Orange	1	103. Tennessee	3
33. Edgecombe		69. Pamlico		104. Virginia	7
34. Forsyth	4	70. Pasquotank		105. Other States	20
35. Franklin		71. Pender		106. Other	Ø
36. Gaston	147	72. Perquimans		**Total No. of Patients**	3087

Are mobile MRI services currently provided at your hospital? yes _____ no X

PMC.2013.00016046

PET-EX036B.0064

RECORD 005239

2012 Renewal Application for Hospital:
Carolinas Medical Center Mercy/Pineville

License No: **H0042**
Facility ID: **923352**

All responses should pertain to **October 1, 2010 through September 30, 2011.**

CMC-Pineville

Patient Origin - MRI Services

Facility County: Mecklenburg

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. **The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table 10a. on page 11.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	2	40. Greene		76. Randolph	
5. Ashe		41. Guilford	2	77. Richmond	3
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	3
9. Bladen		45. Henderson		81. Rutherford	2
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe	1	47. Hoke		83. Scotland	1
12. Burke		48. Hyde		84. Stanly	6
13. Cabarrus	9	49. Iredell	7	85. Stokes	
14. Caldwell		50. Jackson	1	86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	7	54. Lenoir		90. Union	429
19. Chatham		55. Lincoln	4	91. Vance	
20. Cherokee		56. Macon		92. Wake	1
21. Chowan	1	57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	3	59. McDowell		95. Watauga	2
24. Columbus		60. Mecklenburg	2382	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie	1	66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	1585
32. Durham		68. Orange		103. Tennessee	2
33. Edgecombe		69. Pamlico		104. Virginia	3
34. Forsyth	4	70. Pasquotank		105. Other States	51
35. Franklin		71. Pender		106. Other	0
36. Gaston	58	72. Perquimans		**Total No. of Patients**	4572

Are mobile MRI services currently provided at your hospital? yes _____ no X

All responses should pertain to October 1, 2010 through September 30, 2011.

n/a

Patient Origin – Linear Accelerator Treatment

Facility County: Mecklenburg

In an effort to document patterns of utilization of linear accelerators in North Carolina, hospitals are asked to provide the county of residence for patients served on linear accelerators in your facility. Report the number of patients who receive radiation oncology treatment on equipment (linear accelerators, CyberKnife®, but not Gamma Knife®) listed in Section 11 of this application. Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. **The number of patients reported here should match the number of patients reported in Section 11.a. of this application.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		**Total No. of Patients**	

PMC.2013.00016048

PET-EX036B.0066

RECORD 005241

n/a

Patient Origin – PET Scanner

Facility County: Mecklenburg

In an effort to document patterns of utilization of PET Scanners in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. **Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in Table 10d on page 14.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		**Total No. of Patients**	

PMC.2013.00016049

PET-EX036B.0067

RECORD 005242

All responses should pertain to October 1, 2010 through September 30, 2011.

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2012 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2012 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature: Douglas Chan Roush **Date:** 11-29-11

PRINT NAME OF APPROVING OFFICIAL Douglas Chan Roush, President

Please be advised, the license fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, prior to the issuance of a hospital license.

PMC.2013.00016050

PET-EX036B.0068

RECORD 005243

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
1205 Umstead Drive, 2712 Mail Service Center
Raleigh, North Carolina 27699-2712
Telephone: (919) 855-4620 Fax: (919) 715-3073

For Official Use Only
License # H0050 Medicare # **340130**
Computer: 923515
PC 15 Date 12/30/10

License Fee: **$4,522.50**

2011
HOSPITAL LICENSE
RENEWAL APPLICATION

Legal Identity of Applicant: **Union Memorial Regional Medical Center, Inc.**
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Doing Business As
(d/b/a) name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: **Carolinas Medical Center-Union**
Other: _____
Other: _____

Facility Mailing Address: P O Box 5003
Monroe, NC 28111

Facility Site Address: 600 Hospital Dr
Monroe, NC 28112
County: Union
Telephone: (704)283-3100
Fax: (704)296-4175

PAID
CK. NO. 285955
DATE 12/28/2010
$4,522.50 DGG

Administrator/Director: MICHAEL LUTES
Title: PRESIDENT
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: MICHAEL LUTES **Title:** PRESIDENT
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Name of the person to contact for any questions regarding this form:

Name: JOHN G. MOORE **Telephone:** 704/283-3464

E-Mail: JOHNG.MOORE@CAROLINASHEALTHCARE.ORG

"The N C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services."

Petitioner's Trial Exhibit 037A

All responses should pertain to October 1, 2009 through September 30, 2010.

Type of Health Care Facilities under the Hospital License (please include offsite emergency departments)

List Name(s) of facilities:	Address:	Type of Business / Service:
CAROLINAS MEDICAL CENTER-UNION	600 HOSPITAL DRIVE MONROE NC 28112	ACUTE CARE
JESSE HELMS NURSING CENTER		LONG-TERM CARE
FRANKLIN STREET AMBULATORY CLINIC		PHYSICIAN CLINIC

Please attach a separate sheet for additional listings

Ownership Disclosure (Please fill in any blanks and make changes where necessary.)

1. What is the name of the legal entity with ownership responsibility and liability?
   Owner: Union Memorial Regional Medical Center, Inc.
   Federal Employer ID#
   Street/Box: P O Box 5003
   City: Monroe State: NC Zip: 28111
   Telephone: (704)283-3100 Fax: (704)296-4175
   CEO: ~~John Sullivan, Interim President & CEO~~ MICHAEL LUTES, PRESIDENT

   Is your facility part of a Health System? [i.e., are there other hospitals, offsite emergency departments, ambulatory surgical facilities, nursing homes, home health agencies, etc. owned by your hospital, a parent company or a related entity?] XXX Yes _____ No _____

   If 'Yes', name of Health System*: CAROLINAS HEALTHCARE SYSTEM
   * (*please attach a list of NC facilities that are part of your Health System*)
   If 'Yes', name of CEO: MICHAEL TARWATER

   a. Legal entity is: ___ For Profit X Not For Profit

   b. Legal entity is: ___ Corporation ___ LLP ___ Partnership
      ___ Proprietorship ___ LLC X Government Unit

   c. Does the above entity (partnership, corporation, etc.) **LEASE** the building from which services are offered? X Yes ___ No

   If "**YES**", name of building owner:
   Union County

2. Is the business operated under a management contract? X Yes ___No

   If 'Yes', name and address of the management company.
   Name: Charlotte-Mecklenburg Hospital Authority
   Street/Box: P O Box 32861
   City: Charlotte State: NC Zip: 27232-2861
   Telephone: (704)355-2000

Ownership Disclosure *continued. . .*

3. Vice President of Nursing and Patient Care Services:
   DENISE WHITE

4. Director of Planning: _____

Facility Data

A. Reporting Period All responses should pertain to the period **October 1, 2009 to September 30, 2010.**

B. General Information (Please fill in any blanks and make changes where necessary.)

a. Admissions to Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	8,625	
b. Discharges from Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	8,614	
c. Average Daily Census: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	97.26	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No X
If 'Yes', what is the current number of licensed beds?		
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:		
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	3,198	

C. Designation and Accreditation

1. Are you a designated trauma center? ____ Yes (____ Designated Level #) __X__ No
2. Are you a critical access hospital (CAH)? ____ Yes __X__ No
3. Are you a long term care hospital (LTCH)? ____ Yes __X__ No
4. Is this facility TJC accredited? __X__ Yes ____ No Expiration Date: 2/1/2011
5. Is this facility DNV accredited? ____ Yes __X__ No Expiration Date: _____
6. Is this facility AOA accredited? ____ Yes __X__ No Expiration Date: _____
7. Are you a Medicare deemed provider? __X__ Yes ____ No

PMC.2013.00015845

PET-EX037A.0003

RECORD 005246

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)

[Please provide a Beds by Service (p. 4) for each hospital campus (see G.S. 131E-176(2c))]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below) *Campus* _____	**Licensed Beds as of September 30, 2010**	**Staffed Beds as of September 30, 2010**	**Annual Census Inpt. Days of Care**
Intensive Care Units			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	14	14	3,730
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology			
j. Medical/Surgical ***	103	90	*** 26,351
k. Neonatal Level III ** (Not Normal Newborn)	4	4	** 852
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)	22	21	3,722
n. Oncology			
o. Orthopedics			
p. Pediatric	14	13	845
q. Other (List)			
1. Total General Acute Care Beds/Days (a through q)	**157**	142	35,500
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	0		
7. Nursing Facility	70	70	24,515
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	**227**	212	60,015

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.
** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)
*** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

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RECORD 005247

D. Beds by Service (Inpatient) *continued*

Number of Swing Beds *	N/A
Number of Skilled Nursing days in Swing Beds	N/A
Number of unlicensed observation beds	N/A

* means a hospital designated **as a swing-bed hospital** by CMS (Centers for Medicare and Medicaid Services)

E. Reimbursement Source (For "Inpatient Days," show Acute Inpatient Days only, excluding normal newborns.)

Primary Payer Source	Inpatient Days of Care (from p. 4, item D. 1.)	Emergency Visits (from p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (from p.8, Table 8. b)	Ambulatory Surgical Cases (from p. 8, Table 8. b)
Self Pay/Indigent/Charity	2,602	12,456	2,447	138	178
Medicare & Medicare Managed Care	18,750	9,482	32,165	734	1,970
Medicaid	7,320	14,021	9,324	413	708
Commercial Insurance	250	349	429	16	27
Managed Care	6,226	10,206	19,729	538	2,217
Other (Specify)	352	1,836	1,212	44	209
TOTAL	35,500	48,350	65,306	1,883	5,309

F. Services and Facilities

1. Obstetrics	Enter Number of Infants
a. Live births (Vaginal Deliveries)	926
b. Live births (Cesarean Section)	328
c. Stillbirths	10

d. Delivery Rooms - Delivery Only (not Cesarean Section)	
e. Delivery Rooms - Labor and Delivery, Recovery	6
f. Delivery Rooms – LDRP (include Item "**m**" on Page 4)	
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	18

2. Abortion Services Number of procedures per Year N/A

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PET-EX037A.0005

RECORD 005248

3. **Emergency Department Services** (cases equal visits to ED)

a. Total Number of ED Exam Rooms: 34

a.1. #Trauma Rooms 2 a.2. #Fast Track Rooms 5

b. Total Number of ED visits for reporting period: 48,350

c. Total Number of admits from the ED for reporting period: 5,557

d. Total Number of Urgent Care visits for reporting period: -0-

e. Does your ED provide services 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours of operation:

f. Is a physician on duty in your ED 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours physician is on duty:

4. **Medical Air Transport**: Owned or leased air ambulance service:

a. Does the facility operate an air ambulance service? __ Yes X No
b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary				
Fixed Wing				

5. **Pathology and Medical Lab** (Check whether or not service is provided)

a. Blood Bank/Transfusion Services X Yes __ No
b. Histopathology Laboratory X Yes __ No
c. HIV Laboratory Testing X Yes __ No
Number during reporting period
HIV Serology 414
HIV Culture ___
d. Organ Bank __ Yes X No
e. Pap Smear Screening X Yes __ No

6. **Transplantation Services** - Number of transplants

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic	N/A	i. Kidney/Liver		k. Lung	
b. Bone Marrow-Autologous		j. Liver		l. Pancreas	
c. Cornea		f. Heart/Liver		m. Pancreas/Kidney	
d. Heart		g. Heart/Kidney		n. Pancreas/Liver	
e. Heart/Lung		h. Kidney		o. Other	

Do you perform living donor transplants ? ___ Yes X No.

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PET-EX037A.0006

RECORD 005249

7. **Specialized Cardiac Services** (for questions, call 855-3865 [Medical Facilities Planning])

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25	Interventional Cardiac Catheterization- ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96	Electro-physiology 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54
1. Number of Units of Fixed Equipment			1
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	-0-	-0-	-0-
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	489	29	87
4. Number of Procedures* Performed in Mobile Units	N/A	N/A	N/A

*A **procedure** is defined to be one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed within that visit.

Name of Mobile Vendor: N/A

Number of 8-hour days per week the mobile unit is onsite: _____ 8-hour days per week.
(Examples: Monday through Friday for 8 hours per day is 5 8-hour days per week. Monday, Wednesday, & Friday for 4 hours per day is 1.5 8-hour days per week)

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	N/A
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	N/A
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	N/A
4. Total Open Heart Surgery Procedures (2. + 3.)	N/A
Procedures on Patients Age 14 and younger	
5. **Of total in #2**, Number of Procedures on Patients Age 14 & younger	N/A
6. **Of total in #3**, Number of Procedures on Patients Age 14 & younger	NA/

PMC.2013.00015849

PET-EX037A.0007

RECORD 005250

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

NOTE: If this License includes more than one campus, please submit the Cumulative Totals **and** COPY and Submit a duplicate of pages 8 **and** 9 for each campus.

(**Campus – *If multiple sites*:** _____)

a) Surgical Operating Rooms

Report *Surgical Operating Rooms* built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	2
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	7
Total of Surgical Operating Rooms	9

Number of additional CON approved surgical operating rooms pending development: -0-

CON Project ID Number(s) _____

b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 2

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures **performed in these rooms** during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 2

Number of additional CON approved GI Endoscopy Rooms pending development: -0-

CON Project ID Number(s) _____

	Number of Cases	Number of Procedures*
GI Endoscopy	1,680	1,928
Non-GI Endoscopy	239	239
Totals	1,919	2,167

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

PMC.2013.00015850

PET-EX037A.0008

RECORD 005251

8. **Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures** *(continued)*

(**Campus** – ***If multiple sites:*** _____)

d) **Surgical Cases by Specialty Area Table**

Enter the number of **surgical** cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	-0-	-0-
Open Heart Surgery (from 7.(b) 4.)	-0-	
General Surgery	637	1,012
Neurosurgery	-0-	-0-
Obstetrics and GYN (excluding C-Sections)	110	476
Ophthalmology	2	1,566
Oral Surgery	2	29
Orthopedics	562	1,221
Otolaryngology	36	495
Plastic Surgery	-0-	1
Urology	110	249
Vascular	39	118
Other Surgeries (specify) PODIATRY	26	95
Other Surgeries (specify) DENTAL/PAIN	31	47
Number of C-Section's Performed in Dedicated C-Section ORs	328	
Number of C-Section's Performed in Other ORs	-0-	
Total Surgical Cases	1,883	5,309

e) **Non-Surgical Cases by Category Table**

Enter the number of **non-surgical** cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	4	219
Cystoscopy		
Non-GI Endoscopies *(not reported in 8. c)*	3	-0-
GI Endoscopies *(not reported in 8. c)*		
YAG Laser		
Other (specify) MINOR	15	150
Other (specify)		
Other (specify)		
Total Non-Surgical Cases	22	369

PMC.2013.00015851

PET-EX037A.0009

RECORD 005252

9. Average Operating Room Availability and Average Case Times:

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1872 hours per OR per year.

The Operating Room Methodology also assumes 3 hours for each Inpatient Surgery and 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
9	258	112.9	57.0

* Use only Hours per Day **routinely** scheduled when determining. Example: 2 rooms @ 8 hours per day plus 2 rooms @ 10 hours per day equals 36 hours per day; divided by 4 rooms equals an average of 9 hours / per room / per day.

** **"Case Time" = Time from Room Set-up Start to Room Clean-up Finish**. Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure*

PMC.2013.00015852

PET-EX037A.0010

RECORD 005253

10a. Magnetic Resonance Imaging (MRI)

Indicate the number of MRI scanners (units) and the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/ campuses, please copy the MRI pages and provide separate data for each site/campus.

	# Units	Inpatient Procedures*			Outpatient Procedures*			
Number of fixed MRI scanners-closed (*do not include any* Policy AC-3 scanners)	1							
# of fixed MRI scanners-open (*do not include any* Policy AC-3 scanners)	0	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	TOTAL Procedures
Number of Policy AC-3 MRI scanners used for general clinical purposes	0							
Total Fixed MRI Scanners	1	177	921	1,098	827	2,497	3,324	4,422
Procedures performed on mobile MRI scanners **only at this site**								
Name(s) of Mobile MRI Provider(s):								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next two rows should not be included in the MRI Patient Origin Table on page 25 of this application.								
Policy AC-3 scanners used for dedicated or non-clinical purposes								
Other Human Research MRI scanners								

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	
70540	MRI Orbit/Face/Neck w/o	1
70542	MRI Orbit/Face/Neck with contrast	
70543	MRI Orbit/Face/Neck w/o & with	9
70544	MRA Head w/o	514
70545	MRA Head with contrast	
70546	MRA Head w/o & with	
70547	MRA Neck w/o	8
70548	MRA Neck with contrast	7
70549	MRA Neck w/o & with	75
70551	MRI Brain w/o	945
70552	MRI Brain with contrast	13
	Subtotal for this page	1,572

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RECORD 005254

10b. MRI Procedures by CPT Codes *continued.....*

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	562
7055A	IAC Screening	
71550	MRI Chest w/o	4
71551	MRI Chest with contrast	
71552	MRI Chest w/o & with	1
71555	MRA Chest with OR without contrast	
72126	Cervical Spine Infusion only	
72141	MRI Cervical Spine w/o	333
72142	MRI Cervical Spine with contrast	
72156	MRI Cervical Spine w/o & with	67
72146	MRI Thoracic Spine w/o	92
72147	MRI Thoracic Spine with contrast	
72157	MRI Thoracic Spine w/o & with	36
72148	MRI Lumbar Spine w/o	578
72149	MRI Lumbar Spine with contrast	
72158	MRI Lumbar Spine w/o & with	94
72159	MRA Spinal Canal w/o OR with contrast	
72195	MRI Pelvis w/o	32
72196	MRI Pelvis with contrast	
72197	MRI Pelvis w/o & with	24
72198	MRA Pelvis w/o OR with Contrast	
73218	MRI Upper Ext, other than joint w/o	21
73219	MRI Upper Ext, other than joint with contrast	
73220	MRI Upper Ext, other than joint w/o & with	4
73221	MRI Upper Ext, any joint w/o	253
73222	MRI Upper Ext, any joint with contrast	31
73223	MRI Upper Ext, any joint w/o & with	6
73225	MRA Upper Ext, w/o OR with contrast	
73718	MRI Lower Ext other than joint w/o	124
73719	MRI Lower Ext other than joint with contrast	
73720	MRI Lower Ext other than joint w/o & with	13
73721	MRI Lower Ext any joint w/o	433
73722	MRI Lower Ext any joint with contrast	
73723	MRI Lower Ext any joint w/o & with	7
73725	MRA Lower Ext w/o OR with contrast	
74181	MRI Abdomen w/o	80
74182	MRI Abdomen with contrast	
	Subtotal for this page	2,795

PMC.2013.00015854

PET-EX037A.0012

RECORD 005255

10b. MRI Procedures by CPT Codes *continued. . . .*

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	28
74185	MRA Abdomen w/o OR with contrast	
75552	MRI Cardiac Morphology w/o	
75553	MRI Cardiac Morphology with contrast	
75554	MRI Cardiac Function Complete	
75555	MRI Cardiac Function Limited	
75556	MRI Cardiac Velocity Flow Mapping	
76093	MRI Breast, unilateral w/o and/or with contrast	
76094	MRI Breast, bilateral w/o and/or with contrast	
76125	Cineradiography to complement exam	
76390	MRI Spectroscopy	
76393	MRI Guidance for needle placement	
76394	MRI Guidance for tissue ablation	
76400	MRI Bone Marrow blood supply	
7649A	MR functional imaging	
7649D	MRI infant spine comp w/ & w/o contrast	
7649E	Spine (infants) w/o infusion	
C8900	MRA ABDOMEN W/	23
C8912	MRA LOWER EXT W/	4
	Subtotal for this page	55
	Total Number of Procedures for all pages	4,422

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 3

Does the hospital contract for mobile CT scanner services? ____ Yes _X_ No

If yes, identify the mobile CT vendor _____

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	5,675	X	1.00	=	5,675.00
2	Head with contrast	306	X	1.25	=	382.50
3	Head without and with contrast	92	X	1.75	=	161.00
4	Body without contrast	9,480	X	1.50	=	14,220.00
5	Body with contrast	7,383	X	1.75	=	12,920.25
6	Body without contrast and with contrast	831	X	2.75	=	2,285.25
7	Biopsy in addition to body scan with or without contrast	60	X	2.75	=	165.00
8	Abscess drainage in addition to body scan with or without contrast	8	X	4.00	=	32.00

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PET-EX037A.0013

RECORD 005256

Scans Performed on Mobile CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	N/A	X	1.00	=	
2	Head with contrast	N/A	X	1.25	=	
3	Head without and with contrast	N/A	X	1.75	=	
4	Body without contrast	N/A	X	1.50	=	
5	Body with contrast	N/A	X	1.75	=	
6	Body without contrast and with contrast	N/A	X	2.75	=	
7	Biopsy in addition to body scan with or without contrast	N/A	X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast	N/A	X	4.00	=	

10d. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	1	13	272	285
Mobile PET Scanner				
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment	6	2,588	7,815	10,403
Mammography equipment				
Bone Density Equipment				
Fixed X-ray Equipment (excluding fluoroscopic)	8	13,382	28,151	41,533
Fixed Fluoroscopic X-ray Equipment				
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	1	1,663	920	2,583
Coincidence Camera				
Mobile Coincidence Camera Vendor:				
SPECT				
Mobile SPECT Vendor:				
Gamma Camera	2	350	1,342	1,692
Mobile Gamma Camera Vendor:				

* PET **procedure** means a single discrete study of one patient involving one or more PET scans. PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. **The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 27.**

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed				
Mobile	1	-0-	135	135

Lithotripsy Vendor/Owner:
STONE INSTITUTE

PMC.2013.00015856

PET-EX037A.0014

RECORD 005257

11. Linear Accelerator Treatment Data (including Cyberknife® & Similar Equipment)

	CPT Code	Description	# of Procedures
	Simple Treatment Delivery		
	77401	Radiation treatment delivery	
	77402	Radiation treatment delivery (<=5 MeV)	111
	77403	Radiation treatment delivery (6-10 MeV)	69
	77404	Radiation treatment delivery (11-19 MeV)	
	77406	Radiation treatment delivery (>=20 MeV)	
	Intermediate Treatment Delivery		
	77407	Radiation treatment delivery (<=5 MeV)	
	77408	Radiation treatment delivery (6-10 MeV)	
	77409	Radiation treatment delivery (11-19 MeV)	11
	77411	Radiation treatment delivery (>=20 MeV)	
	Complex Treatment Delivery		
	77412	Radiation treatment delivery (<=5 MeV)	
	77413	Radiation treatment delivery (6-10 MeV)	811
	77414	Radiation treatment delivery (11-19 MeV)	3,721
	77416	Radiation treatment delivery (>= 20 MeV)	
	Other Treatment Delivery Not Included Above		
	77418	Intensity modulated radiation treatment (IMRT) delivery	1,912
	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	
	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	
	G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	
	G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	
		Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	
		Pediatric Patient under anesthesia	
		Neutron and proton radiation therapy	
		Limb salvage irradiation	
		Hemibody irradiation	
		Total body irradiation	
	Imaging Procedures Not Included Above		
***	77417	Additional field check radiographs	800
		Total Procedures – Linear Accelerators	7,435
	Gamma Knife® Procedures		
	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®)	
		Total Procedures – Gamma Knife®	
***	77421	STEROSCOPIC X-RAY GUIDANCE	1,361

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PET-EX037A.0015

RECORD 005258

11. Linear Accelerator Treatment Data *continued*

a. Number of unduplicated patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. # patients 428 **(This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 26.)**
b. Total number of Linear Accelerator(s) 1
c. Number of Linear Accelerators configured for stereotactic radiosurgery -0-
d. Number of simulators (machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient."(GS 131E-176(24b)) 1
e. Number of CyberKnife® Systems: _____ Gamma Knife®: _____ Other specialized linear accelerators _____ Identify Manufacturer of Equipment _____

12. Telemedicine

a. Does your facility utilize telemedicine to have images read at another facility? YES

b. Does your facility read telemedicine images? NO

13. Additional Services:

a) **Check if Service(s) is provided: (for dialysis stations, show number of stations)**

	Check		Check
1. Cardiac Rehab Program (Outpatient)	X	5. Rehabilitation Outpatient Unit	X
2. Chemotherapy	X	6. Podiatric Services	X
3. Clinical Psychology Services		7. Genetic Counseling Service	
4. Dental Services		8. **Number** of Acute Dialysis Stations	

b) **Hospice Inpatient Unit Data:**
Hospital-based hospice units with licensed hospice beds. List each county served and report **all patients by county of residence**. Use each patient's age on the admission day to the Licensed Hospice Inpatient Facility. **For age categories count each inpatient client only once.**

County of Residence	Age 0-17	Age 18-40	Age 41-59	Age 60-64	Age 65-74	Age 75-84	Age 85+	Total Patients Served	Total Days of Care	Deaths
Out of State										
Total All Ages										

PMC.2013.00015858

PET-EX037A.0016

RECORD 005259

13. Additional Services: ***continued***

c) **Mental Health and Substance Abuse**

1. If psychiatric care has a different name than the hospital, please indicate:

   _____

2. If address is different than the hospital, please indicate:

   _____

3. Director of the above services.

   _____

Indicate the program/unit location in the **Service Categories** chart below. If it is in the hospital, include the room number. If it is located at another site, include the building name, program/unit name and address.

Service Categories: All applicants must complete the following table for all mental health services which are to be provided by the facility. If the service is not offered, leave the spaces blank.

Rule 10A NCAC 27G Licensure Rules For Mental Health Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.						
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness						
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness						
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances						
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness						
.5000 Facility Based Crisis Center						

Rule 10A NCAC 13B Licensure Rules For Hospitals	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders						

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PET-EX037A.0017

RECORD 005260

13. Additional Services: *continued*

c) Mental Health and Substance Abuse *continued*

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.3100 Nonhospital medical detoxification for individuals who are substance abusers						
.3200 Social setting detoxification for substance abusers						
.3300 Outpatient detoxification for substance abusers		[redacted]				
.3400 Residential treatment/ rehabilitation for individuals with substance abuse disorders						
.3500 Outpatient facilities for individuals with substance abuse disorders		[redacted]				
.3600 Outpatient narcotic addiction treatment						
.3700 Day treatment facilities for individuals with substance abuse disorders						

Rule 10A NCAC 13B Licensure Rules For Hospitals	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.5200 Dedicated inpatient hospital unit for individuals who have substance abuse disorders (specify type) # of Treatment beds _____ # of Medical Detox beds _____						

PMC.2013.00015860

PET-EX037A.0018

RECORD 005261

Patient Origin -General Acute Care Inpatient Services

Facility County: Union

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	988	40. Greene		76. Randolph	1
5. Ashe		41. Guilford	7	77. Richmond	8
6. Avery		42. Halifax		78. Robeson	2
7. Beaufort		43. Harnett	1	79. Rockingham	
8. Bertie		44. Haywood	2	80. Rowan	4
9. Bladen		45. Henderson	1	81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	1
11. Buncombe	1	47. Hoke		83. Scotland	1
12. Burke		48. Hyde		84. Stanly	57
13. Cabarrus	17	49. Iredell	4	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	1
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones	1	88. Transylvania	2
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba	1	54. Lenoir		90. Union	6,052
19. Chatham		55. Lincoln	4	91. Vance	
20. Cherokee		56. Macon	2	92. Wake	1
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	1	59. McDowell		95. Watauga	
24. Columbus	1	60. Mecklenburg	148	96. Wayne	2
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	2	65. New Hanover			
30. Davie	1	66. Northampton		101. Georgia	5
31. Duplin		67. Onslow		102. South Carolina	1,200
32. Durham	1	68. Orange	1	103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	7
34. Forsyth	3	70. Pasquotank		105. Other States	47
35. Franklin		71. Pender		106. Other NC UNKNOWN	34
36. Gaston	11	72. Perquimans		**Total No. of Patients**	8,625

PMC.2013.00015861

PET-EX037A.0019

RECORD 005262

Patient Origin – Inpatient Surgical Cases

Facility County: Union

In an effort to document patterns of Inpatient utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each inpatient surgical patient served in your facility. Count each inpatient once regardless of the number of surgical procedures performed while the patient was having surgery. However, each admission as an inpatient surgical case should be reported separately.

The Total from this chart should match the Total Inpatient Surgical Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	255	40. Greene		76. Randolph	
5. Ashe		41. Guilford	3	77. Richmond	3
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	1
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	3	48. Hyde		84. Stanly	18
13. Cabarrus		49. Iredell	1	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones	1	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	1,237
19. Chatham		55. Lincoln	1	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	43	96. Wayne	1
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	2
31. Duplin		67. Onslow		102. South Carolina	297
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	3
34. Forsyth	1	70. Pasquotank		105. Other States	9
35. Franklin		71. Pender		106. OtherNC UNKNOWN	1
36. Gaston	3	72. Perquimans		**Total No. of Patients**	1,883

PMC.2013.00015862

PET-EX037A.0020

RECORD 005263

Patient Origin – Ambulatory Surgical Cases

Facility County: Union

In an effort to document patterns of Ambulatory utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each ambulatory surgery patient served in your facility. Count each ambulatory patient once regardless of the number of procedures performed while the patient was having surgery. However, each admission as an ambulatory surgery case should be reported separately.

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	2	37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville	1	75. Polk	
4. Anson	653	40. Greene		76. Randolph	4
5. Ashe		41. Guilford	20	77. Richmond	12
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	2
8. Bertie		44. Haywood		80. Rowan	5
9. Bladen		45. Henderson	1	81. Rutherford	1
10. Brunswick	1	46. Hertford		82. Sampson	1
11. Buncombe		47. Hoke		83. Scotland	1
12. Burke		48. Hyde		84. Stanly	47
13. Cabarrus	22	49. Iredell	3	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	3	54. Lenoir		90. Union	3,677
19. Chatham	1	55. Lincoln	1	91. Vance	
20. Cherokee		56. Macon	1	92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	3	59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	201	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	3	65. New Hanover			
30. Davie		66. Northampton		101. Georgia	2
31. Duplin		67. Onslow		102. South Carolina	607
32. Durham		68. Orange		103. Tennessee	2
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth	5	70. Pasquotank		105. Other States	12
35. Franklin		71. Pender		106. OtherNC UNKNOWN	7
36. Gaston	7	72. Perquimans		**Total No. of Patients**	5,309

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: Union

In an effort to document patterns of utilization of Gastrointestinal Endoscopy Services in North Carolina hospitals, please provide the county of residence for each GI Endoscopy patient served in your facility. Count each patient once regardless of the number of procedures performed while the patient was receiving GI Endoscopy Services. However, each admission for GI Endoscopy services should be reported separately.

The Total from this chart should match the Total GI Endoscopy cases reported on the "Gastrointestinal Endoscopy Rooms, Cases and Procedures" Table on page 8 plus the total Inpatient and Ambulatory GI Endoscopy cases from the "Non-Surgical Cases by Category" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	209	40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	4
6. Avery		42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	1
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	15
13. Cabarrus	4	49. Iredell		85. Stokes	
14. Caldwell	1	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones	1	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	1,136
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	1
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	30	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery	1	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	261
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	2
34. Forsyth		70. Pasquotank		105. Other States	8
35. Franklin		71. Pender		106. Other NC UNKNOWN	2
36. Gaston	2	72. Perquimans		**Total No. of Patients**	1,680

PMC.2013.00015864

PET-EX037A.0022

RECORD 005265

All responses should pertain to October 1, 2009 through September 30, 2010.

Patient Origin - Psychiatric and Substance Abuse Alamance through Johnston

Facility County: Union N/A

Complete the following table below for inpatient Days of Care reported under Section .5200.

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Alamance									
Alexander									
Alleghany									
Anson									
Ashe									
Avery									
Beaufort									
Bertie									
Bladen									
Brunswick									
Buncombe									
Burke									
Cabarrus									
Caldwell									
Camden									
Carteret									
Caswell									
Catawba									
Chatham									
Cherokee									
Chowan									
Clay									
Cleveland									
Columbus									
Craven									
Cumberland									
Currituck									
Dare									
Davidson									
Davie									
Duplin									
Durham									
Edgecombe									
Forsyth									
Franklin									
Gaston									
Gates									
Graham									
Granville									
Greene									
Guilford									
Halifax									
Harnett									
Haywood									
Henderson									
Hertford									
Hoke									
Hyde									
Iredell									
Jackson									
Johnston									

** Note: See counties: Jones through Yancey (including Out-of-State) on next page.

PMC.2013.00015865

PET-EX037A.0023

RECORD 005266

All responses should pertain to **October 1, 2009 through September 30, 2010.**

Patient Origin - Psychiatric and Substance Abuse Jones through Yancey (including Out-of-State)

Facility County: Union

(Continued from previous page)

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Jones									
Lee									
Lenoir									
Lincoln									
Macon									
Madison									
Martin									
McDowell									
Mecklenburg									
Mitchell									
Montgomery									
Moore									
Nash									
New Hanover									
Northampton									
Onslow									
Orange									
Pamlico									
Pasquotank									
Pender									
Perquimans									
Person									
Pitt									
Polk									
Randolph									
Richmond									
Robeson									
Rockingham									
Rowan									
Rutherford									
Sampson									
Scotland									
Stanly									
Stokes									
Surry									
Swain									
Transylvania									
Tyrrell									
Union									
Vance									
Wake									
Warren									
Washington									
Watauga									
Wayne									
Wilkes									
Wilson									
Yadkin									
Yancey									
Out of State									
TOTALS									

** Note: See counties: Alamance through Johnston on previous page.

Patient Origin - MRI Services

Facility County: Union

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. **The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table 10a. on page 11.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	549	40. Greene		76. Randolph	1
5. Ashe		41. Guilford	2	77. Richmond	20
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	2	80. Rowan	
9. Bladen		45. Henderson	1	81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	1	47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	34
13. Cabarrus	8	49. Iredell	1	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones	1	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	2,386
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	2
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	46	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	1	62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow	1	102. South Carolina	484
32. Durham		68. Orange	2	103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	2
34. Forsyth		70. Pasquotank		105. Other States	16
35. Franklin		71. Pender		106. Other NC UNKNOWN	5
36. Gaston	2	72. Perquimans		**Total No. of Patients**	3,567

Are mobile MRI services currently provided at your hospital? **yes** _____ **no** X

PMC.2013.00015867

PET-EX037A.0025

RECORD 005268

Patient Origin – Linear Accelerator Treatment

Facility County: Union

In an effort to document patterns of utilization of linear accelerators in North Carolina, hospitals are asked to provide the county of residence for patients served on linear accelerators in your facility. Report the number of unduplicated patients who receive radiation oncology treatment on equipment (linear accelerators, CyberKnife®, but not Gamma Knife®) listed in Section 11 of this application. Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. **The number of patients reported here should match the number of patients reported in Section 11.a. of this application.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	85	40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	4
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	6
13. Cabarrus	1	49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	257
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	4	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	66
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	3
35. Franklin		71. Pender		106. OtherNC UNKNOWN	2
36. Gaston		72. Perquimans		**Total No. of Patients**	428

Patient Origin – PET Scanner

Facility County: Union

In an effort to document patterns of utilization of PET Scanner in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. **Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in Table 10d on page 14.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	74	40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	4
13. Cabarrus	2	49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	153
19. Chatham		55. Lincoln		91. Vance	153
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	2	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	50
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		**Total No. of Patients**	285

PMC.2013.00015869

PET-EX037A.0027

RECORD 005270

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2011 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2011 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature: _____ **Date:** 11/30/10

PRINT NAME OF APPROVING OFFICIAL MICHAEL LUTES

Please be advised, the license fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, prior to the issuance of a hospital license.

REC'D DEC 0 6 2011

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
1205 Umstead Drive, 2712 Mail Service Center
Raleigh, North Carolina 27699-2712
Telephone: (919) 855-4620 Fax: (919) 715-3073

For Official Use Only
License # H0050 Medicare # 340130
Computer: 923515
PC LJ Date 12/2/11

License Fee: $4,522.50

2012
HOSPITAL LICENSE
RENEWAL APPLICATION

Legal Identity of Applicant: **Union Memorial Regional Medical Center, Inc.**
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Doing Business As
(d/b/a) name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: **Carolinas Medical Center-Union**
Other: _____
Other: _____

Facility Mailing Address: P O Box 5003
Monroe, NC 28111

Facility Site Address: 600 Hospital Dr
Monroe, NC 28112
County: Union
Telephone: (704)283-3100
Fax: (704)296-4175

Administrator/Director: MICHAEL LUTES
Title: PRESIDENT
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: MICHAEL LUTES **Title:** PRESIDENT
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Name of the person to contact for any questions regarding this form:

Name: John G. Moore **Telephone:** 704-283-3464

E-Mail: John.G.Moore@carolinashealthcare.org

Primary National Provider Identifier (NPI) registered at NPPES 1396790325

If facility has more than one "Primary" NPI, please provide 1508808882/1437247970

For questions regarding NPI contact Azzie Conley at (919) 855-4646.

PAID
CK. NO. 300927
DATE 12/2/11
20. $4522.50

"The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services."

Petitioner's Trial Exhibit 037B

PMC.2013.00016082

PET-EX037B

All responses should pertain to **October 1, 2010 through September 30, 2011.**

Type of Health Care Facilities under the Hospital License (please include offsite emergency departments)

List Name(s) of facilities:	Address:	Type of Business / Service:
CAROLINAS MEDICAL CENTER UNION	600 HOSPITAL DRIVE	ACUTE CARE
JESSE HELMS NURSING CENTER	MONROE, NC	LONG TERM CARE
FRANKLIN STREET AMBULATORY CLINIC	412 E Franklin St, Monroe, NC	PHYSICIAN CLINIC

Please attach a separate sheet for additional listings

Ownership Disclosure (Please fill in any blanks and make changes where necessary.)

1. What is the name of the legal entity with ownership responsibility and liability?
   Owner: Union Memorial Regional Medical Center, Inc.
   Federal Employer ID# _____
   Street/Box: P O Box 5003
   City: Monroe State: NC Zip: 28111
   Telephone: (704)283-3100 Fax: (704)296-4175
   CEO: Michael Lutes, President

   Is your facility part of a Health System? [i.e., are there other hospitals, offsite emergency departments, ambulatory surgical facilities, nursing homes, home health agencies, etc. owned by your hospital, a parent company or a related entity?] _X_ Yes _____ No _____

   If 'Yes', name of Health System*: CAROLINAS HEALTHCARE SYSTEM
   * ***(please attach a list of NC facilities that are part of your Health System)***
   If 'Yes', name of CEO: MICHAEL TARWATER

   a. Legal entity is: ___ For Profit _X_ Not For Profit

   b. Legal entity is: ___ Corporation ___ LLP ___ Partnership
      ___ Proprietorship ___ LLC _X_ Government Unit

   c. Does the above entity (partnership, corporation, etc.) **LEASE** the building from which services are offered? _X_ Yes ___ No

   If "**YES**", name of building owner:
   Union County

2. Is the business operated under a management contract? _X_ Yes ___ No

   If 'Yes', name and address of the management company.
   Name: Charlotte-Mecklenburg Hospital Authority
   Street/Box: P O Box 32861
   City: Charlotte State: NC Zip: 27232-2861
   Telephone: (704)355-2000

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PET-EX037B.0002

RECORD 005273

Ownership Disclosure *continued. . .*

3. Vice President of Nursing and Patient Care Services:
   DENISE WHITE
4. Director of Planning: _____

Facility Data

A. Reporting Period All responses should pertain to the period **October 1, 2010 to September 30, 2011.**

B. General Information (Please fill in any blanks and make changes where necessary.)

a. Admissions to Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	8,887	A-1
b. Discharges from Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	8,883	
c. Average Daily Census: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	95.97	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No X
If 'Yes', what is the current number of licensed beds?		
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:		
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	3,167	B

C. Designation and Accreditation

1. Are you a designated trauma center? ____ Yes (____ Designated Level #) X No
2. Are you a critical access hospital (CAH)? ____ Yes X No
3. Are you a long term care hospital (LTCH)? ____ Yes X No
4. Is this facility TJC accredited? X Yes ____ No Expiration Date: 01/28/2014
5. Is this facility DNV accredited? ____ Yes X No Expiration Date: ____
6. Is this facility AOA accredited? ____ Yes X No Expiration Date: ____
7. Are you a Medicare deemed provider? X Yes ____ No

PMC.2013.00016084

PET-EX037B.0003

RECORD 005274

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)

[Please provide a Beds by Service (p. 4) for each hospital campus (see G.S. 131E-176(2c))]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below) *Campus* _____	Licensed Beds as of September 30, 2011	Staffed Beds as of September 30, 2011	Annual Census Inpt. Days of Care
Intensive Care Units			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	14	14	3,575
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology			
j. Medical/Surgical ***	103	90	***25,868
k. Neonatal Level III ** (Not Normal Newborn)	4	4	** 1,164
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)	22	21	3,777
n. Oncology			
o. Orthopedics			
p. Pediatric	14	13	644
q. Other (List)			
Total General Acute Care Beds/Days (a through q)	**157**	142	35,028
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	0		
7. Nursing Facility	70	70	22,972
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	**227**	212	58,000

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.
** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)
*** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

PMC.2013.00016085

PET-EX037B.0004

RECORD 005275

D. Beds by Service (Inpatient) *continued*

Number of Swing Beds *	N/A
Number of Skilled Nursing days in Swing Beds	
Number of unlicensed observation beds	

* means a hospital designated **as a swing-bed hospital** by CMS (Centers for Medicare and Medicaid Services)

E. Reimbursement Source (For "Inpatient Days," show Acute Inpatient Days only, excluding normal newborns.)

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a – q total on p. 4)	Emergency Visits (total should be the same as F.3.b. on p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as F.8.d. Total Surgical Cases – Inpatient Cases on p.9)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases – Ambulatory Cases on p. 9)
Self Pay/Indigent/Charity	2,539	13,952	2,941	143	152
Medicare & Medicare Managed Care	18,393	10,558	34,095	706	1,936
Medicaid	7,311	15,655	9,343	418	764
Commercial Insurance	393	413	440	15	17
Managed Care	6,151	10,828	19,797	582	2,235
Other (Specify) **	241	1,914	1,323	32	261
TOTAL	35,028	53,320	67,939	1,896	5,365

** Workers Comp, CHAMPUS

F. Services and Facilities

1. Obstetrics

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	909
b. Live births (Cesarean Section)	332
c. Stillbirths	14

d. Delivery Rooms - Delivery Only (not Cesarean Section)	
e. Delivery Rooms - Labor and Delivery, Recovery	6
f. Delivery Rooms – LDRP (include Item "**D.1.m**" on Page 4)	
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	18

2. Abortion Services

Number of procedures per Year N/A

PMC.2013.00016086

PET-EX037B.0005

RECORD 005276

3. **Emergency Department Services** (cases equal visits to ED)

a. Total Number of ED Exam Rooms: 34

a.1. #Trauma Rooms 2 a.2. #Fast Track Rooms 5

b. Total Number of ED visits for reporting period: 53,320

c. Total Number of admits from the ED for reporting period: 5,690

d. Total Number of Urgent Care visits for reporting period: -0-

e. Does your ED provide services 24 hours a day 7 days per week? x Yes ___ No
If no, specify days/hours of operation:

f. Is a physician on duty in your ED 24 hours a day 7 days per week? x Yes ___ No
If no, specify days/hours physician is on duty:

4. **Medical Air Transport**: Owned or leased air ambulance service:

a. Does the facility operate an air ambulance service? ___ Yes x No
b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary				
Fixed Wing				

5. **Pathology and Medical Lab** (Check whether or not service is provided)

a. Blood Bank/Transfusion Services x Yes ___ No
b. Histopathology Laboratory x Yes ___ No
c. HIV Laboratory Testing x Yes ___ No
Number during reporting period
HIV Serology 489
HIV Culture ___
d. Organ Bank ___ Yes x No
e. Pap Smear Screening x Yes ___ No

6. **Transplantation Services** - Number of transplants

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic	N/A	f. Heart/Liver		k. Lung	
b. Bone Marrow-Autologous		g. Heart/Kidney		l. Pancreas	
c. Cornea		h. Kidney		m. Pancreas/Kidney	
d. Heart		i. Kidney/Liver		n. Pancreas/Liver	
e. Heart/Lung		j. Liver		o. Other	

Do you perform living donor transplants ? ___ Yes x No.

PMC.2013.00016087

PET-EX037B.0006

RECORD 005277

7. **Specialized Cardiac Services** (for questions, call 855-3865 [Medical Facilities Planning])

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25	Interventional Cardiac Catheterization- ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96	Electro-physiology 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54
1. Number of Units of Fixed Equipment			1
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	-0-	-0-	-0-
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	462	42	65
4. Number of Procedures* Performed in Mobile Units	N/A	N/A	N/A

*A **procedure** is defined to be one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed within that visit.

Name of Mobile Vendor: N/A

Number of 8-hour days per week the mobile unit is onsite: _____ 8-hour days per week.
(Examples: Monday through Friday for 8 hours per day is 5 8-hour days per week. Monday, Wednesday, & Friday for 4 hours per day is 1.5 8-hour days per week)

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	N/A
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	N/A
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	N/A
4. Total Open Heart Surgery Procedures (2. + 3.)	N/A
Procedures on Patients Age 14 and younger	
5. **Of total in #2**, Number of Procedures on Patients Age 14 & younger	N/A
6. **Of total in #3**, Number of Procedures on Patients Age 14 & younger	N/A

PMC.2013.00016088

PET-EX037B.0007

RECORD 005278

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

NOTE: If this License includes more than one campus, please copy pages 8 and 9 for each site. Submit the Cumulative Totals and submit a duplicate of pages 8 **and** 9 for each campus.

(**Campus** – ***If multiple sites*:** _____)

a) Surgical Operating Rooms

Report *Surgical Operating Rooms* built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	2
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	6
Total of Surgical Operating Rooms	8

Number of additional CON approved surgical operating rooms pending development: -0-

CON Project ID Number(s) _____

b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 2

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures **performed in these rooms** during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 2

Number of additional CON approved GI Endoscopy Rooms pending development: -0-

CON Project ID Number(s) _____

	Number of Cases		Number of Procedures*	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy	375	1,127	392	1,306
Non-GI Endoscopy	76	119	76	119
Totals	451	1,246	468	1,425

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

PMC.2013.00016089

PET-EX037B.0008

RECORD 005279

8. **Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures** *(continued)*

(Campus – *If multiple sites*: _____ **)**

d) **Surgical Cases by Specialty Area Table**

Enter the number of **surgical** cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	0	0
Open Heart Surgery (from 7.(b) 4.)	0	
General Surgery	605	932
Neurosurgery	0	0
Obstetrics and GYN (excluding C-Sections)	106	439
Ophthalmology	0	1,439
Oral Surgery	1	28
Orthopedics	612	1,341
Otolaryngology	27	639
Plastic Surgery	0	3
Urology	123	288
Vascular	53	154
Other Surgeries (specify) Podiatry	0	28
Other Surgeries (specify) Dental/Pain	37	74
Number of C-Section's Performed in Dedicated C-Section ORs	332	
Number of C-Section's Performed in Other ORs	0	
Total Surgical Cases	1,896	5,365

e) **Non-Surgical Cases by Category Table**

Enter the number of **non-surgical** cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	3	198
Cystoscopy		
Non-GI Endoscopies *(not reported in 8. c)*		
GI Endoscopies *(not reported in 8. c)*		
YAG Laser		
Other (specify) Minor	5	172
Other (specify)		
Other (specify)		
Total Non-Surgical Cases	8	370

PMC.2013.00016090

PET-EX037B.0009

RECORD 005280

9. Average Operating Room Availability and Average Case Times:

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per operating room per year.

The Operating Room Methodology also assumes an averge of 3 hours for each Inpatient Surgery and an average of 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
9	258	112.2	57.7

* Use only Hours per Day **routinely** scheduled when determining the answer.

Example for determining average hours per day routinely scheduled for use:
A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.
2 rooms X 8 hours = 16 hours per day
plus
2 rooms X 10 hours = 20 hours per day
equals 36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

** **"Case Time" = Time from Room Set-up Start to Room Clean-up Finish**. Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure*

PMC.2013.00016091

PET-EX037B.0010

RECORD 005281

10a. Magnetic Resonance Imaging (MRI)

Indicate the number of MRI scanners (units) and the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/ campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites*:

	# Units	Inpatient Procedures*			Outpatient Procedures*			
Number of fixed MRI scanners-closed (*do not include any* Policy AC-3 scanners)	1							
# of fixed MRI scanners-open (*do not include any* Policy AC-3 scanners)	0	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	TOTAL Procedures
Number of Policy AC-3 MRI scanners used for general clinical purposes	0							
Total Fixed MRI Scanners/Procedures	1	181	986	1,167	768	2,446	3,214	4,381
Procedures performed on mobile MRI scanners **only at this site**								
Name(s) of Mobile MRI Provider(s):								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next two rows should not be included in the MRI Patient Origin Table on page 25 of this application.								
Policy AC-3 scanners used for dedicated or non-clinical purposes								
Other Human Research MRI scanners								

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	
70540	MRI Orbit/Face/Neck w/o	1
70542	MRI Orbit/Face/Neck with contrast	
70543	MRI Orbit/Face/Neck w/o & with	29
70544	MRA Head w/o	520
70545	MRA Head with contrast	2
70546	MRA Head w/o & with	
70547	MRA Neck w/o	10
70548	MRA Neck with contrast	3
70549	MRA Neck w/o & with	80
70551	MRI Brain w/o	1,001
70552	MRI Brain with contrast	9
	Subtotal for this page	1,655

PMC.2013.00016092

PET-EX037B.0011

RECORD 005282

10b. MRI Procedures by CPT Codes *continued.....*

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	494
7055A	IAC Screening	
71550	MRI Chest w/o	6
71551	MRI Chest with contrast	
71552	MRI Chest w/o & with	2
71555	MRA Chest with OR without contrast	
72126	Cervical Spine Infusion only	
72141	MRI Cervical Spine w/o	317
72142	MRI Cervical Spine with contrast	
72156	MRI Cervical Spine w/o & with	76
72146	MRI Thoracic Spine w/o	94
72147	MRI Thoracic Spine with contrast	
72157	MRI Thoracic Spine w/o & with	33
72148	MRI Lumbar Spine w/o	656
72149	MRI Lumbar Spine with contrast	
72158	MRI Lumbar Spine w/o & with	80
72159	MRA Spinal Canal w/o OR with contrast	
72195	MRI Pelvis w/o	34
72196	MRI Pelvis with contrast	
72197	MRI Pelvis w/o & with	29
72198	MRA Pelvis w/o OR with Contrast	
73218	MRI Upper Ext, other than joint w/o	22
73219	MRI Upper Ext, other than joint with contrast	
73220	MRI Upper Ext, other than joint w/o & with	10
73221	MRI Upper Ext, any joint w/o	199
73222	MRI Upper Ext, any joint with contrast	14
73223	MRI Upper Ext, any joint w/o & with	3
73225	MRA Upper Ext, w/o OR with contrast	
73718	MRI Lower Ext other than joint w/o	123
73719	MRI Lower Ext other than joint with contrast	
73720	MRI Lower Ext other than joint w/o & with	20
73721	MRI Lower Ext any joint w/o	380
73722	MRI Lower Ext any joint with contrast	
73723	MRI Lower Ext any joint w/o & with	11
73725	MRA Lower Ext w/o OR with contrast	
74181	MRI Abdomen w/o	69
74182	MRI Abdomen with contrast	
	Subtotal for this page	2,672

PMC.2013.00016093

PET-EX037B.0012

RECORD 005283

10b. MRI Procedures by CPT Codes *continued. . . .*

	CPT Code	CPT Description	Number of Procedures
	74183	MRI Abdomen w/o & with	48
	74185	MRA Abdomen w/o OR with contrast	
	75552	MRI Cardiac Morphology w/o	
	75553	MRI Cardiac Morphology with contrast	
	75554	MRI Cardiac Function Complete	
	75555	MRI Cardiac Function Limited	
	75556	MRI Cardiac Velocity Flow Mapping	
	76093	MRI Breast, unilateral w/o and/or with contrast	
	76094	MRI Breast, bilateral w/o and/or with contrast	
	76125	Cineradiography to complement exam	
	76390	MRI Spectroscopy	
	76393	MRI Guidance for needle placement	
	76394	MRI Guidance for tissue ablation	
	76400	MRI Bone Marrow blood supply	
	7649A	MR functional imaging	
	7649D	MRI infant spine comp w/ & w/o contrast	
	7649E	Spine (infants) w/o infusion	
C8900	~~7649A~~	MR functional imaging MRA Abdomen W/	5
C8911	~~N/A~~	Clinical Research Scans MRA Lower Ext W/	1
		Subtotal for this page	54
		Total Number of Procedures for all pages	4381

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 3

Does the hospital contract for mobile CT scanner services? ____ Yes _x_ No

If yes, identify the mobile CT vendor _____

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	5,460	X	1.00	=	5460.00
2	Head with contrast	291	X	1.25	=	363.75
3	Head without and with contrast	59	X	1.75	=	103.75
4	Body without contrast	7,202	X	1.50	=	10803.00
5	Body with contrast	5,719	X	1.75	=	10008.25
6	Body without contrast and with contrast	512	X	2.75	=	1408.00
7	Biopsy in addition to body scan with or without contrast	83	X	2.75	=	228.25
8	Abscess drainage in addition to body scan with or without contrast	11	X	4.00	=	44.00

Scans Performed on Mobile CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	N/A	X	1.00	=	N/A
2	Head with contrast		X	1.25	=	
3	Head without and with contrast		X	1.75	=	
4	Body without contrast		X	1.50	=	
5	Body with contrast		X	1.75	=	
6	Body without contrast and with contrast		X	2.75	=	
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

10d. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	1	20	290	310
Mobile PET Scanner				
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment	6	2,471	8,059	10,530
Mammography equipment				
Bone Density Equipment				
Fixed X-ray Equipment (excluding fluoroscopic)	8	12,774	28,080	40,854
Fixed Fluoroscopic X-ray Equipment				
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	1	1,380	1,228	2,608
Coincidence Camera				
Mobile Coincidence Camera Vendor:				
SPECT				
Mobile SPECT Vendor:				
Gamma Camera	2	382	1,715	2,097
Mobile Gamma Camera Vendor:				

* PET **procedure** means a single discrete study of one patient involving one or more PET scans. PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. **The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 27.**

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed				
Mobile	1	0	157	157

Lithotripsy Vendor/Owner:
Stone Institute

PMC.2013.00016095

PET-EX037B.0014

RECORD 005285

11. Linear Accelerator Treatment Data (including Cyberknife® & Similar Equipment)

CPT Code	Description	# of Procedures
Simple Treatment Delivery		
77401	Radiation treatment delivery	
77402	Radiation treatment delivery (<=5 MeV)	
77403	Radiation treatment delivery (6-10 MeV)	70
77404	Radiation treatment delivery (11-19 MeV)	88
77406	Radiation treatment delivery (>=20 MeV)	
Intermediate Treatment Delivery		
77407	Radiation treatment delivery (<=5 MeV)	
77408	Radiation treatment delivery (6-10 MeV)	
77409	Radiation treatment delivery (11-19 MeV)	
77411	Radiation treatment delivery (>=20 MeV)	
Complex Treatment Delivery		
77412	Radiation treatment delivery (<=5 MeV)	
77413	Radiation treatment delivery (6-10 MeV)	1,005
77414	Radiation treatment delivery (11-19 MeV)	3,939
77416	Radiation treatment delivery (>= 20 MeV)	
Other Treatment Delivery Not Included Above		
77418	Intensity modulated radiation treatment (IMRT) delivery	1,851
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	
	Pediatric Patient under anesthesia	
	Neutron and proton radiation therapy	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	
Imaging Procedures Not Included Above		
77417	Additional field check radiographs	969
	Total Procedures – Linear Accelerators	7,922
Gamma Knife® Procedures		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®)	
	Total Procedures – Gamma Knife®	

** 77421 Steroscopic X-Ray Guidance 1,041

PMC.2013.00016096

PET-EX037B.0015

RECORD 005286

11. Linear Accelerator Treatment Data *continued*

a. Number of patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three.
Patients 431 **(This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 26.)**

b. Total number of Linear Accelerator(s) 1

c. Number of Linear Accelerators configured for stereotactic radiosurgery 0

d. Number of simulators ("machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient."(GS 131E-176(24b))) 1

e. Number of CyberKnife® Systems: _____ Gamma Knife®: _____
Other specialized linear accelerators _____ Identify Manufacturer of Equipment _____

12. Telemedicine

a. Does your facility utilize telemedicine to have images read at another facility? yes

b. Does your facility read telemedicine images? no

13. Additional Services:

a) **Check if Service(s) is provided: (for dialysis stations, show number of stations)**

	Check		Check
1. Cardiac Rehab Program (Outpatient)	x	5. Rehabilitation Outpatient Unit	x
2. Chemotherapy	x	6. Podiatric Services	x
3. Clinical Psychology Services		7. Genetic Counseling Service	
4. Dental Services		8. **Number** of Acute Dialysis Stations	

b) **Hospice Inpatient Unit Data:**
Hospital-based hospice units with licensed hospice beds. List each county served and report **all patients by county of residence**. Use each patient's age on the admission day to the Licensed Hospice Inpatient Facility. **For age categories count each inpatient client only once.**

County of Residence	Age 0-17	Age 18-40	Age 41-59	Age 60-64	Age 65-74	Age 75-84	Age 85+	Total Patients Served	Total Days of Care	Deaths
N/A										
Out of State										
Total All Ages										

PMC.2013.00016097

PET-EX037B.0016

RECORD 005287

13. Additional Services: *continued*

c) **Mental Health and Substance Abuse**

1. If psychiatric care has a different name than the hospital, please indicate:

   _____

2. If address is different than the hospital, please indicate:

   _____

3. Director of the above services.

   _____

Indicate the program/unit location in the **Service Categories** chart below. If it is in the hospital, include the room number. If it is located at another site, include the building name, program/unit name and address.

Service Categories: All applicants must complete the following table for all mental health services which are to be provided by the facility. If the service is not offered, leave the spaces blank.

Rule 10A NCAC 27G Licensure Rules For Mental Health Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.						
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness						
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness						
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances						
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness						
.5000 Facility Based Crisis Center						

Rule 10A NCAC 13B Licensure Rules For Hospitals	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders						

PMC.2013.00016098

PET-EX037B.0017

RECORD 005288

13. Additional Services: *continued*

c) Mental Health and Substance Abuse *continued*

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.3100 Nonhospital medical detoxification for individuals who are substance abusers						
.3200 Social setting detoxification for substance abusers						
.3300 Outpatient detoxification for substance abusers		[redacted]				
.3400 Residential treatment/ rehabilitation for individuals with substance abuse disorders						
.3500 Outpatient facilities for individuals with substance abuse disorders		[redacted]				
.3600 Outpatient narcotic addiction treatment						
.3700 Day treatment facilities for individuals with substance abuse disorders						

Rule 10A NCAC 13B Licensure Rules For Hospitals	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.5200 Dedicated inpatient hospital unit for individuals who have substance abuse disorders (specify type) # of Treatment beds _____ # of Medical Detox beds _____						

PMC.2013.00016099

PET-EX037B.0018

RECORD 005289

Patient Origin -General Acute Care Inpatient Services

Facility County: Union

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	1,082	40. Greene		76. Randolph	1
5. Ashe	1	41. Guilford	2	77. Richmond	21
6. Avery		42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett	2	79. Rockingham	1
8. Bertie		44. Haywood		80. Rowan	1
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick	6	46. Hertford	1	82. Sampson	
11. Buncombe	1	47. Hoke		83. Scotland	2
12. Burke	1	48. Hyde		84. Stanly	51
13. Cabarrus	27	49. Iredell	2	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba	4	54. Lenoir		90. Union	6,202
19. Chatham	2	55. Lincoln	8	91. Vance	
20. Cherokee		56. Macon		92. Wake	3
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	6	59. McDowell	1	95. Watauga	
24. Columbus	1	60. Mecklenburg	162	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	3	62. Montgomery	3	98. Wilson	1
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash	2	100. Yancey	
29. Davidson	1	65. New Hanover			
30. Davie		66. Northampton		101. Georgia	4
31. Duplin	1	67. Onslow		102. South Carolina	1,179
32. Durham		68. Orange		103. Tennessee	3
33. Edgecombe		69. Pamlico		104. Virginia	8
34. Forsyth	3	70. Pasquotank		105. Other States	45
35. Franklin		71. Pender		106. Other UNKNOWN NC	30
36. Gaston	11	72. Perquimans		**Total No. of Patients**	8,887

PMC.2013.00016100

PET-EX037B.0019

RECORD 005290

Patient Origin – Inpatient Surgical Cases

Facility County: Union

In an effort to document patterns of Inpatient utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each inpatient surgical patient served in your facility. Count each inpatient surgical patient once regardless of the number of surgical procedures performed while the patient was having surgery. However, each admission as an inpatient surgical case should be reported separately.

The Total from this chart should match the Total Inpatient Surgical Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	1
5. Ashe	241	41. Guilford		77. Richmond	3
6. Avery	1	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	1
12. Burke		48. Hyde		84. Stanly	26
13. Cabarrus	8	49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba	3	54. Lenoir		90. Union	1,267
19. Chatham	1	55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	3
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	1	59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	58	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	265
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth		70. Pasquotank		105. Other States	4
35. Franklin		71. Pender		106. Other UNKNOWN NC	1
36. Gaston	8	72. Perquimans		**Total No. of Patients**	1,896

PMC.2013.00016101

PET-EX037B.0020

RECORD 005291

Patient Origin – Ambulatory Surgical Cases

Facility County: Union

In an effort to document patterns of Ambulatory utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each ambulatory surgery patient served in your facility. Count each ambulatory patient once regardless of the number of procedures performed while the patient was having surgery. However, each admission as an ambulatory surgery case should be reported separately.

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	2	37. Gates		73. Person	
2. Alexander	1	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	606	40. Greene		76. Randolph	2
5. Ashe		41. Guilford	15	77. Richmond	21
6. Avery		42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett		79. Rockingham	8
8. Bertie		44. Haywood		80. Rowan	3
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick	2	46. Hertford		82. Sampson	1
11. Buncombe	1	47. Hoke		83. Scotland	2
12. Burke		48. Hyde		84. Stanly	48
13. Cabarrus	18	49. Iredell	4	85. Stokes	
14. Caldwell	1	50. Jackson		86. Surry	2
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell	1	53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	3,587
19. Chatham	2	55. Lincoln	3	91. Vance	
20. Cherokee		56. Macon		92. Wake	2
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	6	59. McDowell		95. Watauga	1
24. Columbus		60. Mecklenburg	345	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	4	62. Montgomery	2	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	3	65. New Hanover			
30. Davie		66. Northampton		101. Georgia	2
31. Duplin		67. Onslow		102. South Carolina	628
32. Durham	1	68. Orange	1	103. Tennessee	4
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth	5	70. Pasquotank		105. Other States	8
35. Franklin		71. Pender		106. Other UNKNOWN NC	5
36. Gaston	16	72. Perquimans		**Total No. of Patients**	5,365

PMC.2013.00016102

PET-EX037B.0021

RECORD 005292

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: Union

In an effort to document patterns of utilization of Gastrointestinal Endoscopy Services in North Carolina hospitals, please provide the county of residence for each GI Endoscopy patient served in your facility. Count each patient once regardless of the number of procedures performed while the patient was receiving GI Endoscopy Services. However, each admission for GI Endoscopy services should be reported separately.

The Total from this chart should match the Total GI Endoscopy cases reported on the "Gastrointestinal Endoscopy Rooms, Cases and Procedures" Table on page 8 plus the total Inpatient and Ambulatory GI Endoscopy cases from the "Non-Surgical Cases by Category" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	223	40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	5
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	15
13. Cabarrus	9	49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	1,144
19. Chatham		55. Lincoln	2	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	1	59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	35	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	255
32. Durham		68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	2
35. Franklin		71. Pender		106. Other UNKNOWN NC	3
36. Gaston	1	72. Perquimans		**Total No. of Patients**	1,697

PMC.2013.00016103

PET-EX037B.0022

RECORD 005293

Patient Origin - Psychiatric and Substance Abuse Alamance through Johnston

Facility County: Union

Complete the following table below for inpatient Days of Care reported under Section .5200.

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Alamance									
Alexander									
Alleghany									
Anson									
Ashe									
Avery									
Beaufort									
Bertie									
Bladen									
Brunswick									
Buncombe									
Burke									
Cabarrus									
Caldwell									
Camden									
Carteret									
Caswell									
Catawba									
Chatham									
Cherokee									
Chowan									
Clay									
Cleveland									
Columbus									
Craven									
Cumberland									
Currituck									
Dare									
Davidson									
Davie									
Duplin									
Durham									
Edgecombe									
Forsyth									
Franklin									
Gaston									
Gates									
Graham									
Granville									
Greene									
Guilford									
Halifax									
Harnett									
Haywood									
Henderson									
Hertford									
Hoke									
Hyde									
Iredell									
Jackson									
Johnston									

** Note: See counties: Jones through Yancey (including Out-of-State) on next page.

Patient Origin - Psychiatric and Substance Abuse Jones through Yancey (including Out-of-State)

Facility County: Union

(Continued from previous page)

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Jones									
Lee									
Lenoir									
Lincoln									
Macon									
Madison									
Martin									
McDowell									
Mecklenburg									
Mitchell									
Montgomery									
Moore									
Nash									
New Hanover									
Northampton									
Onslow									
Orange									
Pamlico									
Pasquotank									
Pender									
Perquimans									
Person									
Pitt									
Polk									
Randolph									
Richmond									
Robeson									
Rockingham									
Rowan									
Rutherford									
Sampson									
Scotland									
Stanly									
Stokes									
Surry									
Swain									
Transylvania									
Tyrrell									
Union									
Vance									
Wake									
Warren									
Washington									
Watauga									
Wayne									
Wilkes									
Wilson									
Yadkin									
Yancey									
Out of State									
TOTALS									

** Note: See counties: Alamance through Johnston on previous page.

PMC.2013.00016105

PET-EX037B.0024

RECORD 005295

All responses should pertain to **October 1, 2010 through September 30, 2011.**

Patient Origin - MRI Services

Facility County: Union

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. **The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table 10a. on page 11.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	506	40. Greene		76. Randolph	1
5. Ashe		41. Guilford		77. Richmond	19
6. Avery		42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett	2	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	4
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	1	48. Hyde		84. Stanly	30
13. Cabarrus	14	49. Iredell	4	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	2,350
19. Chatham		55. Lincoln	1	91. Vance	
20. Cherokee		56. Macon		92. Wake	1
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	1	60. Mecklenburg	53	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	1	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	2	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	466
32. Durham		68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth	1	70. Pasquotank		105. Other States	10
35. Franklin		71. Pender		106. Other UNKNOWN	NC 5
36. Gaston		72. Perquimans		**Total No. of Patients**	3,476

Are mobile MRI services currently provided at your hospital? **yes** _____ **no** x

PMC.2013.00016106

PET-EX037B.0025

RECORD 005296

Patient Origin – Linear Accelerator Treatment

Facility County: Union

In an effort to document patterns of utilization of linear accelerators in North Carolina, hospitals are asked to provide the county of residence for patients served on linear accelerators in your facility. Report the number of patients who receive radiation oncology treatment on equipment (linear accelerators, CyberKnife®, but not Gamma Knife®) listed in Section 11 of this application. Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. **The number of patients reported here should match the number of patients reported in Section 11.a. of this application.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	72	40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	4
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	4
13. Cabarrus	2	49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	284
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	1	59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	62
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	1
35. Franklin		71. Pender		106. OtherUNKNOWN	NC 1
36. Gaston		72. Perquimans		**Total No. of Patients**	431

PMC.2013.00016107

PET-EX037B.0026

RECORD 005297

Patient Origin – PET Scanner

Facility County: Union

In an effort to document patterns of utilization of PET Scanners in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. **Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in Table 10d on page 14.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	55	40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	2
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	8
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	182
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	4	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	57
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin	2	71. Pender		106. Other	
36. Gaston		72. Perquimans		**Total No. of Patients**	310

PMC.2013.00016108

PET-EX037B.0027

RECORD 005298

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2012 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2012 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature: _____ **Date:** November 30, 2011

PRINT NAME OF APPROVING OFFICIAL Michael Lutes

Please be advised, the license fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, prior to the issuance of a hospital license.

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
1205 Umstead Drive, 2712 Mail Service Center
Raleigh, North Carolina 27699-2712
Telephone: (919) 855-4620 Fax: (919) 715-3073

For Official Use Only
License # H0255 Medicare # 340166
Computer: 923516
PC _____ Date _____

License Fee: **$2,725.00**

2011
HOSPITAL LICENSE
RENEWAL APPLICATION

Legal Identity of Applicant: **The Charlotte-Mecklenburg Hospital Authority**
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Doing Business As
(d/b/a) name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: **Carolinas Medical Center-University**
Other: _____
Other: _____

Facility Mailing Address: P O Box 560727
Charlotte, NC 28256

Facility Site Address: 8800 North Tryon St
Charlotte, NC 28262
County: Mecklenburg
Telephone: (704)863-6000
Fax: (704)863-6236

Administrator/Director: ~~W. Spencer Lilly~~ William H. Leonard
Title: ~~Vice President/Administrator~~ President
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: William H. Leonard **Title:** President
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Name of the person to contact for any questions regarding this form:

Name: Cynthia M. Polshak **Telephone:** (704) 512-6423

E-Mail: cindy.polshak@carolinashealthcare.org

"The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services."



Type of Health Care Facilities under the Hospital License (please include offsite emergency departments)

List Name(s) of facilities:	Address:	Type of Business / Service:
Please see attached		

Please attach a separate sheet for additional listings

Ownership Disclosure (Please fill in any blanks and make changes where necessary.)

1. What is the name of the legal entity with ownership responsibility and liability?

Owner: Charlotte-Mecklenburg Hospital Authority
Federal Employer ID# 56-1429508
Street/Box: P O Box 560727
City: Charlotte State: NC Zip: 28256
Telephone: (704)863-6000 Fax: (704) 863-6236
CEO: Michael C. Tarwater

d/b/a Carolinas Medical Center-University

Is your facility part of a Health System? [i.e., are there other hospitals, offsite emergency departments, ambulatory surgical facilities, nursing homes, home health agencies, etc. owned by your hospital, a parent company or a related entity?] X Yes ____ No ____

If 'Yes', name of Health System*: The Charlotte-Mecklenburg Hospital Authority
* (***please attach a list of NC facilities that are part of your Health System***)
If 'Yes', name of CEO: Michael C. Tarwater

d/b/a Carolinas HealthCare System

a. Legal entity is: ___ For Profit X Not For Profit

b. Legal entity is: ___ Corporation ___ LLP ___ Partnership
___ Proprietorship ___ LLC X Government Unit

c. Does the above entity (partnership, corporation, etc.) **LEASE** the building from which services are offered? ___ Yes X No

If "**YES**", name of building owner: _____

2. Is the business operated under a management contract? ___Yes X No

If 'Yes', name and address of the management company.
Name: _____
Street/Box: _____
City: _____ State: _____ Zip: _____
Telephone: (___) _____

PMC.2013.00015884

PET-EX038A.0002

RECORD 005301

Carolinas HealthCare System
Owned, Managed, or Leased Health Care Facilites
As of September 30, 2010

Facility	Location	Relationship to CHS
Hospitals		
Anson Community Hospital	Wadesboro	Owned
Behavioral Health Center - CMC Randolph	Charlotte	Leased
Carolinas Medical Center	Charlotte	Owned
Carolinas Medical Center - Lincoln	Lincolnton	Owned
Carolinas Medical Center - Mercy	Charlotte	Owned
Carolinas Medical Center - NorthEast	Concord	Owned
Carolinas Medical Center - Pineville	Charlotte	Owned
Carolinas Medical Center - Union	Monroe	Leased
Carolinas Medical Center - University	Charlotte	Owned
Carolinas Rehabilitation	Charlotte	Owned
Carolinas Rehabilitation - Mount Holly	Mount Holly	Owned
Cleveland Regional Medical Center	Shelby	Leased
Columbus Regional Healthcare System	Whiteville	Managed
Crawley Memorial Hospital	Boiling Springs	Leased
Grace Hospital	Morganton	Managed
Harris Regional Hospital	Sylva	Managed
Haywood Regional Medical Center	Clyde	Managed
Kings Mountain Hospital	Kings Mountain	Leased
Scotland Memorial Hospital	Laurinburg	Managed
St. Lukes Hospital	Columbus	Managed
Stanly Regional Medical Center	Albemarle	Managed
Swain County Hospital	Bryson City	Managed
Valdese Hospital	Valdese	Owned
Wilkes Regional Medical Center	North Wilkesboro	Managed
Imaging Centers		
Ballantyne Imaging Center (CIS)	Charlotte	Owned (60%)
Matthews Imaging Center (CIS)	Matthews	Owned (60%)
Medical Center Plaza Imaging	Charlotte	Owned
Medical Center Plaza Imaging (CIS)	Charlotte	Owned (60%)
Northcross Imaging Center (CIS)	Huntersville	Owned (60%)
Stanly Imaging Services	Locust	Owned (49%)
Union West Imaging	Indian Trail	Owned (50%)
Ambulatory Surgery Centers		
Carolina Center for Specialty Surgery	Charlotte	Owned (50%)
Carolinas Gastroenterology Ballantyne	Charlotte	Owned
Carolinas Gastroenterology Medical Center Plaza	Charlotte	Owned
Carolinas Surgery Center Randolph	Charlotte	Owned
Endoscopy Center Monroe, LLC	Monroe	Owned (60%)
Endoscopy Center Northcross, LLC	Huntersville	Owned (60%)
Endoscopy Center Pineville, LLC	Pineville	Owned (60%)
Endoscopy Center University, LLC	Charlotte	Owned (60%)
Gateway Ambulatory Surgery Center	Concord	Owned (42.5%)
Iredell Surgical Center	Statesville	Owned (55.5%)
Nursing Homes and Hospice		
Cleveland Pines Nursing Center	Shelby	Leased
College Pines Nursing Center	Valdese	Owned
Grace Heights Health and Rehab Center	Morganton	Managed
Grace Ridge Retirement Community	Morganton	Managed
Hospice of Cabarrus County	Concord	Owned
Huntersville Oaks	Huntersville	Owned
Jesse Helms Nursing Center	Monroe	Leased
Lillie Bennett Nursing Center	Wadesboro	Leased
Sardis Oaks	Charlotte	Owned
Stanly Manor	Albemarle	Managed

Ownership Disclosure *continued. . .*

3. Vice President of Nursing and Patient Care Services: Rose Brandau, Vice President/Chief Nurse Executive
4. Director of Planning: Del Murphy

Facility Data

A. Reporting Period All responses should pertain to the period **October 1, 2009 to September 30, 2010.**

B. General Information (Please fill in any blanks and make changes where necessary.)

a. Admissions to Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	6048	
b. Discharges from Licensed Acute Care Beds: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	6069	
c. Average Daily Census: **include responses to "a – q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.**	59.35	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No X
If 'Yes', what is the current number of licensed beds?		
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:		
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	3234	

C. Designation and Accreditation

1. Are you a designated trauma center? ___ Yes (___ Designated Level #) X No
2. Are you a critical access hospital (CAH)? ___ Yes X No
3. Are you a long term care hospital (LTCH)? ___ Yes X No
4. Is this facility TJC accredited? X Yes ___ No Expiration Date: 10/09/2012
5. Is this facility DNV accredited? ___ Yes X No Expiration Date: ___
6. Is this facility AOA accredited? ___ Yes X No Expiration Date: ___
7. Are you a Medicare deemed provider? X Yes ___ No

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)

[Please provide a Beds by Service (p. 4) for each hospital campus (see *G.S. 131E-176(2c)*)]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below) *Campus* University	**Licensed Beds as of September 30, 2010**	**Staffed Beds as of September 30, 2010**	**Annual Census Inpt. Days of Care**
Intensive Care Units			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	8	8	1629
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology			
j. Medical/Surgical ***	73	73	***11,891
k. Neonatal Level III ** (Not Normal Newborn)	9	9	** 1288
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)	28	28	4321
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other (List) Progressive Care Unit	12	12	2535
1. Total General Acute Care Beds/Days (a through q)	**130**	130	21,664
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	0		
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	**130**	130	21,664

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.
** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)
*** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

PMC.2013.00015887

PET-EX038A.0005

RECORD 005304

D. Beds by Service (Inpatient) ***continued***

Number of Swing Beds *	n/a
Number of Skilled Nursing days in Swing Beds	n/a
Number of unlicensed observation beds	n/a

* means a hospital designated **as a swing-bed hospital** by CMS (Centers for Medicare and Medicaid Services)

E. Reimbursement Source (For "Inpatient Days," show Acute Inpatient Days only, excluding normal newborns.)

Primary Payer Source	Inpatient Days of Care (from p. 4, item D. 1.)	Emergency Visits (from p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (from p.8, Table 8. b)	Ambulatory Surgical Cases (from p. 8, Table 8. b)
Self Pay/Indigent/Charity	779	20,186	3524	31	162
Medicare & Medicare Managed Care	6862	7,522	10,169	291	683
Medicaid	4418	18,561	3872	232	755
Commercial Insurance	475	1282	473	39	64
Managed Care	8814	19,386	21,836	952	4654
Other (Specify)	316	3549	1827	35	434
TOTAL	21,664	70,486	41,701	1580	6752

F. Services and Facilities

1. Obstetrics	Enter Number of Infants
a. Live births (Vaginal Deliveries)	1043
b. Live births (Cesarean Section)	503
c. Stillbirths	21

d. Delivery Rooms - Delivery Only (not Cesarean Section)	Ø
e. Delivery Rooms - Labor and Delivery, Recovery	Ø
f. Delivery Rooms – LDRP (include Item "**m**" on Page 4)	28
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	28

2. Abortion Services Number of procedures per Year 2

PMC.2013.00015888

PET-EX038A.0006

RECORD 005305

3. **Emergency Department Services** (cases equal visits to ED)

a. Total Number of ED Exam Rooms: 35

a.1. #Trauma Rooms 19 a.2. #Fast Track Rooms Ø Other 16

b. Total Number of ED visits for reporting period: 70,486

c. Total Number of admits from the ED for reporting period: 3594

d. Total Number of Urgent Care visits for reporting period: Not Applicable

e. Does your ED provide services 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours of operation:

f. Is a physician on duty in your ED 24 hours a day 7 days per week? X Yes ___ No
If no, specify days/hours physician is on duty:

4. **Medical Air Transport**: Owned or leased air ambulance service:

a. Does the facility operate an air ambulance service? ___ Yes X No
b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary				
Fixed Wing				

5. **Pathology and Medical Lab** (Check whether or not service is provided)

a. Blood Bank/Transfusion Services X Yes ___ No
b. Histopathology Laboratory X Yes ___ No
c. HIV Laboratory Testing X Yes ___ No
Number during reporting period
HIV Serology 222
HIV Culture Ø
d. Organ Bank ___ Yes X No
e. Pap Smear Screening X Yes ___ No

6. **Transplantation Services** - Number of transplants

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic	n/a	i. Kidney/Liver	n/a	k. Lung	n/a
b. Bone Marrow-Autologous		j. Liver		l. Pancreas	
c. Cornea		f. Heart/Liver		m. Pancreas/Kidney	
d. Heart		g. Heart/Kidney		n. Pancreas/Liver	
e. Heart/Lung		h. Kidney		o. Other	

Do you perform living donor transplants ? ___ Yes X No.

PMC.2013.00015889

PET-EX038A.0007

RECORD 005306

7. **Specialized Cardiac Services** (for questions, call 855-3865 [Medical Facilities Planning])

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25	Interventional Cardiac Catheterization- ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96	Electro-physiology 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54
1. Number of Units of Fixed Equipment	1		Ø
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	Ø	Ø	Ø
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	121	Ø	1
4. Number of Procedures* Performed in Mobile Units	Ø	Ø	Ø

*A **procedure** is defined to be one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed within that visit.

Name of Mobile Vendor: _____

Number of 8-hour days per week the mobile unit is onsite: _____ 8-hour days per week.
(Examples: Monday through Friday for 8 hours per day is 5 8-hour days per week. Monday, Wednesday, & Friday for 4 hours per day is 1.5 8-hour days per week)

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	n/a
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	n/a
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	n/a
4. Total Open Heart Surgery Procedures (2. + 3.)	n/a
Procedures on Patients Age 14 and younger	
5. **Of total in #2**, Number of Procedures on Patients Age 14 & younger	n/a
6. **Of total in #3**, Number of Procedures on Patients Age 14 & younger	n/a

PMC.2013.00015890

PET-EX038A.0008

RECORD 005307

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

NOTE: If this License includes more than one campus, please submit the Cumulative Totals **and** COPY and Submit a duplicate of pages 8 **and** 9 for each campus.

(**Campus** – ***If multiple sites:*** Consolidated)

a) Surgical Operating Rooms

Report *Surgical Operating Rooms* built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	Ø
Dedicated C-Section	1
Other Dedicated Inpatient Surgery	Ø
Dedicated Ambulatory Surgery	2
Shared - Inpatient / Ambulatory Surgery	9
Total of Surgical Operating Rooms	12

Number of additional CON approved surgical operating rooms pending development: Ø

CON Project ID Number(s) _____

b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 5

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures **performed in these rooms** during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 1

Number of additional CON approved GI Endoscopy Rooms pending development: Ø

CON Project ID Number(s) _____

	Number of Cases	Number of Procedures*
GI Endoscopy	1842	2295
Non-GI Endoscopy	416	416
Totals	2258	2711

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

PMC.2013.00015891

PET-EX038A.0009

RECORD 005308

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

NOTE: If this License includes more than one campus, please submit the Cumulative Totals **and** COPY and Submit a duplicate of pages 8 **and** 9 for each campus.

(**Campus** – ***If multiple sites***: University)

a) Surgical Operating Rooms

Report *Surgical Operating Rooms* built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	Ø
Dedicated C-Section	1
Other Dedicated Inpatient Surgery	Ø
Dedicated Ambulatory Surgery	Ø
Shared - Inpatient / Ambulatory Surgery	9
Total of Surgical Operating Rooms	10

Number of additional CON approved surgical operating rooms pending development: Ø

CON Project ID Number(s) _____

b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 3

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures **performed in these rooms** during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 1

Number of additional CON approved GI Endoscopy Rooms pending development: Ø

CON Project ID Number(s) _____

	Number of Cases	Number of Procedures*
GI Endoscopy	1842	2295
Non-GI Endoscopy	416	416
Totals	2258	2711

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

PMC.2013.00015892

PET-EX038A.0010

RECORD 005309

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

NOTE: If this License includes more than one campus, please submit the Cumulative Totals and COPY and Submit a duplicate of pages 8 and 9 for each campus.

(**Campus – *If multiple sites*:** Northcross)

a) Surgical Operating Rooms

Report *Surgical Operating Rooms* built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	Ø
Dedicated C-Section	Ø
Other Dedicated Inpatient Surgery	Ø
Dedicated Ambulatory Surgery	2
Shared - Inpatient / Ambulatory Surgery	0
Total of Surgical Operating Rooms	2

Number of additional CON approved surgical operating rooms pending development: Ø

CON Project ID Number(s) _____

b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 2

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures **performed in these rooms** during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: Ø

Number of additional CON approved GI Endoscopy Rooms pending development: Ø

CON Project ID Number(s) _____

	Number of Cases	Number of Procedures*
GI Endoscopy	Ø	Ø
Non-GI Endoscopy	Ø	Ø
Totals	Ø	Ø

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

PMC.2013.00015893

PET-EX038A.0011

RECORD 005310

8. **Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures** *(continued)*

(**Campus** – *If multiple sites:* Consolidated)

d) **Surgical Cases by Specialty Area Table**

Enter the number of **surgical** cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	1	Ø
Open Heart Surgery (from 7.(b).4.)	0	
General Surgery	476	941
Neurosurgery	Ø	Ø
Obstetrics and GYN (excluding C-Sections)	230	1502
Ophthalmology	1	284
Oral Surgery	52	183
Orthopedics	200	1361
Otolaryngology	12	1622
Plastic Surgery	5	320
Urology	100	308
Vascular	Ø	Ø
Other Surgeries (specify) Dental	Ø	231
Other Surgeries (specify)	Ø	Ø
Number of C-Section's Performed in Dedicated C-Section ORs	503	
Number of C-Section's Performed in Other ORs	Ø	
Total Surgical Cases	1580	6752

e) **Non-Surgical Cases by Category Table**

Enter the number of **non-surgical** cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	Ø	1298
Cystoscopy	70	493
Non-GI Endoscopies *(not reported in 8. c)*	Ø	Ø
GI Endoscopies *(not reported in 8. c)*	Ø	Ø
YAG Laser	Ø	Ø
Other (specify) TEE/Cardioversions	54	36
Other (specify) Bronchoscopy/Pulmonary	50	92
Other (specify) Bone Marrow Biopsy	2	4
Total Non-Surgical Cases	176	1923

PMC.2013.00015894

PET-EX038A.0012

RECORD 005311

8. **Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures** *(continued)*

(**Campus** – *If multiple sites:* University)

d) **Surgical Cases by Specialty Area Table**

Enter the number of **surgical** cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	1	Ø
Open Heart Surgery (from 7.(b) 4.)	0	
General Surgery	476	871
Neurosurgery	0	Ø
Obstetrics and GYN (excluding C-Sections)	230	1259
Ophthalmology	1	284
Oral Surgery	52	181
Orthopedics	200	1105
Otolaryngology	12	774
Plastic Surgery	5	53
Urology	100	169
Vascular	Ø	Ø
Other Surgeries (specify)	Ø	231
Other Surgeries (specify)	Ø	Ø
Number of C-Section's Performed in Dedicated C-Section ORs	503	
Number of C-Section's Performed in Other ORs	Ø	
Total Surgical Cases	1580	4927

e) **Non-Surgical Cases by Category Table**

Enter the number of **non-surgical** cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	Ø	661
Cystoscopy	70	474
Non-GI Endoscopies *(not reported in 8. c)*	Ø	Ø
GI Endoscopies *(not reported in 8. c)*	Ø	Ø
YAG Laser	Ø	Ø
Other (specify)	54	36
Other (specify)	50	92
Other (specify)	2	4
Total Non-Surgical Cases	176	1267

PMC.2013.00015895

PET-EX038A.0013

RECORD 005312

8. **Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures** *(continued)*

(**Campus** – ***If multiple sites:*** Northcross)

d) **Surgical Cases by Specialty Area Table**

Enter the number of **surgical** cases by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases, including surgical cases operated on in procedure rooms or in any other location.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	Ø	Ø
Open Heart Surgery (from 7.(b) 4.)	Ø	
General Surgery	Ø	70
Neurosurgery	Ø	Ø
Obstetrics and GYN (excluding C-Sections)	Ø	243
Ophthalmology	Ø	Ø
Oral Surgery	Ø	2
Orthopedics	Ø	256
Otolaryngology	Ø	848
Plastic Surgery	Ø	267
Urology	Ø	139
Vascular	Ø	Ø
Other Surgeries (specify)	Ø	Ø
Other Surgeries (specify)	Ø	Ø
Number of C-Section's Performed in Dedicated C-Section ORs	Ø	
Number of C-Section's Performed in Other ORs	Ø	
Total Surgical Cases	Ø	1825

e) **Non-Surgical Cases by Category Table**

Enter the number of **non-surgical** cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	Ø	637
Cystoscopy	Ø	19
Non-GI Endoscopies *(not reported in 8. c)*	Ø	Ø
GI Endoscopies *(not reported in 8. c)*	Ø	Ø
YAG Laser	Ø	Ø
Other (specify)	Ø	Ø
Other (specify)	Ø	Ø
Other (specify)	Ø	Ø
Total Non-Surgical Cases	Ø	656

PMC.2013.00015896

PET-EX038A.0014

RECORD 005313

9. Average Operating Room Availability and Average Case Times:

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1872 hours per OR per year.

The Operating Room Methodology also assumes 3 hours for each Inpatient Surgery and 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

Consolidated (excludes C-Sections)

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
8.41	255	133.65	91.99

* Use only Hours per Day **routinely** scheduled when determining. Example: 2 rooms @ 8 hours per day plus 2 rooms @ 10 hours per day equals 36 hours per day; divided by 4 rooms equals an average of 9 hours / per room / per day.

** **"Case Time" = Time from Room Set-up Start to Room Clean-up Finish**. Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure*

9. **Average Operating Room Availability and Average Case Times:**
The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1872 hours per OR per year.

The Operating Room Methodology also assumes 3 hours for each Inpatient Surgery and 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

University (excludes C-Sections)

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
8.5	255	133.65	98.13

* Use only Hours per Day **routinely** scheduled when determining. Example: 2 rooms @ 8 hours per day plus 2 rooms @ 10 hours per day equals 36 hours per day; divided by 4 rooms equals an average of 9 hours / per room / per day.

** **"Case Time" = Time from Room Set-up Start to Room Clean-up Finish.** Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure*

9. **Average Operating Room Availability and Average Case Times:**
The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1872 hours per OR per year.

The Operating Room Methodology also assumes 3 hours for each Inpatient Surgery and 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

Northcross

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
8	253	n/a	75.4

* Use only Hours per Day **routinely** scheduled when determining. Example: 2 rooms @ 8 hours per day plus 2 rooms @ 10 hours per day equals 36 hours per day; divided by 4 rooms equals an average of 9 hours / per room / per day.

** **"Case Time" = Time from Room Set-up Start to Room Clean-up Finish.** Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure*

PMC.2013.00015899

PET-EX038A.0017

RECORD 005316

10a. Magnetic Resonance Imaging (MRI)

Indicate the number of scanners (units) and the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus.

	# Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
Number of fixed MRI scanners-closed (*do not include any* Policy AC-3 scanners)	1							
# of fixed MRI scanners-open (*do not include any* Policy AC-3 scanners)	Ø	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Number of Policy AC-3 MRI scanners used for general clinical purposes	Ø							
Total Fixed MRI Scanners	1	393	309	702	1581	2059	3640	4342
Procedures performed on mobile MRI scanners **only at this site**								
Name(s) of Mobile MRI Provider(s):								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next two rows should not be included in the MRI Patient Origin Table on page 25 of this application.								
Policy AC-3 scanners used for dedicated or non-clinical purposes	Ø							
Other Human Research MRI scanners	Ø							

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	Ø
70540	MRI Orbit/Face/Neck w/o	6
70542	MRI Orbit/Face/Neck with contrast	1
70543	MRI Orbit/Face/Neck w/o & with	29
70544	MRA Head w/o	423
70545	MRA Head with contrast	1
70546	MRA Head w/o & with	2
70547	MRA Neck w/o	273
70548	MRA Neck with contrast	Ø
70549	MRA Neck w/o & with	2
70551	MRI Brain w/o	677
70552	MRI Brain with contrast	1
	Subtotal for this page	1415

10b. MRI Procedures by CPT Codes *continued.....*

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	638
7055A	IAC Screening	Ø
71550	MRI Chest w/o	4
71551	MRI Chest with contrast	Ø
71552	MRI Chest w/o & with	4
71555	MRA Chest with OR without contrast	1
72126	Cervical Spine Infusion only	Ø
72141	MRI Cervical Spine w/o	302
72142	MRI Cervical Spine with contrast	24
72156	MRI Cervical Spine w/o & with	41
72146	MRI Thoracic Spine w/o	104
72147	MRI Thoracic Spine with contrast	8
72157	MRI Thoracic Spine w/o & with	30
72148	MRI Lumbar Spine w/o	577
72149	MRI Lumbar Spine with contrast	3
72158	MRI Lumbar Spine w/o & with	53
72159	MRA Spinal Canal w/o OR with contrast	Ø
72195	MRI Pelvis w/o	45
72196	MRI Pelvis with contrast	Ø
72197	MRI Pelvis w/o & with	157
72198	MRA Pelvis w/o OR with Contrast	Ø
73218	MRI Upper Ext, other than joint w/o	20
73219	MRI Upper Ext, other than joint with contrast	1
73220	MRI Upper Ext, other than joint w/o & with	6
73221	MRI Upper Ext, any joint w/o	147
73222	MRI Upper Ext, any joint with contrast	32
73223	MRI Upper Ext, any joint w/o & with	1
73225	MRA Upper Ext, w/o OR with contrast	Ø
73718	MRI Lower Ext other than joint w/o	92
73719	MRI Lower Ext other than joint with contrast	Ø
73720	MRI Lower Ext other than joint w/o & with	15
73721	MRI Lower Ext any joint w/o	361
73722	MRI Lower Ext any joint with contrast	8
73723	MRI Lower Ext any joint w/o & with	3
73725	MRA Lower Ext w/o OR with contrast	Ø
74181	MRI Abdomen w/o	32
74182	MRI Abdomen with contrast	Ø
	Subtotal for this page	2709

PMC.2013.00015901

PET-EX038A.0019

RECORD 005318

10b. MRI Procedures by CPT Codes *continued.....*

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	197
74185	MRA Abdomen w/o OR with contrast	21
75552	MRI Cardiac Morphology w/o	Ø
75553	MRI Cardiac Morphology with contrast	Ø
75554	MRI Cardiac Function Complete	Ø
75555	MRI Cardiac Function Limited	Ø
75556	MRI Cardiac Velocity Flow Mapping	Ø
76093	MRI Breast, unilateral w/o and/or with contrast	Ø
76094	MRI Breast, bilateral w/o and/or with contrast	Ø
76125	Cineradiography to complement exam	Ø
76390	MRI Spectroscopy	Ø
76393	MRI Guidance for needle placement	Ø
76394	MRI Guidance for tissue ablation	Ø
76400	MRI Bone Marrow blood supply	Ø
7649A	MR functional imaging	Ø
7649D	MRI infant spine comp w/ & w/o contrast	Ø
7649E	Spine (infants) w/o infusion	Ø
7649H	MR functional imaging	Ø
N/A	Clinical Research Scans	Ø
	Subtotal for this page	218
	Total Number of Procedures for all pages	4342

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 2

Does the hospital contract for mobile CT scanner services? ___ Yes X No

If yes, identify the mobile CT vendor _____

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	5813	X	1.00	=	5813.00
2	Head with contrast	153	X	1.25	=	191.25
3	Head without and with contrast	75	X	1.75	=	131.25
4	Body without contrast	6140	X	1.50	=	9210.00
5	Body with contrast	9885	X	1.75	=	17,298.75
6	Body without contrast and with contrast	3107	X	2.75	=	8544.25
7	Biopsy in addition to body scan with or without contrast	47	X	2.75	=	129.25
8	Abscess drainage in addition to body scan with or without contrast	20	X	4.00	=	80.00

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PET-EX038A.0020

RECORD 005319

Scans Performed on Mobile CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	Ø	X	1.00	=	Ø
2	Head with contrast		X	1.25	=	
3	Head without and with contrast		X	1.75	=	
4	Body without contrast		X	1.50	=	
5	Body with contrast		X	1.75	=	
6	Body without contrast and with contrast		X	2.75	=	
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

10d. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	Ø	Ø	Ø	Ø
Mobile PET Scanner	Ø	Ø	Ø	Ø
PET pursuant to Policy AC-3	Ø	Ø	Ø	Ø
Other Human Research PET Scanner	Ø	Ø	Ø	Ø
Ultrasound equipment	4	3656	8495	12151
Mammography equipment	Ø	Ø	Ø	Ø
Bone Density Equipment	Ø	Ø	Ø	Ø
Fixed X-ray Equipment (excluding fluoroscopic)	4	1330	30,411	31,741
Fixed Fluoroscopic X-ray Equipment	4	132	966	1,098
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	1	299	436	735
Coincidence Camera	Ø	Ø	Ø	Ø
Mobile Coincidence Camera Vendor:	Ø	Ø	Ø	Ø
SPECT	Ø	205	145	350
Mobile SPECT Vendor:	Ø	Ø	Ø	Ø
Gamma Camera	1	141	471	612
Mobile Gamma Camera Vendor:	Ø	Ø	Ø	Ø

* PET **procedure** means a single discrete study of one patient involving one or more PET scans. PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. **The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 27.**

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed	Ø	Ø	Ø	Ø
Mobile	1	1	208	209

Lithotripsy Vendor/Owner:
The Stone Institute

PMC.2013.00015903

PET-EX038A.0021

RECORD 005320

11. Linear Accelerator Treatment Data (including Cyberknife® & Similar Equipment)

CPT Code	Description	# of Procedures
Simple Treatment Delivery		
77401	Radiation treatment delivery	
77402	Radiation treatment delivery (<=5 MeV)	
77403	Radiation treatment delivery (6-10 MeV)	
77404	Radiation treatment delivery (11-19 MeV)	
77406	Radiation treatment delivery (>=20 MeV)	
Intermediate Treatment Delivery		
77407	Radiation treatment delivery (<=5 MeV)	
77408	Radiation treatment delivery (6-10 MeV)	
77409	Radiation treatment delivery (11-19 MeV)	
77411	Radiation treatment delivery (>=20 MeV)	
Complex Treatment Delivery		
77412	Radiation treatment delivery (<=5 MeV)	
77413	Radiation treatment delivery (6-10 MeV)	
77414	Radiation treatment delivery (11-19 MeV)	
77416	Radiation treatment delivery (>= 20 MeV)	
Other Treatment Delivery Not Included Above		
77418	Intensity modulated radiation treatment (IMRT) delivery	
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	
	Pediatric Patient under anesthesia	
	Neutron and proton radiation therapy	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	
Imaging Procedures Not Included Above		
77417	Additional field check radiographs	
	Total Procedures – Linear Accelerators	
Gamma Knife® Procedures		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multisource Cobalt 60 based (Gamma Knife)	
	Total Procedures – Gamma Knife®	

PMC.2013.00015904

PET-EX038A.0022

RECORD 005321

11. Linear Accelerator Treatment Data *continued*

a. Number of unduplicated patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. . # patients _____ **(This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 26.**
b. Total number of Linear Accelerator(s) _____
c. Number of Linear Accelerators configured for stereotactic radiosurgery _____
d. Number of simulators (machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient."(GS 131E-176(24b))
e. Number of CyberKnife® Systems: _____, Gamma Knife® _____ Other specialized Linear Accelerators _____ Identify Manufacturer of Equipment _____

12. Telemedicine

a. Does your facility utilize telemedicine to have images read at another facility? Yes

b. Does your facility read telemedicine images? Yes

13. Additional Services:

a) **Check if Service(s) is provided: (for dialysis stations, show number of stations)**

	Check		Check
1. Cardiac Rehab Program (Outpatient)		5. Rehabilitation Outpatient Unit	
2. Chemotherapy	X	6. Podiatric Services	
3. Clinical Psychology Services		7. Genetic Counseling Service	
4. Dental Services		8. **Number** of Acute Dialysis Stations	

b) **Hospice Inpatient Unit Data:**

n/a

Hospital-based hospice units with licensed hospice beds. List each county served and report **all patients by county of residence**. Use each patient's age on the admission day to the Licensed Hospice Inpatient Facility. **For age categories count each inpatient client only once.**

County of Residence	Age 0-17	Age 18-40	Age 41-59	Age 60-64	Age 65-74	Age 75-84	Age 85+	Total Patients Served	Total Days of Care	Deaths
Out of State										
Total All Ages										

13. Additional Services: ***continued***

c) **Mental Health and Substance Abuse**

1. If psychiatric care has a different name than the hospital, please indicate:

   _____

2. If address is different than the hospital, please indicate:

   _____

3. Director of the above services.

   _____

Indicate the program/unit location in the **Service Categories** chart below. If it is in the hospital, include the room number. If it is located at another site, include the building name, program/unit name and address.

n/a

Service Categories: All applicants must complete the following table for all mental health services which are to be provided by the facility. If the service is not offered, leave the spaces blank.

Rule 10A NCAC 27G Licensure Rules For Mental Health Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.						
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness						
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness						
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances						
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness						
.5000 Facility Based Crisis Center						

Rule 10A NCAC 13B Licensure Rules For Hospitals	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders						

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PET-EX038A.0024

RECORD 005323

13. Additional Services: *continued*

n/a

c) Mental Health and Substance Abuse *continued*

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.3100 Nonhospital medical detoxification for individuals who are substance abusers						
.3200 Social setting detoxification for substance abusers						
.3300 Outpatient detoxification for substance abusers						
.3400 Residential treatment/ rehabilitation for individuals with substance abuse disorders						
.3500 Outpatient facilities for individuals with substance abuse disorders						
.3600 Outpatient narcotic addiction treatment						
.3700 Day treatment facilities for individuals with substance abuse disorders						

Rule 10A NCAC 13B Licensure Rules For Hospitals	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.5200 Dedicated inpatient hospital unit for individuals who have substance abuse disorders (specify type) # of Treatment beds _____ # of Medical Detox beds _____						

PMC.2013.00015907

PET-EX038A.0025

RECORD 005324

Patient Origin -General Acute Care Inpatient Services

Facility County: Mecklenburg

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance		37. Gates		73. Person	
2. Alexander	1	38. Graham	1	74. Pitt	2
3. Alleghany		39. Granville		75. Polk	
4. Anson	6	40. Greene		76. Randolph	1
5. Ashe		41. Guilford	11	77. Richmond	4
6. Avery	1	42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	1	80. Rowan	21
9. Bladen	1	45. Henderson	1	81. Rutherford	4
10. Brunswick	3	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	4
12. Burke	2	48. Hyde		84. Stanly	33
13. Cabarrus	614	49. Iredell	58	85. Stokes	1
14. Caldwell	2	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones	1	88. Transylvania	2
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	7	54. Lenoir	2	90. Union	64
19. Chatham		55. Lincoln	43	91. Vance	1
20. Cherokee		56. Macon		92. Wake	4
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	11	59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	4856	96. Wayne	2
25. Craven	1	61. Mitchell		97. Wilkes	2
26. Cumberland	3	62. Montgomery	2	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	1
28. Dare		64. Nash	1	100. Yancey	
29. Davidson	2	65. New Hanover	2		
30. Davie	1	66. Northampton		101. Georgia	15
31. Duplin		67. Onslow	1	102. South Carolina	50
32. Durham	2	68. Orange	1	103. Tennessee	5
33. Edgecombe		69. Pamlico		104. Virginia	11
34. Forsyth	5	70. Pasquotank		105. Other States	91
35. Franklin		71. Pender		106. Other	8
36. Gaston	86	72. Perquimans		**Total No. of Patients**	6048

PMC.2013.00015908

PET-EX038A.0026

RECORD 005325

Patient Origin – Inpatient Surgical Cases

Facility County: Mecklenburg

In an effort to document patterns of Inpatient utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each inpatient surgical patient served in your facility. Count each inpatient surgical patient once regardless of the number of surgical procedures performed while the patient was having surgery. However, each admission as an inpatient surgical case should be reported separately.

The Total from this chart should match the Total Inpatient Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	2	40. Greene		76. Randolph	
5. Ashe		41. Guilford	3	77. Richmond	
6. Avery	1	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	1	80. Rowan	9
9. Bladen		45. Henderson	1	81. Rutherford	3
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	1
12. Burke		48. Hyde		84. Stanly	15
13. Cabarrus	205	49. Iredell	27	85. Stokes	1
14. Caldwell	2	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	1
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	4	54. Lenoir		90. Union	23
19. Chatham		55. Lincoln	29	91. Vance	1
20. Cherokee		56. Macon		92. Wake	1
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	3	59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	1177	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	1
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover	1		
30. Davie		66. Northampton		101. Georgia	4
31. Duplin		67. Onslow	1	102. South Carolina	18
32. Durham		68. Orange		103. Tennessee	0
33. Edgecombe		69. Pamlico		104. Virginia	2
34. Forsyth	1	70. Pasquotank		105. Other States	13
35. Franklin		71. Pender		106. Other	0
36. Gaston	28	72. Perquimans		**Total No. of Patients**	1580

PMC.2013.00015909

PET-EX038A.0027

RECORD 005326

Patient Origin – Ambulatory Surgical Cases

Facility County: Mecklenburg

In an effort to document patterns of Ambulatory utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each ambulatory surgery patient served in your facility. Count each ambulatory patient once regardless of the number of procedures performed while the patient was having surgery. However, each admission as an ambulatory surgery case should be reported separately.

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	
2. Alexander	8	38. Graham		74. Pitt	
3. Alleghany	1	39. Granville		75. Polk	
4. Anson	8	40. Greene		76. Randolph	2
5. Ashe	5	41. Guilford	13	77. Richmond	1
6. Avery	2	42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett	1	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	123
9. Bladen		45. Henderson	4	81. Rutherford	11
10. Brunswick	1	46. Hertford	1	82. Sampson	
11. Buncombe	3	47. Hoke		83. Scotland	
12. Burke	3	48. Hyde		84. Stanly	59
13. Cabarrus	932	49. Iredell	345	85. Stokes	1
14. Caldwell	7	50. Jackson		86. Surry	7
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	1
17. Caswell		53. Lee	2	89. Tyrrell	
18. Catawba	84	54. Lenoir		90. Union	148
19. Chatham		55. Lincoln	233	91. Vance	
20. Cherokee		56. Macon		92. Wake	7
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	35	59. McDowell	3	95. Watauga	7
24. Columbus	1	60. Mecklenburg	4271	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	9
26. Cumberland	4	62. Montgomery	1	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	1
28. Dare		64. Nash	1	100. Yancey	2
29. Davidson	6	65. New Hanover			
30. Davie	4	66. Northampton		101. Georgia	5
31. Duplin		67. Onslow		102. South Carolina	127
32. Durham	2	68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico	1	104. Virginia	13
34. Forsyth	10	70. Pasquotank		105. Other States	37
35. Franklin		71. Pender		106. Other	Ø
36. Gaston	195	72. Perquimans		**Total No. of Patients**	6752

PMC.2013.00015910

PET-EX038A.0028

RECORD 005327

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: Mecklenburg

In an effort to document patterns of utilization of Gastrointestinal Endoscopy Services in North Carolina hospitals, please provide the county of residence for each GI Endoscopy patient served in your facility. Count each patient once regardless of the number of procedures performed while the patient was receiving GI Endoscopy Services. However, each admission for GI Endoscopy services should be reported separately.

The Total from this chart should match the Total GI Endoscopy cases reported on the "Gastrointestinal Endoscopy Rooms, Cases and Procedures" Table on page 8 plus the total Inpatient and Ambulatory GI Endoscopy cases from the "Non-Surgical Cases by Category" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	2	38. Graham	1	74. Pitt	1
3. Alleghany		39. Granville		75. Polk	
4. Anson	7	40. Greene		76. Randolph	
5. Ashe	1	41. Guilford	4	77. Richmond	1
6. Avery		42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	1	80. Rowan	31
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe	1	47. Hoke		83. Scotland	1
12. Burke	2	48. Hyde		84. Stanly	37
13. Cabarrus	310	49. Iredell	42	85. Stokes	
14. Caldwell	3	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	21	54. Lenoir		90. Union	28
19. Chatham		55. Lincoln	29	91. Vance	
20. Cherokee		56. Macon		92. Wake	1
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	9	59. McDowell	1	95. Watauga	
24. Columbus		60. Mecklenburg	1620	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	1
26. Cumberland		62. Montgomery	7	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	1
29. Davidson	1	65. New Hanover			
30. Davie		66. Northampton		101. Georgia	3
31. Duplin		67. Onslow	1	102. South Carolina	16
32. Durham		68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth		70. Pasquotank		105. Other States	17
35. Franklin		71. Pender		106. Other	0
36. Gaston	52	72. Perquimans		**Total No. of Patients**	2258

PMC.2013.00015911

PET-EX038A.0029

RECORD 005328

All responses should pertain to **October 1, 2009 through September 30, 2010.** n/a

Patient Origin - Psychiatric and Substance Abuse Alamance through Johnston

Facility County: Mecklenburg

Complete the following table below for inpatient Days of Care reported under Section .5200.

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Alamance									
Alexander									
Alleghany									
Anson									
Ashe									
Avery									
Beaufort									
Bertie									
Bladen									
Brunswick									
Buncombe									
Burke									
Cabarrus									
Caldwell									
Camden									
Carteret									
Caswell									
Catawba									
Chatham									
Cherokee									
Chowan									
Clay									
Cleveland									
Columbus									
Craven									
Cumberland									
Currituck									
Dare									
Davidson									
Davie									
Duplin									
Durham									
Edgecombe									
Forsyth									
Franklin									
Gaston									
Gates									
Graham									
Granville									
Greene									
Guilford									
Halifax									
Harnett									
Haywood									
Henderson									
Hertford									
Hoke									
Hyde									
Iredell									
Jackson									
Johnston									

** **Note:** See counties: Jones through Yancey (including Out-of-State) on next page.

PMC.2013.00015912

PET-EX038A.0030

RECORD 005329

All responses should pertain to October 1, 2009 through September 30, 2010.

n/a

Patient Origin - Psychiatric and Substance Abuse Jones through Yancey (including Out-of-State)

Facility County: Mecklenburg

(Continued from previous page)

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Jones									
Lee									
Lenoir									
Lincoln									
Macon									
Madison									
Martin									
McDowell									
Mecklenburg									
Mitchell									
Montgomery									
Moore									
Nash									
New Hanover									
Northampton									
Onslow									
Orange									
Pamlico									
Pasquotank									
Pender									
Perquimans									
Person									
Pitt									
Polk									
Randolph									
Richmond									
Robeson									
Rockingham									
Rowan									
Rutherford									
Sampson									
Scotland									
Stanly									
Stokes									
Surry									
Swain									
Transylvania									
Tyrrell									
Union									
Vance									
Wake									
Warren									
Washington									
Watauga									
Wayne									
Wilkes									
Wilson									
Yadkin									
Yancey									
Out of State									
TOTALS									

** Note: See counties: Alamance through Johnston on previous page.

Patient Origin - MRI Services

Facility County: Mecklenburg

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. **The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table 10a.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	2	38. Graham		74. Pitt	1
3. Alleghany		39. Granville		75. Polk	
4. Anson	3	40. Greene		76. Randolph	
5. Ashe		41. Guilford	7	77. Richmond	1
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	25
9. Bladen	1	45. Henderson	1	81. Rutherford	
10. Brunswick	4	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	1
12. Burke	3	48. Hyde		84. Stanly	29
13. Cabarrus	425	49. Iredell	42	85. Stokes	
14. Caldwell	1	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	10	54. Lenoir		90. Union	39
19. Chatham		55. Lincoln	24	91. Vance	
20. Cherokee		56. Macon		92. Wake	2
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	10	59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	2553	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	1
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	2	65. New Hanover	1		
30. Davie		66. Northampton		101. Georgia	Ø
31. Duplin		67. Onslow		102. South Carolina	32
32. Durham	1	68. Orange		103. Tennessee	Ø
33. Edgecombe		69. Pamlico		104. Virginia	2
34. Forsyth	7	70. Pasquotank		105. Other States	25
35. Franklin		71. Pender		106. Other	Ø
36. Gaston	48	72. Perquimans		**Total No. of Patients**	3303

Are mobile MRI services currently provided at your hospital? yes _____ no X

All responses should pertain to **October 1, 2009 through September 30, 2010.**

n/a

Patient Origin – Linear Accelerator Treatment

Facility County: Mecklenburg

In an effort to document patterns of utilization of linear accelerators in North Carolina, hospitals are asked to provide the county of residence for patients served on linear accelerators in your facility. Report the number of unduplicated patients who receive radiation oncology treatment on equipment (linear accelerators, CyberKnife®, but not Gamma Knife®) listed in Section 11 of this application. Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. **The number of patients reported here should match the number of patients reported in Section 11.a. of this application.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		**Total No. of Patients**	

PMC.2013.00015915

PET-EX038A.0033

RECORD 005332

All responses should pertain to October 1, 2009 through September 30, 2010.

n/a

Patient Origin – PET Scanner

Facility County: Mecklenburg

In an effort to document patterns of utilization of PET Scanner in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. **Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in Table 10d on page 14.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		**Total No. of Patients**	

PMC.2013.00015916

PET-EX038A.0034

RECORD 005333

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2011 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2011 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature: William H Leonard **Date:** 12/15/2010

PRINT NAME OF APPROVING OFFICIAL William H. Leonard

Please be advised, the license fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, prior to the issuance of a hospital license.