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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

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OCT 01 2018
S.C. SUPREME COURT

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 XIII OF XVII

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Bon Secours Healthcare System - Greenville, SC
Greenville, SC
Millennium Hospital

DESCRIPTION 64 Bed Replacement facility Based on Odells Modified Programming 3/14/08		CON COST
1 CONSTRUCTION		
LAND		
A. SITE WORK IMPROVEMENTS		w/construction
B. LANDSCAPE		w/construction
C. NEW BUILDING CONSTRU		$76,345,105
D. PARKING DECK		$6,368,306
E, GC CONTINGENCY		$7,673,469
SUBTOTAL CONSTRUCTION COSTS - GMP		$90,386,880
ESTIMATING CONTINGENCY	0%	$0
CONSTRUCTION CONTINGENCY	0%	$0
TOTAL CONSTRUCTION		$90,386,880
2 CONSTRUCTION RELATED COSTS		
A. MEDICAL EQUIPMENT		$16,650,000
B. SIGNAGE (interior & exterior)		$959,000
C. UTILITIES TO THE SITE		$480,000
D. ARTWORK ALLOWANCE		$60,834
E. SOIL TEST		$14,388
F. SITE SURVEYS		$14,867
G. CONSTRUCTION TESTING		$335,714
H. PROJECT INSURANCE		$189,535
I. INFRASTRUCTURE IT/Nurse Call		$8,824,490
SUBTOTAL CONSTRUCTION RELATED COSTS		$27,528,828
3 OWNER/ADMINISTRATIVE COSTS		
A. CON COSTS		$1,000,000
B. REIMBURSABLE EXPENSES		
ARCHITECTURAL		$239,796
PROGRAM MANAGEMENT		$37,408
C. FURNITURE		$3,836,735
D. DESIGN FEES		
ARCHITECTURAL - CONCEPT STUDY		$498,776
ARCHITECTURAL - CONSTRUCTION DOCUMENTS		$6,047,653
PROGRAM MANAGEMENT		$748,163
E. LEED COMMISSIONING CONSULTANT		$167,857
F. SEWER AND WATER TAP FEES		$287,755
G RENOVATIONS TO EXISTING FACILITY (Backfill)		$1,438,776
H LAND		$2,000,000
I ESCALATON ON CONSTRUCTION 1.25 YEAR		$5,395,408
SUBTOTAL OWNER/ADMINISTRATIVE COSTS		$21,698,327
SUBTOTAL CONSTRUCTION RELATED COSTS		$27,528,828
SUBTOTAL CONSTRUCTION COSTS		$90,386,880
PROJECT CONTINGENCY		$5,440,561
TOTAL PROJECT BUDGET		$145,054,596

GE Healthcare

QUOTATION

Quotation Number: P2-C44366 V 1

St Francis Hospital - Bon Secours
1 Saint Francis Dr
Greenville SC 29601

Attn: Phyllis Briaud
RADIOLOGY DIRECTOR
1 Saint Francis Dr
Greenville SC 29601

Date: 06-04-2008

Item No.	Qty	Description
	1	**LightSpeed CT750 HD**
1	1	LightSpeed CT750 HD System

The LightSpeed CT750 HD is the world's first head and whole body high definition CT system offering enhanced visual clarity and dose reduction whe scanning all parts of the body, and all ages. Major sub systems within this HD CT scanner have been re-imagined and designed to work in harmony to improve image quality and reduce dose. The LightSpeed CT750 HD output is a valuable medical tool for the diagnosis of disease, trauma, or abnormality and for planning, guiding and monitoring therapy.

See More

The LightSpeed CT750 HD delivers unparalleled image quality enabling the visualization of greater anatomical detail, for assessment and diagnosis.

- up to 33% improvement in spatial resolution for body modes
- up to 47% improvement in spatial resolution for cardiac scan modes
- Accurate quantification of stenosis in coronary and vascular vessels
- up to 40% improvement is low contrast detectability for greater soft tissue visualization, allowing improved visualization of smaller low contrast structures down to 2mm in size.

Know More

Gemstone Spectral Imaging: The LightSpeed CT750 HD system with Gemstone Spectral Imaging can acquire CT images using different kV levels of the same anatomical region of a patient in a single rotation from a single source. The differences in the energy dependence of the attenuation coefficient of the different materials provide information about the chemical composition of body materials. This approach enables images to be generated at energies selected from the available spectrum to visualize and analyze information about anatomical and pathological structures. Gemstone Spectral Imaging:

- registers energies more than 165 times faster than a dual source CT system at .33-second rotation speed
- generates derived images over a 50cm SFOV for the separation of materials such as calcium, iodine, and water
- provides derived monochromatic spectral images at 101 user selectable energy levels for image contrast optimization

000070

1/19

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General Electric Company
General Electric Company, GE Medical Systems

Item No.	Qty	Description

- reduces beam-hardening artifacts due to bone, metal, and other high contrast material (example. iodine) up to 50%
- can detect iodine concentrations as low as 0.5% in density
- can acquire up to 128 slices per rotation when using the Gemstone Spectral Imaging scan mode The Gemstone Spectral Imaging innovative viewer allows the user to scroll between the full spectrum of kV energies to visually confirm the ideal energy that frames the desired anatomy density of interest.

Volume Helical Shuttle The Volume Helical Shuttle dynamic imaging option allows covering anatomical volumes up to 312.5mm for 4D CT Angiography exams, more than enough coverage for any organ in the human body. This correlates to 500 slices of dynamic 4D coverage. For perfusion assessment VolumeShuttle provides 80mm of axial shuttle, and Volume Helical Shuttle provides up to 120mm of axial coverage.

(Gemstone Spectral Imaging and Volume Helical Shuttle capabilities of the LightSpeed CT750 HD scanner are expected to be available in Q2 2009)

Less Dose

The LightSpeed CT750 HD innovations continue with advances in reconstruction technology resulting in dramatic dose reduction opportunities in the entire body compared to predecessor CT systems. Adaptive Statistical Iterative Recon (ASIR):provides users with a new and innovative image reconstruction technology to reduce unwanted noise in diagnostic images,

allowing users to improve image quality at up to 50% less dose.

LightSpeed CT750 HD Technology

The revolutionary clinical advances of the LightSpeed CT750 HD are achieved via technological leaps forward in the entire image chain including reconstruction hardware and algorithms.

The key technological advancement is GE's proprietary Gemstone (TM) Detector enabling the improvements in spatial resolution, low contrast detectability, and spectral(multiple energy) imaging. The Gemstone detector is a garnet based CT scintillator was chosen for its highly efficient optical properties. Gemstone detector sets a new standard in CT scintillator performance supporting the next generation of CT imaging applications such as spectral imaging. This is the first new CT scintillator to be developed in the past 20 years and is designed to support high definition imaging.

- 98% efficient at 120kV
- Fastest primary speed in the industry, 100 times faster than available competitive scintillators
- Support higher resolution with lower noise per image

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PMC.2013.00005447

PET-EX055.0072

RECORD 005819

Item No.	Qty	Description

- Isotropic gemstone garnet cubic structure

System components: This whole body CT system includes a compact geometry premium gantry, table, Power Destribution Unit, high performance Xtream HD console with 2 high definition LCD's, customized keyboard, and graphical user interface design for efficient workflow with one technologist.

Gantry: GE's compact gantry design and advanced 10G baud slip ring design continuously rotates the Performix HD tube, HD generator, Gemstone detector and Volara HD digital data acquisition around the patient. Exclusive VariSpeed allows short breath holds, more comfortable exams and the flexibility to customize protocols for unique patient needs.

- Aperture: 70 cm
- Rotational speeds: VariSpeed technology 360 degrees in 0.35, 0.375, 0.4, 0.475, 0.5, 0.6, 0.7, 0.8, 0.9, 1.0 Seconds
- Integrated breathing lights & GE exclusive countdown timer
- Integrated start scan button with countdown timer to indicate when x-ray will turn on
- Tilt: +/- 30 degrees, speed: 1 degree/second
- Remote tilt from operator's console

Gemstone (TM) Detector: The GE proprietary Gemstone detector enables high definition CT. Ultimately the performance of every CT system begins with the detector, and Gemstone sets a new standard in scintillator primary speed, afterglow and performance supporting the next generation of high definition CT imaging applications such as single source spectral imaging. THe proprietary Gemstone scintillator is the first new detector material developed in the past 20 years. The V-Res detector benefits are·

- 98% efficient at 120kvp
- Fastest primary speed in the industry
- Best after glow performance in the industry
- Higher resolution with lower noise per image
- 20 times less radiation damage of the scintillator when compared to competitive detector materials (Gadolinium Oxysulfide)
- Isotropic ceramic with a cubic structure
- Consistent Image Quality from the use of GE's exclusive patented detector material
- Backlit diode tecnology provides 100% active area

Performix HD X-ray Tube: Performix HD metal-ceramic tube unit with it's unique

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PMC.2013.00005448

PET-EX055.0073

RECORD 005820

Item No.	Qty	Description

electrostatic cathode collimator design allows the focal spot to be dynamically positioned and customized to the clinical protocol and patient. The anode heat storage capability and wide range of technique (10 ma to 835 ma, in 5 ma increments) give the

technologist and physician the flexibility to tailor protocols for even the most demanding acute care and cardiac exams without tube cooling.

- Heat storage capacity: 8.0 MHU
- Maximum power: 100 kW (835mA)
- Small focal spot power: 570mA at 120kv, standard resolution
- Small focal spot power: 420mA at 120kv, high resolution
- Beam collimated to 56-degree fan angle
- Heat dissapation: -Anode (Max)>2,100 KHU/min -Casing (cont) 648 KHU/min
- Dual Focal Spots: -Small Focal Spot: 0.7 (W) x 0.6 (L) Nominal Value;(IEC 336/93);0.8 mm (W) 0.7 mm (L) (IE 336/2005) -Large Focal Spot;0.9 (W) x 0.9 (L) Nominal Value; (IEC 336/93); 1.1 mm (W) x 1.0 mm (L) (IEC 336/2005)

HD High Voltage Generator: The HD Generator is capable of switching energy at very high speed to support Gemstone Spectral Imaging. High Frequency on-board gnerator allows for continuous high power demands required for acute care, cardiac and bariatric exams.

- 100 kW Output Power
- kVp: 80, 100, 120,140
- Energy Switching Speed: up to 0.5 msec
- mA: 10 to 835, in 5 mA increments Maximum mA for each kVp selection: kVp Max mA 80 675 100 835 120 835 140 715

Volara HD Digital DAS (Data Acquisition System): The Volara HD digital DAS is high-speed data acquisition system that dramatically improves image quality, especially spatial resolution,low dose exams, and artifact reduction.

- up to 2,496 views per rotation for improvement in spatial resolution and improved image quality across the entire 50cm field of view
- 7,130Hz maximum sample rate
- 58,368 available input channels
- 23 bit dynamic range, 8,000,000 to 1

Integrated Laser Alignment Lights:

- Defined internal and external scan planes to +/- 1 mm accuracy
- Coronal light remains perpendicular to axial light as gantry tilts making visual readout easy from tableside or the operator console

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PMC.2013.00005449

PET-EX055.0074

RECORD 005821

GE Healthcare

QUOTATION

Quotation Number: P2-C44366 V 1

Item No.	Qty	Description

Patient Table:

- Cantilever design for easy patient access, and stability
- Vertical range: 43 cm to 99.1 cm, scannable: 78.5 cm to 99.1 cm
- Horizontal range: 1700mm, (2000mm option)
- Horizontal speed. up to 137.5 mm/sec
- Table automatically re-centers on scan plane with changes in vertical position
- Helical pitches: 0.5:1, 0.9:1, 1.375:1, and cardiac pitches 0.16:1 to 0.24:1 for 0.35 sec cardiac scanning
- Table capacity: 227kg(500lb) +/- 0.25mm positional accuracy

Cardiac Capabilities. o With SnapShot(TM)Pulse complete prospectively gated low does coronary CTA study in as few as 5 heart beats with dose reduction of up to 83% with improved image quality. o Complete a retrospectively gated helical acquisition coronary CTA study in 4-5 seconds with GE's exclusive 5-Beat Cardiac(TM) o For acute care, this product provides the information to allow you to detect and diagnose coronary artery disease, pulmonary enbolus and aortic dissection in one exam. o Cardiac Trigger Monitor to synchronize R-Wave output with the CT system. Features include:ECG and Heart Rate Display, P-Lock Algorithm, Trigger Mark, Chart Recorder ECG Data Storage, ECG Notch Filter, System Interlock, and internal Universal Power Supply Designed exclusively to work with GE CT Scanners. o The R-Peak Editor allows the user to retrospectively modify trigger points identifying R-peaks on ECG trace as displayed on the console. The capability may improve

successful cardiac acquisition rate by enabling users to perform the modification in the cases where there is irregular heartbeat or suboptimal triggers.

Xtream(TM) HD Workflow: Xtream HD Workflow Platform built on the LINUX operating system for flexibility and security, the next evolution of GE's workflow and reconstruction architecture built to help you maximize productivity and lower dose with ASIR. The Split tabletop allows unrestricted patient viewing while supporting 2 - 19 inch color LCD monitors. Each work surface can be adjusted to accomodate a wide variety of operator preferences and site requirements.

Adaptive Statistical Iterative Recon (ASIR) provides the users with a new and innovative image reconstruction technology to reduce unwanted noise in diagnostic images, allowing users to improve image quality at up to 50% less dose.

Xtream HD Reconstruction breaks through existing limits on speed, image quality and flexibility to provide an optimized volumetric workflow solution from acquisistion to final report.

o Delivers up to 16 full fidelity images per second (ips) reconstruction o Up to 16 ips

000074

5/19

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General Electric Company, GE Medical Systems

PMC.2013.00005450

PET-EX055.0075

RECORD 005822

Item No.	Qty	Description

network transfer rates o DMPR (Direct Multiplanar Reformates) enables prospective 3D review of sagittal, coronal and oblique planes automatically o Exam Split delivers the capability to split a series of patient images into seperate groups for networking o Data Export and Interchange that allows you to easily share images with referring physicians and patients o Complete set of clinically proven, low dose protocols and the ability to customize your own for a total of 8,460 programmable protocols Xtream allows you to automate or build every task into protocols to increase throughput. o Image decomposition to: -Retrospective thin images from data sets where thicker images were initially recontructed -Facilitates more detailed image and analysis -Improves 3D and reformat visualization o 3D Neuro filters provide image noise reduction By lowering the image noise, these filters allow for the reduction of radiation dose while maintaining the image quality o VariViewer is an interactive axial review mode that can change the slice thickness reconstruction instantaneously

Xtream HD Operator Console: o 803GB of total system storage o 250,000 uncompressed 512 image files storage capacity, and 2880 scan seconds of scan data storage capacity o 4.7 GB DVD/CD-R for data interchange (not recommended as a long term archive)

Scan: Xtream HD workflow allows simultaneous scanning, image reconstruction, display, processing and analysis, as well as networking, archival and filming o Anatomical programmer allows quick and easy access to user progammable protocols. These are seperate selector for adult and pediactric protocols o Protocols include preset scan time, kVp, mA, scan mode, image thickness and spacing, table speed, scan FOV, display FOV and center, recon algorithm, networking destination, archiving and special processing options like Direct MPR o AutoVoice: 3 preset (English) and 17 user defined messages automatically deliver patient breathing instructions, epecially useful for multiple helical scanning o Trauma Patient mode: Allows patient scans and image display/analysis without entering patient data before scanning o Reconstruction Algorithms: Soft Tissue, Standard, Detail, Bone, Bone Plus, Lung and Edge

OptiDose Features: OptiDose management features: bowtie filters optimized for coronary angiography and pediatric

exams, 3D dose modulation, Color coding for kids tracking collimnator hardware and software for x-ray beam tracking, ECG dose modulation, to name a few of GE's dose optimization features, all based on the ALARA principle. o 3D Dose modulation. Before the scan, clinicians can select the desired Noise/IQ: CT then tailored automatically exposure parameters, patient to patient and real-time x-y-z during each scan, resulting in up to 30 to 40% dose reduction. o Tracking collimator hardware and software for x-ray beam tracking to minimize patient dose o Filtration of the x-ray beam is optimized independently for body and head applications o DLP (dose length

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PMC.2013.00005451

PET-EX055.0076

RECORD 005823

Item No.	Qty	Description

product) and dose efficiency display and reports during scan prescription provides patient dose information to the operator and can be saved with each exam o DICOM Dose report included with each exam

Image Networking: Exams can be selected and moved between the LightSpeed CT750 HD System and any imaging sytem supporting the DICOM 3.0 protocol for network send, receive and pull/query. o Standard Auto-configuring Ethernet o Direct Network Connection o Supports 1GB or 10/100 BaseT o Suported Protocols -DICOM 3.0 Netowrk -Advantage Net -InSite Point-to-Point -TCP/IP (for System Administration)

DICOM Conformance: o DICOM 3.0 Storage Service Class o Service Class User (SCU) for image send o Service Class Provider (SCP) for receive o DICOM 3.0 Query/Retrieve Service Class o DICOM 3.0 MOD Media Service Class o DICOM 3.0 Storage Commitment Class Push o DICOM 3.0 Modality Worklist (incl:Performed Procedure Step through ConnectPro option) 0 DICOM 3.0 Print

InSite Broadband included: All hardware and software required to connect this CT system to GE's InSite On-Line Center via secure VPN high-speed internet connection. Enables customer to access services designed to: reduce downtime, improve quality, enhance performance, increase productivity, and expand imaging capabilities, and increased privacy and security of data transmissions.

Enter the world of HD CT with the world's first High Definition CT scanner, the GE LightSpeed CT750 HD.

Warranty: The published Company warranty in effect on the date of shipment shall apply. The Company reserves the right to make changes. All specifications are subject to change.

Regulatory Compliance: This product is designed to comply with applicable standards under the Radiation Control for Health and Safety Act of 1968.

Laser alignment devices contained within this product are appropriately labeled according to the requirements of the Center for Devices and Radiological Health.

Siting Considerations: See the Pre-Installation manual for details of the siting requirements for GE LightSpeed CT750 HD.

This product is a CT-compliant device, which satifies regulations regarding Electro-Magnetic Compatibility (EMC) and Electro-Magnetic Interference (EMI), pursuant to IEC-601.

This quote includes a future product delivery commitment by GEHC for the above specified product(s). Customer is responsible for downtime, if any, assiciated with the installation of the product(s) ordered under this commitment. If customer has a service contract with GEHC, customer is also responsible for any changes to service contract

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General Electric Company
General Electric Company, GE Medical Systems

PMC.2013.00005452

PET-EX055.0077

RECORD 005824

Item No.	Qty	Description
		pricing due to the installation of the product(s) ordered under this commitment. This commitment is expressly limited to the above specified product that are FDA-cleared, but not yet commercially available. Customer shall not be entitled to any refund in connection with this commitment and no monies may be allocated to any product(s) except the product(s) specified by this commitment. Customer is responsible for the proper accounting for all payments made in the manner required under any state or federal program which provides reimbursement to the customer for or related to any products or services provided under this agreement. Amounts paid by customer under the terms and conditions of this agreement. Before order entry, GEHC may remove the future product delivery commitment catalog number item(s) from this order and create a separate order for such catalog number item(s). However, payment terms shall remain the same as originally statd in the quotation and payment for the future product delivery commitment catalog number item(s) shall be included with the payment for the original order
2	1	English Language Keyboard and SCIM
3	1	Standard length cable set for VCT and VCT Select system
4	1	The VT 2000 table for LightSpeed VCT or LightSpeed RT 16 systems enables Volume scanning. Key features of the VT 2000 table include: 500 lb weight capacity, 2000 mm scannable range, 175 mm/sec travel time, real-time Z-axis position feedback between gantry and table.
5	1	Upgrade from AW 4.2 or Later to AW VolumeShare2 with No New Monitors. AW VolumeShare2 provides 3D visualization and analysis with exceptional stability, quality and flexibility for powerful multi-modality image management, review, comparison and processing. It features state of the art 64 bit technology and 2 dual core processors for superior performance and large thin slice data set handling. In addition, AW VolumeShare2 features dramatic user interface enhancements that makes processing routine cases easy and complex cases simpler. The AW software family improves diagnostic/treatment workflow and enhances clinician-patient communication. AW VolumeShare2 software includes: • Volume Viewer 3.1: GE 3D software package that includes Volume Rendering, Volume Analysis, Navigator and other 3D visualization and analysis tools • Advanced X-ray Analysis: Accommodates routine and special procedures, providing tools specifically for the review of DICOM x-ray images. • 2D image viewer that displays RT, CT, MR, CR X-Ray (Angio and R&F), Digital X-Ray (DX), MG, NM, PET, U/S, Secondary Capture, Secondary Capture Color

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PET-EX055.0078

RECORD 005825

Quotation Number: P2-C44366 V 1

Item No.	Qty	Description

DICOM Image Objects

- Filmer: Multimedia export tool that creates standard or free-format electronic films in DICOM SR that can be saved, networked or printed to a DICOM, DICOM color or a supported postscript printer. Electronic films can also be exported out of the DICOM environment in a variety of multimedia formats (HTML, PDF, JPEG, PNG, MPEG, AVI, QuickTimey VR).

AW VolumeShare2 ships with:

- Post-processing software platform, Patient List, database, and DICOM networking
- Volume Viewer 3.1(VA, VR, Navigator)
- 2D Viewer
- Filmer
- Data Export
- Advanced X-ray Analysis
- HP xw8400 Workstation:
  - 2 Intel Xeon Dual Core Processors @ 3.0GHz clock speed, 4MB shared L2 cache
  - 4GB DDR-2 RAM (expandable to 12GB)
  - 2 x 146 GB: SAS 15,000rpm hard disks (292 GB can be used for image storage)
  - 1 x 73 GB: SAS 15,000rpm hard disk for OS and system files
  - Internal DVD-ROM drive with CD burner (40x read/write) for DICOM media interchange and writing of DataExport electronic films
  - 10/100/1000 base-T network interface
  - USB Optical 3-button mouse
  - 3 inch floppy drive for service use and preset archive capability

NOTE: The AW Workstation that is to be Upgraded with this purchase becomes the Property of GE Healthcare. Upon Installation of the New AW Workstation, the current AW Unit must be De-Installed and Returned to GE Healthcare.

DOES NOT INCLUDE AUTOBONE XPRESS SOFTWARE OR ANY OTHER ADVANCED APPLICATIONS NOT LISTED

6	1	AW VolumeShare2 Productivity Package with 12GB of Additional RAM.

Requires HP xw8400 Hardware

AW VolumeShare2 with Productivity Package Represents:

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RECORD 005826

Quotation Number: P2-C44366 V 1

Item No.	Qty	Description

- More Capacity to Load Multiple Large Dataset with at least 12GB of RAM.
- Instantaneous Display of Exams with AutoLaunch.
- Instantaneous Access to the Segmented Vessel Volume with Preprocessing.

Productivity Package makes full use of the 64 bit Technology as well as the Dual Screen xw8400 Hardware of the AW workstation. It Runs 12 to 16 GB of RAM giving the Ability to Load simultaneously up to 15,300 Images.

AutoLaunch Loads Automatically Multiple Cases as soon as they are Transferred to the AW. A Single Click in the AutoLaunch Window Raises Instantly in the Case in Volume Viewer. Interaction with the Data is Immediately Possible as they are Preloaded and Ready to Use. AutoLaunch is compatible with CT, MR and PET Single Volume Protocols of Volume Viewer.

One-Touch Links provide the Ability to Automatically Launch the best Protocol for each Exam based upon DICOM Image Acquisition Elements. An Intuitive User Interface in the Protocol Launcher provided an Easy Configuration of One Touch Links by Clicking the Hand Icon.

When combined with Optional AutoBone Xpress, the Productivity Package will also Provide the Automatic Preprocessing of the Bone Removal. Raising CTA Exams Located in the AutoLaunch Window will give Instantaneous Access to the Vessel Volume Resulting from the 0-Click Bone Removal. There is No More Waiting Time between the Exam Selection and the Ability to interact in 3D with the Segmented Vascular Volume.

7 1 CT Perfusion 4 Neuro Package Node Locked

CT Perfusion 4 Neuro Package is an image analysis software package that allows the evaluation of dynamic CT data following an injection of a compact bolus of contrast material, generating information with regards to changes in Image intensity over time. The software provides a quick and reliable assessment of the type and extent of cerebral perfusion disturbances by providing qualitative and quantitative information on various perfusion related parameters, which may be related to acute stroke, brain tumor angiogenesis and treatment thereof. The key perfusion parameters that CT Perfusion 4 Neuro Package generates are:

- Regional Blood Volume (BV; ml/100g)
- Regional Blood Flow (BF; ml/min/100g)
- Regional Mean Transit Time (rMTT;s)
- Capillary Permeability Surface Area Product (PS)
- Time of Arrival (IRF T0)

Perfusion 4 also includes a new feature, Tissue Classification Index, which provides a

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PET-EX055.0080

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Item No.	Qty	Description
		thresholding algorithm that may aid the clinician in determining the status of the tissue based on blood volume and blood flow maps where the first six hours after the onset of symptoms are critical in identifying the occurrence of stroke and follow-up treatment. Productivity is enhanced through the protocol driven design of the user interface. An example of this is the Brain Stroke Protocol (Automatic) that completes the processing with one touch reducing the time required to process the exam and to enhance repeatability. When combined with the VolumeShuttle software option on the LightSpeed VCT XT, coverage is increased to 80mm Normal coverage for LightSpeeed VCT or LightSpeed VCT XT is 40mm. CT Perfusion 4 runs on Advantage Workstation (AW) VolumeShare2.
8	1	CardIQ Function Xpress Upgrade for Advantage Workstation CardIQ Function Xpress is an Image Analysis Software Package that Allows the User to Non-Invasively Image the Functional Parameters of the Heart. CardIQ Functional Xpress Data is available when SnapShot Imaging (Segment, Burst or Burst Plus) is acquired for a coronary CTA study. The software automatically detects endocardial and epicardial contours for assessment of left ventricular (LV), right ventricular (RV) and left atrial functional parameters. The package is optimized to perform assessment of cardiac function using GE LightSpeed CT multi-phase, multi-slice cardiac CT images. The CardIQ Function Xpress tool can be applied to standard axial CT images. These images can be acquired on GE's LightSpeed multi-slice CT scanners using the cardiac CT Snapshot Segment, Burst or Burst Plus imaging acquisition option. The CardIQ Function Xpress option allows the user to: • Automatically select each chamber of the heart for individual changer volume analysis. The software automatically selects the LV 97%, LA 87% and RV 96% of the time. • Automatic end diastolic and end systolic selection for LV, RV and LA ejection fractions >91% of the time. • Behind the scene processing & loading of function data for real time review of ejection fraction, volume analysis and myocardial analysis. • One click activation for 4D beating heart • Automatic selection of epicardium and epicardium and endocardium for myocardial analysis. • Bulley's plots representing wall motion, wall thickness and wall thickening.

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PET-EX055.0081

RECORD 005828

Quotation Number: P2-C44366 V 1

Item No.	Qty	Description
		• Automatic left atrium volume calcification with exclusion of the pulmonary vein. • Single click visual wall motion activation with short axis images in the basal, mid and distal orientation along with a 2 chamber long axis view. • Flexible reporting tool with graphical representations. • Display table of key functional parameters for instant visualization. • Automatic report generation tool within the CardIQ Function Xpress software. • Automatically fill in the report fields to includes: - ejection fraction, stroke volume, end diastolic volume, end systolic volume, pulmonary vasacular resistence, systemic vascular resistence, myocardial mass, and cardiac output. • Capability to create pre-defined conclusion templates for various finding types. • Fully customizable report templates to include logos, diagrams, signatures, patient history and messages. • Report generation provided in PDF, HTML or plain text format. • Ability to combine CardIQ Xpress 2.0 and CardIQ Function Xpress reports. System requirements: AW Workstation with VolumeShare2 running 8400 hardware or higher. The auto launch and preprocessing is only available on 8400 workstation with 16GB Ram or more. 2 monitor configuration Color landscape moniitor
9	1	CardIQ Xpress 2.0 Elite Upgrade from Previous Release or Lower Tier CardIQ Xpress 2.0 Elite is an integrated post processing image analysis software dedicated for the application of cardiovascular imaging on GE's Advantage Workstation (VolumeShare2 with the productivity package). The CardIQ Xpress 2.0 software option can be used to effectively display, reformat and analyze 2D or 3D cardiac CT images for qualitative or quantitative assessment of heart anatomy and coronary artery vessels from single or multiple cardiac phase image data sets. CardIQ Xpress 2.0 is launched via it's own link or from Volume Viewer applications. It provides the user with both single and multiple cardiac phase analysis protocols. The operator has a variety of different 2D, 3D or reformatted protocols to choose from to perform analysis and measurements. They include: display of coronary vessel tree, angiographic view, 2D and 3D rendering of single or multiple coronary artery vessels or grafts, automatic reformation of cross sectional cardiac images into planes along short or long axis of the heart, one-touch cath views for 3D or reformatted images, 3D angiographic view phase registration, plaque density measurements and color HU mapping of the plaque, IVUS-like views, 3D ejection fraction, 4D aortic and Mitral valve views, relative perfusion, transparency views and beating heart images from single or

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RECORD 005829

Item No.	Qty	Description

multiple cardiac phase image data sets.

The CardIQ Xpress 2.0 tool can be applied to standard axial CT images. These images can be acquired on GE's LightSpeed multi-slice CT scanners using the cardiac CT SnapShot Pulse, Segment, Burst or Burst Plus imaging acquisition option.

Clinical Benefits: Cardiovascular CT imaging using multislice CT technology is a new and exciting clinical application which may make significant impacts to cardiovascular disease management as a non-invasive imaging technique. Multislice detector CT, which has been quickly adopted by the clinical community, has the advantage of being easy-to-use, reliable and accessible, as compared to other invasive or non-invasive cardiac imaging techniques. One of the critical components for an effective cardiac CT application is a fully integrated post processing and analysis tool tailored for cardiac imaging. The CardIQ Xpress 2.0 Elite option is designed to provide an easy-to-use and time-effective means for cariovascular image manipulation. Clinical applications include: imaging of cardiac morphology, coronary artery imaging and assessment of relative perfusion, bypass graft patency, post intervention follow-up and functional assessment.

CardIQ Xpress 2.0 Elite simplifies user workflow by:

- Pre-processing the images & models for quick review of the exam
- Loading images into the auto launch area for real-time review of multiple exams
- Stream-lining protocol selection
- Easy switching form one protocol to the other without exiting the application
- Single click one-touch cath views
- Batch movie output within cardiac reformat
- User defined layouts within vessel analysis for simplified viewing and filming
- Multi-phase load to single phase review

The CardIQ Xpress 2.0 Elite option allows the user to:

- As the exam is networked to the AW Pre-procssing of the data occurs
- Automatically loads images into auto launch for real-time review
- Extract, render and display 2D/3D coronary vascular tree images with automatic vessel tracking with single click of a protocol
- Automatically render data for streamlined reading to include: 3D rendered heart, angiographic view, tree VR, and ejection fraction.
- Color enhanced relative perfusion defect pattern recognition for detection of ischemic heart disease
- Reformat standard axial CT images of single or multiple cardiac phases automatically into short, long and two chamber long axis of the heart for easy

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PET-EX055.0083

RECORD 005830

Quotation Number: P2-C44366 V 1

Item No.	Qty	Description

review

- 2D reformat review with predefined views to reveiw all coronary vessels
- Perform functional evaluation of the heart and cine capabilities for multiphase beating heart images with one easy click
- Select protocols within the reveiw step area allowing user to select a different protocol without exiting the application
- Automatically track, extract and display coronary artery vessels using coronary vessel analysis tools from a single or multiple cardiac phase image data sets with manual tracking option
- One step label to instantly change a vessel name
- Various measurements of coronary artery vessels to include stenosis, density and length of stenotic area
- PlaqID assigns customizable color maps to HU values for improved visualization of plaque pathology
- Pre-defined VR IVUS-like views for virtually determining the different compositions of the plaque
- One touch angiographic view protocol display coronary vessel tree and myocardium with automatic removal of heart chambers for cath comparative view
- Heart transparency model allowing for full visualization of coronaries in relations to the heart chambers with the ability to fade out the chambers of the heart
- 4D aortic valve and mitral valve views with one touch
- Automatic extraction of the left ventricle with automatic selection of ES and ED for ejection fraction & volume measurements
- Oblique reformat views in the standard cath angles to provide an easy analysis of the coronary vessels
- Load multi-phase images, review the data and decide which phase or phases will be reveiwed for further processing by dropping the non-essential phases
- One touch protocols are available for performing 3D analysis of the heart quickly with pre-defined presets to view the cardiac vessels and chambers. Available with single or multi-phase data sets
- Phase registration - ability to register images from different cardiac phases into a unique data set. The data set can then be saved as a 3D object and/or used for further analysis

System requirements:

- AW Workstation with VolumeShare2 running 8400 hardware or higher
- The auto launch and preporcessing is only available om 8400 workstation with

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RECORD 005831

Item No.	Qty	Description
		12GB Ram • 2 monitor configuration • Color landscape monitor
10	1	AdvantageCTC Plus to AdvantageCTC Pro3D Upgrade Product not available to ship until 2Q 2008 AdvantageCTC Plus to AdvantageCTC Pro3D Upgrade is a CT Colonography (CTC) Advanced Application Software Package for the analysis of the colon and surrounding structures utilizing helical CT data. The physician centric design provides a complete reading workflow solution. Synchronized, index review of 2D, 3D and dissection views provide a fast, complete analysis of the CT data. Key features include: • GE Exclusive 360degree Dissection View Aids in decreasing analysis and review time. • Prone and supine synchronized image review This feature provides a complete view of the colon that may be filled with fluid. • Small Bowel Extraction- The software quickly segments and removes the small bowel for unobstructed viewing of the colon. • Polyp Color Display- Color marks polyps for easier tracking. • Movie Generator- Create views with just a few clicks. Movie may be saved in a MPEG format. • Virtual Joystick- Navigational tools for a fast review with more control. • Virtual Biopsy View- To assist in problem solving complex areas of interest. • Tagging Support- Aid in centerline creation and review of tagged exams. • Patient Report- Customizable reports that offers complete flexibility. The report may exported to CD, HTTP or printer. System requirements. • AW VolumeShare2 • Two-monitor/flat panel configuration recommended. • AdvantageCTC Plus Note: All software are Non-Transferable to other hardware and are Non-Returnable.
11	1	ALA1/Advantage ALA Upgrade to Lung VCAR Volume Computer Assisted Reading (VCAR) takes a new direction in application design, leveraging (exploiting) the power of high resolution, volume scanning. This new technology is enabled by the Automatic Detection, Precise Segmentation and

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PET-EX055.0085

RECORD 005832

Quotation Number: P2-C44366 V 1

Item No.	Qty	Description
		Interactive Quantitative Analysis that enhances analytics and improves data management. The result being better informed decisions and improved patient management. Key features include: • Digital Contrast Agent (DCA)- Automatically visualizes and highlights abnormal and potentially cancerous pulmonary solid nodules • Bookmarking Tools for ease of image review and analysis • Correlated Workflow-Synchronized 2D, DCA and Segmented Analysis • One Click Solid Nodule Segmentation from vessels and pleural wall • Segmentation Analysis of all nodule types Solid, Non-Solid and Part Solid • Automatic Nodule Analysis Provides: - Percent Growth - Doubling Time - Volumes • Automatic Segmentation of both the right and left lungs thus reducing the visual distractions associated with anatomy not of interest • Cross Reference/Correlation Bar Provides a quick reference to aid in the localization of a nodules global location • Image Display Tools for comparison of initial and follow-up exams • Automatic Bookmark Propagation from previous to current or current to previous exams • Automatic Image Registration for image review synchronization • Temporal Statistics Display for fast informed decisions • Customizable Personal Review Layouts • Interactive Patient Reporting (DICOM SR) Provides both sttructure and flexibility Lung VCAR upgrade requirements: AW VolumeShare and Advanced Lung Analysis
12	1	SmartScore 3.5 to 4.0 Upgrade B79971JK SmartScore 3.5 to SmartScore 4.0 is for the Advantage Windows Workstation. New features include: Mass Score, automatic highlighting of the calcium, new mouse modes and improvements to patient report. Pre-requisite: Must have previous version of SmartScore and supply AW Host ID with order.
13	1	Upgrade AutoBone and Advanced Vessel Analysis to VesselIQ Xpress and AutoBone Xpress for AW VolumeShare 2. CT VesselIQ Xpress & AutoBone Xpress Software is for AW VolumeShare2.

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Quotation Number: P2-C44366 V 1

Item No.	Qty	Description
		VesselIQ Xpress provides an optimized non-invasive application to analyze vascular anatomy and pathology and aid in determining treatment plans from a set of CTA images. This software supports the physician in: • Assessment of aneurysms with or without thrombus (false lumen) for size and volume measurements with the capability to track the size and volume over time, stenosis analysis, pre/post stent and surgical planning and directional vessel tortuosity visualization. • Automatic tools for the segmentation of bony structures in the brain and neck and other vascular areas for accurate identification of the vessels, single or double click vessel analysis. • Sizing the vessel, analyzing calcified and non-calcified plaque to determine the densities of plaque within a vessel, measure areas of abnormalities within a vessel (like stenosis, plaque, thrombus, dissection or leakage). • Semi-automated detection and segmentation of thrombus for subsequent measurements within the application. • Dedicated anatomy based protocols for improved workflow. • Compare a patient's previous exam to their current exam in order to measure and track any changes over time of their vascular structures. • After review of the exams, there are multiple ways to film, archive and capture information for future review. System Requirements: • AW VolumeShare2 Note: All software are Non-Transferable to other hardware and are Non-Returnable.
14	1	Medrad Stellant DX Dual-Flow Ceiling Mount Injection System with Short Post. Requires E8007NZ Mounting Plate be added to the order....E
15	1	OCS III MOUNTING PLATE
16	1	CT Main Disconnect Panel - 125 Amp This 125-amp main disconnect panel serves as the main power disconnect between the CT system and the facility 400-480V power source. It provides short circuit, overload, under voltage release, automatic restart, and emergency shut down for the CT system. It also reduces install ation time and cost by providing a single-point power connection eliminating the need to mount and wire a number of individual components, and its standardized design and testing assures high product quality and system reliability. On systems where the optional 12.5 KVA partial system UPS is ordered (E4502KT), the main disconnect panel also provides mandated emer gency

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RECORD 005834

Quotation Number: P2-C44366 V 1

Item No.	Qty	Description
		power off control via a UPS output disconnect function included in the panel design. It also provides a standardized plat form for future UPS or other GE-engineered modifications or upgrades. This panel is compatible with GEHC LightSpeed Pro 16, Pro 32, LightSpeed VCT and RT CT systems. Customer is responsible for rigging and arranging for installation by a licensed electrician. This ITEM IS NON-RETURNABLE AND NON-REFUNDABLE. Warranty Code: Y
17	1	Slicker - VCT 1700 Systems (2-pc Set) Protective table cover and cushion set for the CT VCT 1700 systems. This two-piece, sealed slicker cushion set has comfort pads enclosed inside the slicker cover and extender cover. The durable, clear PVC plastic cover facilitates faster, more thorough cleanup of blood and fluids. This helps to increase system uptime by protecting table from spills and particulate contaminants, is easy to install and comfortable for patients. Thermo-sealed seams and flaps prevent contaminate buildup in hard to clean areas. Includes table cushion, extender cushion, and catheter bag holder. Warranty Code: H
18	1	Footswitch Slicker for CT VCT 1700/2000 Systems The footswitch slicker for CT VCT 2000 and 1700 systems is made of durable, clear PVC plastic that protects the footswitch and facilitates faster, more thorough cleanup of contamination caused by blood and other body fluids. Cover is held securely in place with Velcro...H
19	1	TiP Applications VCT Succeed Advance TiP Applications VCT Succeed Advance training includes: • 14 onsite days covered over 5 site visits • 4 hrs TVA, 1hr per week • 1 TiP Headquarter Class All elements of the programs are completed within 6 months post installation. Onsite training and TVA are delivered Monday through Friday between 8AM and 5PM. T&L expenses are included. Headquarters classes are delivered in the Milwaukee area and include travel and modest living expenses.
20	1	TiP HQ Class LightSpeed VCT - Full Service 3.5 day CT course held in the Milwaukee area. Includes travel and modest living expenses. This course is designed to introduce the technologist to the CT LightSpeed VCT system.

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PET-EX055.0088

RECORD 005835

GE Healthcare

QUOTATION

Quotation Number: P2-C44366 V 1

Item No.	Qty	Description

Quote Summary:

Total Quote Net Selling Price **$2,491,160.15**

(Quoted prices do not reflect state and local taxes if applicable)

If you would like to place an order for this equipment, a formal contract document will be prepared for your consideration. This quote is for budgetary use only; only a GE contract can become a binding order.

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19/19

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Quotation Number: P4-C35488 V 1

St Francis Hospital - Bon Secours
1 Saint Francis Dr
Greenville SC 29601

Attn: Dean Edelman
Assistant Director of Radiology
1 Saint Francis Dr
Greenville SC 29601

Date: 06-19-2008

Qty	Catalog No.	Description
1		**Innova 4100IQ Single Plane System**
1	S18741AM	Innova 4100IQ Vascular and Interventional Single Plane System

Innova 4100IQ Vascular and Interventional Single Plane System

Innova LC Positioner

- Floor Mounted L-Arm with Offset C-Arm Gantry
- Patented 3-axis Isocentric Design
- Vessel Profiling Capability
- Anatomical and Mechanical Movement for Easy Gantry Positioning

Innova Digital Flat Panel Image Chain

- 41 cm Revolution Digital Flat Panel Imaging System
- Completely Digital Imaging Chain
- Amorphous Silicon Photodiode Array
- Cesium Iodine Scintillator
- 41 cm x 41 cm Active Area
- 2048 x 2048 Array of Imaging Elements on a 200 Micron Pitch
- 40, 32, 20, and 16 cm Fields of View

Innova J Type SP 100 kW Multipulse Power Unit

- Automated Image Acquisition Provides Optimal Control of Image Quality at the Lowest Dose
- Insite Remote Diagnostics with GE Service Contract
- Grid Pulsed Fluoroscopy

Performix 160A X-ray Tube:

- 1.0, 0.6 and 0.3 mm (Biased) Effective Focal Spots
- Grid Pulsed Fluoroscopy
- 3.7 MHU Anode Heat Storage Capacity
- 3200 Watt Continuous Casing Heat Dissipation Rate
- Continuous Water Cooling with External Chiller

Innova Angiographic Collimator

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PET-EX055.0090

RECORD 005837

Qty	Catalog No.	Description

- Automated Spectral Filters
  - 1, .2, and .3 mm Thick
- Three Independent Motorized Contour Filter Plates Including a Central Leg Filter
- Functions Controlled From Tableside

Standard Innova 4100 User Interface Package

- 43 cm (18 Inch) Color LCD Flat Monitor with Keyboard and Mouse
  - Integrated Generator, System, and DL Digital Controls on Monitor
- System Keypad and Status Bar
- Tableside TSSC with Contour Filter Controls, Collimation, 72 User Stored Gantry Positions, and Landscaped Roadmapping at Tableside
- Virtual Collimation provided with display of Collimator position on Fluoro Last Image Hold
- Dual Footswitch with Table Unlock and Footswitch Cover
- InfraRed Remote Control for Tableside Review

Innova DL Digital Imaging Subsystem

- Conventional Angiographic Acquisition at .5 to 7.5 Frames per Second
- Dynamic Cineangiographic Acquisition at 15 and 30 Frames per Second
- Pulsed Fluoroscopy at 30 or 15 fps
- On-the-fly Field of View Adjustment with Four Magnification Selections (40 cm, 32 cm, 20 cm, and 16 cm)
- Integrated X-ray Dose Tracking with In-room Display of Cumulative Dose and Dose Area Product
- Dose Information Stored on the Exam Browser
- Image Storage of 136,000/1024 Cardiac Images; 68,000/1024 Angio Images
- DICOM Image Output on 100 mbit Ethernet with Background Auto-send
- Images may be Sent at Either 1024 x 1024 Acquisition Resolution or in a Standard 512 x 512 DICOM Format in Uncompressed
- Automatic Background Transfer of Images to Either the AW Workstation or a Cardiac Review Station Depending on the Image Content
- Automatic Injection Capability for Contrast Media Injector Initiation
- User Defined Acquisition Protocols Via Procedure Edit

Image Display

- Control Room Display
  - Contains 1 x 43 cm (18 Inch) LCD Flat Panel Monochrome Display Monitor for the Live Image Display

000090

PMC.2013.00005466

PET-EX055.0091

RECORD 005838

Qty	Catalog No.	Description
		Accessories • Clear Vu Arm Support • Armboard HB 1 Horizontal with replacement pad. - Velcro Quick Straps - 7.6 x 9.14 cm Broadband Built In Includes hardware install support essential for systems to be ready for high speed internet connection. Enables customer to access GE Healthcare Digital Services designed to: improve quality, enhance performance, increase productivity, reduce costs, reduce downtime, expand imaging capabilities, and increase privacy and security of data transmission. Standard warranty coverage hours for this Innova system are 8 AM to 9 PM local time, Monday through Friday, excluding GE Healthcare holidays.
1	S18061CE	Omega V Long Table with Slicker Cover (Motorized) Omega V Angiographic Table with Slicker Cover The Omega V Angiographic Table is a Motorized, Full Featured Vascular Table that Allows Easy Patient Positioning. • Mechanical Float for Complete Flexibility in Patient Positioning • 131 inches Long; 18 inches Wide; 67 inches Longitudinal Travel for Full Coverage of a Six Foot Six Inch Patient • Power Assist for Easy Longitudinal Movement of Heavy Patients • Motorized Longitudinal Travel for Use with Remote Bolus Chase • Motorized Variable Height From 30.5 Inches to 42.5 Inches Above Floor • Carbon Fiber Tabletop Provides Maximum Rigidity with Low Absorption and Scatter • +/-180 Degree Rotation Allows Fingertip to Fingertip Imaging without Moving the Patient on the Tabletop and Provides Easy Patient Access for Transfer or Emergency Situations. • 450 Pound Patient Weight Rating for Mask to Contrast Image Repositioning Accuracy with Tabletop Fully Extended. • Includes GE Table Panning Device, a Table Mounted Vertical Grip for Faster and Easier Table Lock Release and Panning Includes Slicker Cover
1	S18061AC	Head Extender for Omega Table Omega Table Extender

000091

Qty	Catalog No.	Description
		• Extender to widen the table top head end for patient comfort
1	S18061FG	Second Single Plane Footswitch for Control Room Second Footswitch with Cover for the Control Room, Single Plane Configuration
1	S18351AB	Innova 3D In-Room Mouse Innova 3D In-room Mouse
1	S18751SA	In-room Browser with Send Angles In Room Browser Enables a thumbnail display of acquired sequences and photos on the in room monitor for interactive table-side selection and review. With a press of a button, transfer the angulation information from a review image to positioner for auto-positioning of the gantry.
1	S18751TS	Innova Central Touch Screen The Touch Screen User Interface is a gateway to table-side integration of multiple work-flow enhancing features. The Touch Screen controls not only Innova functions, but also Maclab cardiolab functions (optional). In the future this centralized tableside platform is going to have ability to connect with, and control third-party devices as well.
1	S18751FS	FluoroStore with Fluoroloop FluroStore Lets you store and play fluoroscopic loops with a push of a button. Enables looping display and storage of the last 450 fluoroscopic images (60 seconds to 15 seconds depending on frame rate). The images are marked with a separate icon to identify them distinctly during the review.
1	S18341TT	Table Panning Device with 5M Cable Table Panning Device with 5M Cable Table mounted vertical grip for fast and easy table lock release and panning of the Omega Cardiac and Angio tables.
2	S18061TV	Smart Box SmartBox New SmartBox for Simplified and Intuitive Joystick Control of Positioner and Table • Anatomical and mechanical positioning • Independent or simultaneous movement of all three positioner axes

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PMC.2013.00005468

PET-EX055.0093

RECORD 005840

Qty	Catalog No.	Description
		• Remote SID Control • Manual or motor assisted 4-way table panning • Ergonomic design • Hermetically sealed
1	S18061TR	2nd Remote TSSC Innova Second Remote TSSC. For Control Room only.
1	S18461EA	Two LCD Monitor Package for Exam Room Two 18 Inch Monochrome LCD Monitor Package All Components Required for Two Monitor In-lab Viewing of High Quality Flicker Free Images. The Kit Includes: • 2-18 Inch Premium LCD Monitors • 120Hz Scan Converter Kit
2	S18381AW	18" Color LCD In-Room AW Repeater Monitor 18 inch In-room Color LCD Monitor • 18 inch In-room Color LCD Monitor • Dual Input Video Splitter • Required cabling for 2 color inputs • Required cabling from AW to In Room Monitor
1	S18391CC	4 LCD Monitor Suspension with 36 Meter Cable Four LCD Monitor Suspension with 36M Cable All Components Required for In-Room Support of Two 18-Inch LCD Monitors and two other monitors for Physiological Display and the repeater AW In-room Monitor • Four Monitor Boom Suspension • Articulating Arm Allows Rotation/Pivot for Optimal Clearance • Pre-Cabled for Four Monitors and the Digital System Remote Receiver • Pre-Cabled for ECG Display Monitor • Accomodates AW In-room Display Option
1	S18461ER	18" LCD Flat Panel Control Room Reference Monitor 18 Inch Monochrome Flat (LCD) Reference Monitor All Components Required for Viewing of High Quality Images. The Kit Includes:

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Qty	Catalog No.	Description
		• 18 Inch Monochrome LCD Control Room Monitor • All Required Cabling
1	S18751PC	GE Digital Energy 20 KVA UPS for Innova GE Digital Energy 20KVa UPS for Innova Systems
1	S18751PS	Innova UPS Interface Innova UPS Interface
1	S1876PC	Innova Main Disconnect Panel - UPS Ready Innova Main Disconnect Panel - UPS Ready This main disconnect panel provides emergency shut down, undervoltage protection, overcurrent protection, OSHA lockout tag provisions, and serves as a local disconnect for the GEHC Innova system. It reduces installation time and cost by providing a single-point power connection, eliminating the need to mount and wire a number of individual components, and its standardized design and testing assures high product quality and system reliability. It is UL and cUL listed for compliance with National Electric Code, and it can be either surface or semi-flush mounted. Customer is responsible for rigging and arranging for installation with a certified electrician.

1	S18741BE	InnovaBreeze Subtracted Peripheral Angiography Option - Frontal Plane Only
		InnovaBreeze Peripheral Vascular Imaging Option - Frontal Plane Only
		• InnovaBreeze Acquisition Software
		  - Continuous panning while viewing subtracted contrast bolus
		• InnovaBreeze control handswitches with interface cables
		  - Handles installed in control room
		• InnovaBreeze Advantage Paste Software on AW
		• Quickstrap Positioning Strap Kit

1	S18741TA	Innova 3D Option Innova 3D Option This option includes the necessary hardware and software for the Innova 3D Option for acquiring and processing Innova Rotational Angiography and visualizing the results on the AW Workstation. The option also includes the capability of the acquiring 2D rotational spins (InnovaSpin). This option requires the Innova 3D calibration phantom kit and the Volume Viewer capability on the AW Workstation.

Qty	Catalog No.	Description
		The acquisition capability includes both the choice of InnovaSpin at 40 degrees per second with DRM applied and Innova 3D acquisition at 40 degrees per second with DRM turned off for reconstruction on the AW Workstation. The Acquisition in both cases spans approximately 200 degrees and takes approximately 5 seconds to complete. Acquisition fields of view are 40x40 cm, 32x32 cm, 20x20 cm, and 16x16 cm on the Innova 4100; 30x30 cm, 20x20 cm, 16x16 cm, and 12x12 cm on the Innova 3100; and 20x20 cm, 16x16 cm, and 12x12 cm on the Innova 2100. Data is automatically transferred to the AW Workstation for reconstruction and review. The option includes the necessary software on the AW Workstation for reconstruction of the acquired data with appropriate artifact correction applied into slice data sets that can be reviewed utilizing the full capabilities of the Volume Viewer application of the AW Workstation. These capabilities include 3D visualization structure as well as cross sectional slice review. Innova 3D results can be archived utilizing the AW archival capabilities or exported to external storage systems for long term archival.
1	S18701VD	3D Calibration Suitcase for Innova 4100IQ Innova 4100IQ 3D Calibration Suitcase The set includes the necessary calibration phantoms for calibrating acquisition and post processing of Innova Rotational Angiography on the Innova 4100IQ System. The set includes a secure storage case.
1	S18701CT	Innova CT Option Innova CT Option Innova CT is an applications extension of the Innova 3D Rotational Angiography Option and requires the Innova 3D Option as a pre-requisite. It includes the necessary hardware and software to perform 5, 10, and 20 second acquisition spins for the purpose of acquiring rotational data sets with additional axial angles to improve low contrast resolution and other image quality parameters. These spins yield approximately 150, 300, and 600 axial angles. Acquisition fields of view are 32x32 cm, 20x20 cm, and 16x16 cm on the Innova 4100; 30x30 cm, 20x20 cm, 16x16 cm, and 12x12 cm on the Innova 3100, and 20x20 cm, 16x16 cm, and 12x12 cm on the Innova 2100. Innova CT also includes reconstruction software with modified artifact correction and reconstruction parameters designed to optimize the visualization of the Innova CT data.
1	M81511FB	AW VolumeShare2 System with 2 Monitors, VolumeViewer3 and 4GB RAM AW VolumeShare2 with Two Flat Panel Monitors and 4GB of RAM AW VolumeShare2 provides 3D visualization and analysis with exceptional stability, quality and flexibility for powerful multi-modality image management, review, comparison and processing.

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Qty	Catalog No.	Description

It features state of the art 64 bit technology and 2 dual core processors for superior performance and large thin slice data set handling. In addition, AW VolumeShare2 features dramatic user interface enhancements that makes processing routine cases easy and complex cases simpler.

The AW software family improves diagnostic/treatment workflow and enhances clinician-patient communication. AW VolumeShare2 software includes:

- Volume Viewer 3.1: GE 3D software package that includes Volume Rendering, Volume Analysis, Navigator and other 3D visualization and analysis tools
- Advanced X-ray Analysis: Accommodates routine and special procedures, providing tools specifically for the review of DICOM x-ray images.
- 2D image viewer that displays RT, CT, MR, CR X-Ray (Angio and R&F), Digital X-Ray (DX), MG, NM, PET, U/S, Secondary Capture, Secondary Capture Color DICOM Image Objects
- Filmer: Multimedia export tool that creates standard or free-format electronic films in DICOM SR that can be saved, networked or printed to a DICOM, DICOM color or a supported postscript printer. Electronic films can also be exported out of the DICOM environment in a variety of multimedia formats (HTML, PDF, JPEG, PNG, MPEG, AVI, QuickTimey VR).

AW VolumeShare 2 ships with:

- Post-processing software platform, Patient List, database, and DICOM networking
- Volume Viewer 3.1(VA, VR, Navigator)
- 2D Viewer
- Filmer
- Data Export
- Advanced X-ray Analysis
- Two 19" flat panel monitors
- HP xw8400 Workstation:
  - 2 Intel Xeon Dual Core Processors @ 3.0GHz clock speed, 4MB shared L2 cache
  - 4GB DDR-2 RAM (expandable to 12GB)
  - 2 x 146 GB: SAS 15,000rpm hard disks (292 GB can be used for image storage)
  - 1 x 73 GB: SAS 15,000rpm hard disk for OS and system files
  - Internal DVD-ROM drive with CD burner (40x read/write) for DICOM media interchange and writing of DataExport electronic films
  - 10/100/1000 base-T network interface
  - USB Optical 3-button mouse
  - 3 inch floppy drive for service use and preset archive capability

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RECORD 005844

Quotation Number: P4-C35488 V 1

Qty	Catalog No.	Description
		DOES NOT INCLUDE AUTOBONE XPRESS SOFTWARE OR ANY OTHER ADVANCED APPLICATIONS NOT LISTED
1	S18021SB	AW Stenosis Analysis Software Package with Calculated Calibration Feature Stenosis Analysis Package for AW The Stenosis Analysis Package is an application designed for estimating vessel dimensions and relevant parameters of the arterial Stenosis morphology in X-Ray angiography. The system is capable of automatic detection of vessel edges and display of stenosis severity.
1	E6420BF	HB-2 Double Vertical Articulating Armboard HB-2 Double Vertical Articulating Armboard This radiolucent, advanced composite armboard articulates in both the horizontal and vertical planes, allowing virtually unobstructed fluoroscopy of catheter placement. Advanced hinge design allows the user to set a vertical position of up to 45 degrees, with no metallic parts to corrupt the image. Radiolucent flat plate slides under the table pad, and is fastened securely in place by an angled lip on one side and a Velcro strap on the other. The plate fits most flattop, special procedure angiographic tables, and can quickly and easily be removed from the table by releasing the strap and sliding the armboard out from under the patient. A Velcro wrist strap and foam pad is included A replacement pad set (E6420BC) is available separately...H
1	E6415J	X-Ray Table Clamp for Remote Panning Handle X-Ray Table Clamp for Remote Panning Handle This X-ray table clamp for remote panning handle, also known as "Big AL", is designed to work with an Omega cardiac/vascular table. The handle allows the operator to position the table remote panning handle at either side of the head end of the table, and the location of the handle can be customized to meet the needs of the individual operator...H
1	E7018JN	Medrad Mark V ProVis Table Mount Injector, Remote Keyboard, Free Standing Pedestal Medrad Provis Table Mount Injector w/Remote Keyboard, & Free-Standing Pedestal The Medrad Mark V Provis table mount injector has a programmed microprocessor that helps protect against over-volume, over-flow and over pressure, as well as an exclusive mechanical stop that automatically sets and locks to physically limit injection to selected volume and is unaffected by electrical interruption. There is also a large, bright control panel for easy reading in any lighting situation, and common protocols are stored to save time. Multiple turret configurations offer different volume studies and a wide range of fast and slow loading speeds. This model includes a remote keyboard and free-standing pedestal so that it can be moved around the room for added flexibility. Recommended for use with Angiography and Cardiology systems...E

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RECORD 005845

Quotation Number: P4-C35488 V 1

Qty	Catalog No.	Description
1	E8015JB	Omega V Tempurpedic Table Pad (1 in. Thick), 131 in. L Omega V Tempurpedic Table Pad (1 in. Thick), 131 in. L GE has partnered with Tempurmedic to produce a 1 in. thick pad that improves patient comfort for long procedures. This mattress is designed for use in acute, sub-acute, and long-term care settings. It is a superior therapeutic adjunct that has been clinically demonstrated effective in supporting comprehensive plans of care intended to prevent and treat pressure ulcers. Healthcare facilities that have convert ed to this mattress have reported: significant reduction in wound incidence rates, desirable wound healing rates, and better patient comfort. This rectangular mattress is recommended for use with the Omega V Angio table, has a neutral gray color and measures 131 in. L x 22 in. W x 1 in. T...H
1	E6220J	VIS-A-VIS Vitalinq Intercom System for X-ray VIS-A-VIS Vitalinq Intercom System for X-ray The VIS-A-VIS Vitalinq intercom system for X-ray is a two-way communication system that is designed to meet the specific needs that arise during diagnostic and interventional procedures. It enables physicians to have continuous two-way conversation with the control room operator during diagnostic and interventional procedures. The larger format and unique pyramidal construction of the microphones contribute to its high intelligibility, even within the acoustically active space of a full-functioning procedure room. The system also provides music via separate stereo speakers and a combination CD and FM receiver. INSTALLATION IS THE RESPONSIBILITY OF THE CUSTOMER . . H Warranty Period 6 months- Exchange of non conforming products, which are returned to GE during warranty period. Note:Installation,parts, application training and on-site service is the buyer's responsibility.
2	E7058A	GE Anti-Fatigue Floor Mat GE Anti-Fatigue Floor Mat The GE anti-fatigue floor mat helps reduce body stress and fatigue resulting from standing for long periods, and it is one of the most comfortable, buoyant anti-fatigue floor mats on the market. The mat is durably constructed and sealed to prevent moisture absorption and facilitate cleanup. It is a medium blue marbleized color, weighs 22 lbs. and measures 36 in. W x 60 in. L as 0.5 in. T. This mat is ideal for Cardiology, Angiography, and R&F environments...H
1	E3053KD	Mavig 360 Radiation Shield & R-96 Lamp, 76 cm x 62 cm, 58 cm Column Mavig 360 Radiation Shield & R-96 Lamp, 76 cm x 62 cm, 58 cm Column The Mavig Protegra2 360 overhead stationary radiation system provides radiation protection for medical personnel while allowing visual contact from practitioner to patient. This stationary

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RECORD 005846

Qty	Catalog No.	Description
		ceiling mount system with 360 degree rotation of the spring-arm provides ease of use and positioning, and is offered with a center mounted 76 x 62 cm 0.5mm lead equiv. acrylic shield with contour cutout and MUL protection, a 58cm ceiling column, and a Uniflex R96 lamp, 115V, 40,000 lux with a 14-25 cm focusable light-field. Mounting plate included; CE and UL marked. Warranty Code: H Warranty Period-6 moriths- Exchange of non conforming products, which are returned to GE during warranty period Note: Installation, parts, application training and on-site service is the buyer's responsibility
1	E3053JB	Mavig Double Pivot, Flexible Lower Body Protector Mavig Double Pivot, Flexible Lower Body Protector, (UT6020-GE); This Model is Designed To Offer Full Protection to Doctor and Staff During Examination in Combination with Tiltable Tables. Performance Angle +/- 15 Degrees, Adjustable Brakes for Lower Shield, Left and Right Table Mounting with Single Adapter; Sold per Each ..H Warranty Period-6 months- Exchange of non conforming products, which are returned to GE during warranty period Note: Installation, parts, application training and on-site service is the buyer's responsibility
1	W0100CV	Six Days Cardiovascular X-ray Onsite System Training 6 Day Cardiovascular X-ray Onsite System Training Onsite Training for a new Cardiac, Digital Radiographic, Vascular, or Innova X-ray System. Includes: • One-4 day onsite visit to coincide with system start up • One-2 day onsite follow-up visit 6-8 weeks post system start up During the first visit, the applications specialist will work with the medical and technical staff on system operation and patient procedures. The training produces the best results when a dedicated core group of 2-4 X-ray technologists complete the session with a modified patient schedule By the end of this visit, the core group should be able to perform the routine patient procedures. The 2 day revisit is suggested after the staff has run the system for 6-8 weeks, however this is flexible based on the site needs. The training will focus on the intermediate and advanced functions of the system or special needs of the customer. The training produces the best results when the same dedicated core group of 2-4 technologists from the initial visit complete the session with a modified patient schedule.
1	W0004CV	Four Days Cardiovascular X-ray Onsite Training 4 Days Cardiovascular X-ray Onsite Training Four Days Onsite Training provided from 8AM to 5PM, Monday through Friday. Includes T&L expenses. Days provided consecutively.

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RECORD 005847

Quotation Number: P4-C35488 V 1

Qty	Catalog No.	Description
1	W4006CV	HQ Class for Innova with AW - Full Service, for Cardiovascular X-ray
		HQ Class for Innova 3100 and 4100 with AW Full Service, for Cardiovascular X-ray
		3.5 day course held in the Milwaukee area. Includes travel and modest living expenses.
		This course provides the technologist with digital detector theory and performance. Focus on digital subtraction and image quality as well as basic AW workstation operation.
1	W4007CV	HQ Class Innova Clinical - Full Service, for Cardiovascular X-ray
		HQ Class Innova Clinical - Full Service, for Cardiovascular X-ray
		2 day X-ray course held at St. Luke's, Bethlehem, PA. Includes travel and modest living expenses.
		Focuses on the use of equipment for vascular angiography, procedural best practices, and image review.
1	W0600CV	Two Days Onsite Training Advantage Workstation - Cardiovascular X-ray
		Two Days Onsite Training Advantage Workstation Cardiovascular X-ray
		One 2 day onsite visit for Advantage Workstation training. Includes T&L expenses. Days provided consecutively.
1	S18051NF	Provis Mark V+ Table Mount Injector Interface
		Mark V+ Provis Table/Rack Mount Interface
1	S18101SP	Installation Template
		Installation Template
1	S18101SF	Above Grade and Through Bolts
		Anchor Kit - Above Grade and Through Bolts, 25 mm
1	S18111SB	9 ft. 6 inch Inboard Monitor Bridge
		9 foot 6 inch Inboard Monitor Bridge
1	S18121RD	In Board Rails, 228 inch/579 cm
		In Board Rails, 228 inches long, to be used with LCD Monitor Suspensions
1	S18751CC	MAC LAB Cable - 70 inches
		MAC LAB Cable - 70 inches
1	S18741CD	Innova 3100/4100 Group 1 Cable - Max Length

Quotation Number: P4-C35488 V 1

Qty	Catalog No.	Description
		Innova 3100/4100 Group 1 Cable - Maximum Length
1	S18741CF	Innova Group 2 Cable - Maximum Length
		Innova Group 2 Cable- Maximum Length
1	S18751CA	Innova Group 3 Cable
		Innova Group 3 Cable
1	S18741CB	Innova Group 4-5 Cable
		Innova Group 4-5 Cable
1	S18741CG	Bolus Cable Set - 100 FT/30M
		Bolus Cable Set - 100 ft./30m
1	S18751PM	Innova Pre-installation Manual
		Innova pre-installation manual
1	S18101SM	Vascular Base Plate Assembly
		Vascular Base Plate Assembly
1	S18741TP	Omega Table Baseplate
		Omega Table Baseplate
1	S18741ET	Innova Omega 5 Table Elevator
		Innova Omega 5 Table Elevator
1	S18101SX	Rails and Cable Drapes
		Rails and Cable Drapes
1	S18121TB	X-ray Digital Detector Coolant Kit
		X-ray Digital Detector Coolant Kit
1	S18081KA	IVUS Ready Kit
		IVUS Ready Kit

Quote Summary:

Total Quote Net Selling Price **$1,123,876.02**

(Quoted prices do not reflect state and local taxes if applicable)

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Quotation Number: P4-C35488 V 1

Qty	Catalog No.	Description

If you would like to place an order for this equipment, a formal contract document will be prepared for your consideration. This quote is for budgetary use only; only a GE contract can become a binding order.

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RECORD 005850

Quotation Number: P5-C35551 V 1

St Francis Hospital - Bon Secours 1 Saint Francis Dr Greenville SC 29601	Attn: Scott Pietras 1 Saint Francis Dr Greenville SC 29601	Date: 06-19-2008

Qty	Catalog No.	Description
1		**Signa MR750 3.0T**
1	S7500A	Signa MR750 32 Channel Fixed Site MR System with iROC and High Order Shim
		Signa MR750 32 Channel Fixed Site MR System with iROC (In Room Operator Console) and High Order Shim
		S7500A comprises a state of the art MR750 32 channel MRI system inclusive of the iROC (In Room Operator Console) and High Order Shim.
		The MR750 3.0T system incorporates several new technologies designed to improve image quality, MR exam workflow and efficiency, and exam consistency. Included in this collector are the technologies that drive the MR750 system including:
		OpTix Technology: GE's exclusive optical RF technology improves signal detection efficiency with 165 dB of dynamic range while reducing electrical noise. By locating the digital receiver electronics inside the magnet room close to the origin of the MR signal, interference from noise sources is reduced improving image quality and SNR. Scalability is another key benefit of the OpTix technology. The use of fiber optic cables for data transmission reduces the cabling footprint over conventional BNC designs and enables high channel count systems without requiring additional space. With 136 coil connection ports available within the system, the OpTix technology can seamlessly route signals from any port to the receivers with a dynamic switching RF hub. Additionally, the OpTix technology enables multi-channel broadband receive for advanced multi-nuclear studies.
		Volume Reconstruction Engine 2.0 (VRE 2.0): The backbone of any high-channel count system is the reconstruction architecture. The MR750 utilizes the latest dual-core 2.6 GHz processing technology with the VRE2.0 recon architecture. With its expansive 32 GB of memory, acquisition to-disk technology, and 5400 2D FFT/s frame rate, the VRE 2.0 delivers the processing power to reconstruct 32-channels of high-resolution 3D volumetric data.
		In-Room Operator Console (iROC): By consolidating all controls into one place, the In-Room Operator Console (iROC) provides real time feedback to the operator to improve exam room efficiency. With a high-resolution, 12.1 inch color LCD display located just above the MR750 gantry, coil-connection, patient set-up, cardiac and respiratory waveforms makes exam preparation a breeze. The iROC provides feedback on: • Display of Patient name, ID, and study description • Display and entry of patient weight • Display and entry of patient orientation / position • AutoStart - initiates automatic scan start

000103

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Qty	Catalog No.	Description

- Cardiac & Respiratory waveform display
- IntelliTouch landmarking information, table position, and scan time
- Coil connection status MR750 Power Electronic Cabinet: The performance of the MR750 system is derived from a set of water-cooled power electronics housed within a single cabinet.

EXtreme Gradient Driver (XGD): The eXtreme Gradient Driver (XGD) provides the power and duty-cycle to support 50 mT/m peak amplitude at a slew-rate of 200 mT/m/s on all 3-axes simultaneously. By incorporating a water cooled power-electronics architecture, this system supports continuous peak gradient performance with 100% duty cycle.

RF Amplifier: To drive the MR750 RF body coil, the system utilizes a GE exclusive water cooled, solid-state 35kW RF amplifier design. The solid-state design improves amplifier reliability and performance regardless of patient load. In addition, the amplifier support a 100W continuous-wave output mode for advanced proton-decoupling and spin-labeling research.

Also included is the Preinstallation Collector, which delivers to the site in advance of the magnet and main electronic components to facilitate the later delivery of supporting electronics.

The following are the main components in the Preinstallation collector:

- Main Disconnect Panel, to provide electrical distribution from the primary power source.
- Heat exchange cabinet for distribution of chilled water throughout.
- Primary Penetration wall to support the penetration cabinet.
- Secondary Penetration wall for support of gradient filters, helium cables, and chilled air and water.
- Helium cryocooler hose kit. Included with S7500A is the MR750 Site Collector Kit. Optimally designed for patient safety, patient comfort, and efficient workflow, the external features of the Signa MR750 also provide an aesthetically pleasing look and feel that can reduce patient anxiety. The wide open flare of the covers increase the effective bore size and can reduce patient anxiety when entering the scan room or magnet bore. With patient-optimized lighting and air conditioning, the system can be ideally set for each individual, increasing their control of the environment.

Included in the S7500A is the English version of the Scan Control Interface for the host computer and Signa MR750 magnet. This hardware interface includes the ergonomically designed keyboard, two-way communication and voice command module between the host workspace and scanner, activation buttons for patient table control, acquisition interface to initiation the scanner, and emergency stop switch.

English version of the dual control panels for the In Room Operator Console: The control panels includes backlighting for easy visualization in darkened rooms, automated button highlights that signal which button to press for simplified workflow and ease of use, and a trackball with mouse

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PET-EX055.0105

RECORD 005852

Qty	Catalog No.	Description
		buttons for interaction with the Operator Console and patient setup screens. Included within S7500A are:
		English Language Controls.
		Wide Screen flat panel monitor.
		Operating table for the wide screen monitor and English keyboard.
		Scantools Pulse Sequences.
		English Warning Label sign kit.
		BrainSTAT software for time course analysis: The BrainSTAT post-processing application automatically generates parametric maps for neuro Blood Flow, Blood Volume, Mean Transit Time, and Time to Peak signal intensity. A Gamma Variant fitting algorithm is used to automatically estimate the arterial input function, then calculate the quantitative values for the four parametric maps. The maps may be saved in DICOM format and fused with high-resolution anatomic datasets for improved visualization of tissue and anatomy.
		Fluoro Triggered MRA allows the user to visualize the arrival of a contrast agent then commence the 3D CE-MRA acquisition.
		2D FIESTA imaging for rapid imaging with T2/T1 contrast. This sequence may be gated for high CNR images of the heart.
		3D FIESTA imaging allows thin slice imaging with T2/T1 contrast.
		FIESTA-C: Phase cycled FIESTA to demonstrate high CNR imaging between fluid and tissues. Especially interesting for cranial nerve imaging.
		3D FIESTA imaging with fat sat is advanced software designed for imaging of the coronary arteries. The software acquires 3D images using FIESTA (Fast Imaging Employing STeady state Acquisition). Fat suppression is applied to accentuate the coronary arteries. The use of VAST (VAriable Sampling in Time) technology greatly shortens breath-holding requirements or allows for higher spatial resolution.
		iDrive Pro Plus: A real time interface for MR imaging.
		Connect Pro for DICOM Worklist management: ConnectPro enables the DICOM worklist server class for the Signa operators' console, making it easy to query your HIS/RIS by name, or scheduled date, and to download patient demographics directly to the scanner. The data is automatically loaded into the Express Exam Modality Worklist for simple filtering, editing and prescription of protocols for exam preparation.
		TRICKS for Multiphase CE-MRA imaging: TRICKS (Time Resolved Imaging of Contrast KineticS) provides high-resolution multi-phase 3D volumes of any anatomy for fast accurate visualization of the vasculature. With segmented temporal sampling and complex data recombination,

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RECORD 005853

Qty	Catalog No.	Description

TRICKS can accelerate 3D dynamic vascular imaging without compromising spatial detail. TRICKS also uses elliptic centric data collection for optimized contrast resolution and auto-subtraction for optimized background suppression. The result is time course imaging that does not require timing or triggering, provides high temporal and high spatial resolution, and enables the extraction of optimum phases of data. As a result, TRICKS enables reliable, high quality vascular imaging.

TRICKS is compatible with surface coils and supports parallel imaging even higher temporal resolution.

PROPELLER is a revolutionary acquisition and reconstruction technique that dramatically reduces the impact of patient motion on image quality. Artifacts from gross movement, cardiac, and respiratory cycles can be eliminated with PROPELLER. As the name suggests, multiple blades of data are acquired at increasing angles throughout the sequence until the entire dataset has been completed. A unique reconstruction algorithm then combines these independent blades of data to form the resulting image. This method of acquisition and reconstruction creates images with unusually high contrast-to-noise ratio as well as makes the sequence insensitive to motion artifacts on T2 and T2 FLAIR sequences and insensitive to susceptibility artifacts on DWI sequences. The result is high quality T2 and T2 FLAIR images of the brain and spine even when the patient fails to remain still, and high quality DWI images in the presence of dental work or surgical hardware. Images can be acquired in any orientation.

IDEAL imaging option: Generate consistent tissue contrast and reduce the number of series in an exam with IDEAL. The IDEAL acquisition and reconstruction methods can generate water-only, fat-only, in-phase and out-of-phase data sets for clear tissue differentiation in a single series. In addition, susceptibility artifacts common to MR imaging such as incomplete or inaccurate fat saturation, and chemical shift can be eliminated as well. The IDEAL application acquires multiple echoes and uses unique reconstruction routines to generate the four image contrasts and correct for errors due to tissue susceptibility. IDEAL is ideally suited for imaging anatomical regions such as the brachial plexus, neck, spine, chest, foot, ankle, and axilla where inhomogeneous magnetic fields may yield failures with traditional fat saturation techniques. IDEAL is compatible with Fast Spin Echo, 3D Gradient Echo and parallel imaging.

For fast multi-phase imaging of the abdomen and pelvis, IDEAL is compatible with LAVA. The efficient LAVA-IDEAL acquisition uses 2D ARC parallel imaging to eliminate artifacts from breath hold misregistration and incorrect FOV placement in addition to the clear tissue contrasts with IDEAL. LAVA is included in the Express Exam Scantools and is standard with the Signa MR750 system.

For fast multi-phase imaging of the breast, IDEAL is compatible with VIBRANT. The efficient VIBRANT-IDEAL acquisition uses 2D ARC parallel imaging to gain higher acceleration factors over ASSET parallel imaging, reduces artifacts from breath hold misregistration, and eliminates artifacts due to incorrect FOV prescription. VIBRANT must be purchased separately.

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RECORD 005854

Qty	Catalog No.	Description

The IDEAL method is compatible with ASSET and ARC parallel imaging and is optimized based on the anatomy of interest.

CUBE for 3D FSE imaging: Exclusive to GE, the Cube technology can eliminate multiple independent two-dimensional datasets with a single three-dimensional volume (or cube) of high-resolution data to provide better image quality in shorter exam times. Compared to traditional 3D fast spin echo acquisitions, Cube uses a combination of optimized echo train pulses to: reduce SAR, extend the duration of the acquisition echo train, and reduce the echo spacing. The system automatically adjusts the echo train flip angle amplitude to provide optimize tissue contrast based on the specific tissue T1 and T2 characteristics and prescription parameters. To further reduce exam time and improve image quality, Cube is compatible with ARC self-calibrating parallel imaging, included with all Signa MR750 systems.

Isotropic Cube datasets are easily reformatted from a single acquisition into any plane without gaps, and with the same resolution as the original plane for improved anatomical review and tissue visualization.

High resolution Cube data can be acquired with T2, T2 FLAIR, or Proton density weighted tissue contrasts for neuro and musculoskeletal imaging.

COSMIC (Coherent Oscillatory State acquisition for Manipulation of Image Contrast). COSMIC is a 3D imaging technique specifically tailored for cervical spine evaluation. The unique fluid-weighted contrast yields improved visualization of the cervical nerve roots and intervertebral disks. The high-resolution images are easily reformatted for better tissue visualization from any orientation.

The 3D MERGE (Multi-Echo Recombined Gradient Echo) sequence has been optimized to generate clear tissue contrast in the cervical spine. By acquiring and summing multiple gradient-echoes at various echo-times, MERGE improves gray-white matter contrast within the cord and provides excellent visualization of the neuroforaminal canals The high in-plane resolution and thin slices enable excellent image reformats for better tissue visualization from all angles.

Diffusion Tensor imaging (DTI) creates contrast based on the degree of diffusion anisotropy in cerebral tissues such as white matter. The DTI method expands Echo planar imaging capability to include diffusion imaging sequence using motion sensing gradient pulses along 6 to 155 orientations in order to generate tensor component images. With the Signa MR750 Express Workflow, fractional anisotropy (FA) and Volume Ratio Anisotropy (VRA) maps may be automatically created after image acquisition without any user intervention.

With the DTI data, the separate FiberTrak post-processing utility generates eigenvector information from the diffusion tensor acquisition and processed datasets.

Using a robust and efficient seeding process, three-dimensional renderings of the diffusion along white matter tracts are generated.

000107

Qty	Catalog No.	Description

FiberTrak: White matter tracts and tissues with

high fractional anisotropy are easily displayed and visualized in the 3D Volume Viewer with FiberTrak. This host computer post processing tool expands the capability of Diffusion Tensor imaging by generation of 2D color orientation maps, 2D eigenvector maps, and 3D tractography maps from the diffusion tensor image data. The resulting datasets may be easily saved and archived for later use.

PROBE 2D Chemical Shift Imaging: This capability lets you extend your PROBE PRESS spectroscopic capabilities to perform 2D CSI acquisitions, thereby enabling simultaneous multi-voxel, in-plane acquisitions. Post-processing, including the creation of metabolite maps, is automatically generated with FuncTool.

PROBE 3D Chemical Shift Imaging: With this capability, you can extend advanced PROBE PRESS 2DCSI spectroscopic capabilities to include three-dimensional, multi-voxel acquisitions. All post-processing, including the creation of metabolite maps, is automatically generated with FuncTool.

PROBE Single Voxel: PROBE-PRESS Single Voxel Spectroscopy allows you to non-invasively evaluate the relative concentrations of in-vivo metabolites. It lets you acquire and display volume localized, water-suppressed 1H spectra in single-voxel mode. This package includes the PROBE-P (PRESS) pulse sequence as well as automated reconstruction, acquisition set-up and graphic prescription of spectroscopic volumes.

MR Echo for real time and gated cardiac imaging: MR Echo is a dedicated Cardiac MR interface that eases cardiac workflow and combines leading edge pulse sequences used specifically in cardiac imaging.

It includes 2D FIESTA imaging for cardiac wall motion visualization both in classic gated mode and with a real-time ability that needs no gating nor patient breath holding. The real time imaging combines the resolution of MRI with the ease of use of Echocardiography and hence the product name MR Echo. The real time and gated versions of the wall motion pulse sequence use a FIESTA sequence for superb bright blood pool images which contrast against a dark myocardium for maximum contrast to noise ratio. FIESTA combined with parallel imaging permits acquisition times of approximately 50ms, which results in 20 frames/second in the real time mode.

Time Course imaging is performed with MR Echo and includes two new pulse sequences to visualize the myocardial tissue at a single phase over a period of time. The first of these is an FGRE pulse sequence which uses the GE exclusive notched saturation pulse to maximize contrast to noise ratio. The second is a FIESTA based time course technique, which permits time course imaging in multiple planes simultaneously. Both techniques use ASSET parallel imaging speed up techniques. 'Lock coverage' is a feature within MR Echo that automatically adjusts the slice gap and R-R intervals to match the desired acquisition rate. This is particularly useful in

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Qty	Catalog No.	Description

stress imaging where there is a change in heart rate and a desire to maintain (or lock) the coverage of the time course dataset.

Myocardial Evaluation is also within the MR Echo interface to allow scar tissue assessment of the heart.

Autovoice can be combined with all pulse sequences within MR Echo allowing automated voice commands in over seven differing languages.

VIBRANT for Breast Imaging: VIBRANT (Volume Imaged BReast AssessmeNT) is a fast, high resolution T1 weighted imaging sequence and application optimized for evaluation of breast tissue. VIBRANT uses GE exclusive technology

and parallel imaging acceleration to quickly acquire multi-phase data without compromising spatial resolution. This 3D gradient echo technique, optimized for sagittal or axial acquisitions uses an optimized inversion pulse and dual-shimming technology that yields enhanced image contrast and robust, uniform, bilateral fat suppression. Auto-subtraction of the first dataset is also available to further background suppression. For enhanced speed, VIBRANT is compatible with both ASSET and ARC parallel imaging with acceleration factors up to four. As a result, VIBRANT enables reliable, high quality breast imaging.

For improved tissue contrast, VIBRANT is compatible with IDEAL imaging. The VIBRANT-IDEAL acquisition will provide a water-only, fat-only, in-phase and out of phase data sets in a single acquisition and produce images with significantly reduced chemical shift and susceptibility artifacts. This is critical for evaluation of the axilla and chest wall. The IDEAL feature must be purchased separately.

BREASE for single voxel breast spectroscopy: BREASE is a single-voxel TE-averaged PRESS sequence that is optimized for mapping the bio-chemical information of breast tissue. The TE averaging eliminates unwanted information from side-bands to ensure clean and simple spectra and streamline interpretation. Optimized prescan and reconstruction algorithms are employed to accurately characterize tissue, especially in areas normally dominated by lipid signal.

Cartigram for T2 color mapping of cartilage: Cartigram is a non-invasive imaging method for early detection of osteoarthritis. It quantifies the T2 relaxation of knee cartilage and can overlay the quantified parametric maps over high resolution images for clear visualization of the anatomy. The imaging results are color mapped to indicate whether or not the cartilage structure is breaking down and, if so, to what extent. This information can be used to determine the best course of treatment for the individual patient. In addition, it can be used to monitor the cartilage post-treatment, obviating the need for follow-up arthroscopic surgeries or biopsies.

FUNCTOOL Fusion: To better visualize tissue and contrast, multiple images from separate acquisitions can be overlaid on one another. With the Signa MR750 workflow, high-resolution anatomical images can be automatically fused with functional data or parametric maps for improved visualization. The independent imaging series are registered with rotation, translation,

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Qty	Catalog No.	Description
		and large geometry correction to ensure accurate fusion. High-resolution 2D and 3D data sets, reformatted images, computed parametric maps, and spectroscopy maps may be fused with appropriate anatomical references. R2* Tool: Generate quantitative relaxation maps with the R2 Star (R2*) analysis tools in Functool. With the Express Exam workflow; this feature can automatically generate R2* maps (in units of Hz) and T2* maps (in units of milliseconds) after the multi-echo data has been acquired. The user can have complete control of analysis and may use either the default values to initiate the calculation, or specify specific starting parameter to generate the parametric maps. Input variables for edit include, but are not limited to: number of initial images/echoes to be skipped, lower and upper threshold levels, use of a two-parameter or three-parameter fitting model, confidence level. The parametric maps may be saved in DICOM format and may overlay high resolution 3D images with Functool Fusion for better tissue visualization. No separate option is necessary to acquire the data; it is included in Express Exam Scantools. QuickStep is an automated multi-station acquisition for the evaluation of the vascular tree. This unique application automatically prescribes, acquires, and combines images from multiple stations for fast acquisition and exam completion. To complete the entire exam completion To complete the entire exam in as little as 6 minutes, the system will automatically acquire mask datasets from multiple stations without any user intervention. Secondary images are then acquired at the same independent table positions. The system will automatically subtract the mask images from the secondary dataset and combine the resulting images from the multiple stations into one series. The user only needs to complete a review and approval of the data prior to insertion of images into the database.
1	M7000MC	MR750 3.0T Magnet, Gradient, Higher Order Shim and RF Body Coil MR750 3.0T Magnet, Gradient, Higher Order Shim and RF Body Coil The MR750 is equipped with GE's 3rd generation 3.0T magnet, ultra-strong gradients 50 mT/m and 200T/m/s slew rate with a 60 cm bore, and a high-performance RF body coil for superb performance and image quality. GE's 3rd Generation Magnet Design: With GE's exclusive 18 superconducting higher-order shim coils, active shielding technology, and stainless steel foundation, the MR750 system can be installed almost anywhere. The superconducting shim technology minimizes the need for onsite passive shimming, easily accommodates a wide-range of siting environments, and can be adjusted to compensate for environmental changes that occur over time. The magnets high-homogeneity delivers excellent fat-saturation away from iso center and ensures image quality over a full 48 cm field-of-view. Coupled with its zero-boil off technology and remote magnet monitoring technology, the MR750 3.0T magnet is designed to provide years of

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Qty	Catalog No.	Description
		worry-free, reliable, low cost operation.
		High-Performance Whole-Body Gradients: The MR750 incorporates the latest in MR gradient technology with the eXtreme Resonance Module (XRM). XRM gradients deliver 50 mT/m peak amplitude and 200 T/m/s maximum slew-rate on each axis simultaneously with unmatched fidelity, accuracy, and reproducibility. The gradients are water-cooled and equipped with integrated thermo-electric cooling panels to provide 100% duty-cycle and excellent stability for advanced studies such as fMRI. Acoustic noise is minimized using a passive acoustic barrier material that reduces acoustic transmission by an average of 6dB for enhanced patient comfort without compromising imaging performance.
		Higher Order Shimming: The MR750 comes equipped with 5 higher-order shim resistive shim coils to minimize patient induced field perturbations. In addition to the linear terms (X, Y, Z), the shim set includes XY, XZ, YZ, Z2, X2-Y2 compensation coils to improve image quality in difficult to image regions. MR750 RF Body Coil: The MR750 features a unique bandpass RF body coil that designed to improve RF and signal homogeneity across the field of view. The coil's 4-port drive architecture improves current distribution across the coil for a complete range of patient loads leading to more homogenous RF excitation.
1	M70008T	Express Patient Table with IntelliTouch Technology
		Express Patient Table with IntelliTouch Technology
		Unique to GE, the fully detachable Express patient table incorporates the Liberty 2.0 Docking System to improve safety, exam efficiency, and patient comfort.
		Express Patient Table Safety: Easily docked and undocked by a single operator, the patient table is simple to move in and out of the exam room for patient transport and preparation. These become vital features in those instances where multiple patient transfers can negatively impact patient care or when emergency evacuation is required; the table can be undocked and removed from the scan room in under 30 seconds with just one technologist. In time-sensitive situations there is no need to remove or disconnect surface coils as the system can automatically disconnect the coils for you. The mobility and safety features of Signa MR750 patient table can obviate the need for MR compatible emergency equipment and a second technologist, thus further improving the need for MR-compatible emergency equipment and a second technologist, thus further improving patient and staff safety.
		Express Patient Table Exam efficiency: In addition to being fully detachable, the Signa MR750 Express patient table includes multiple surface coil connectors. With dual 32 channel connectors at the foot end of the table, the patient can be fully prepared for an exam outside of the scan room, thus reducing the necessary steps before starting acquisition.
		With an additional second table, the next patient can be positioned outside the magnet room while the current patient is undergoing an examination thus minimizing exam room time

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Qty	Catalog No.	Description
		between scans. Express Patient Table Comfort: The Express detachable table can reduce patients' anxiety and provide patient personal discretion by preparing them for the exam outside the scan room. Reduced patient table transfers for inpatients or trauma patients can improve overall patient care. The Express patient table offers optional head- or feet first imaging. Additionally, feet-first positioning facilitates run-off studies and set up for claustrophobic patients. IntelliTouch patient positioning: The Signa MR750 3.0T system has automated many routine tasks to both simplify patient preparation and reduce errors with IntelliTouch technology. With IntelliTouch Technology, the following tasks can be completed with a simple touch of a button. • Landmark the patient • Activate the surface coil • Center the patient in the bore • Start scanning • Acquire, process and network images For those patients where pinpoint alignment is desired, lasers alignment lights may be used for either the selection or confirmation of landmark positioning. Ergonomics: With one hand and with one simple motion, the integrated arm boards and IV pole can be optimally positioned to support the patient for injections or transportation. This unique capability of the Signa Express Table also makes it ideally suited for multi-station exams with no scan room intervention, such as peripheral vascular (run-off) imaging. • Patient table drive: Automated, power driven vertical & longitudinal • Longitudinal speed: 30 cm/sec (fast) and 0.5 cm/sec (slow) • Total cradle length: 211 cm • Positioning accuracy: +/- 0.5 cm • Maximum patient weight for scanning: 227 kg (500 lbs) • Maximum weight for patient guardrails: 227 k (500 lbs)
1	M7000MM	MR750 Dock & 32 Channel Switch Collector MR750 Dock & 32 Channel Switch Collector The MR750 Dock and 32 Channel Switch collector provides the interface between the magnet and Express Patient Table with Intellitouch. Also included is the RF signal switching hardware that routes the input signals to the respective OpTix receivers.
1	M7000BN	Cable Configuration A, Short ER, Short SR - Fixed & Relocatable Cable Configuration A, Short ER, Short SR To accommodate various electronic and scan room configurations and sizes, the Signa MR750

Qty	Catalog No.	Description
		has preset lengths of cables and connector kits to speed system installation. This catalog is for sites with a relatively short distance 7 meters between the penetration wall and the rear of the MR scanner, and approximately 9 meters between the penetration wall and cabinets in the electronics room. Refer to the pre-installation manual for exact cable lengths and configurations. This cable collection is compatible with fixed and relocatable building configurations.
1	M1060MA	Vibroacoustic Damping Kit Vibroacoustic Damping Kit Material in the Vibroacoustic Damping Kit can significantly attenuate the transmission of gradient-generated acoustic noise through the building structure to nearby areas, including adjacent rooms and floors above or below the MR suite. The kit is compatible only with the short-bore 1.5T CXK4 or 3.0T magnets. If this kit is applied during the installation of a new magnet, no additional service charges are necessary. However, installation of the Vibroacoustic Damping kit under an existing magnet requires special steps. The steps to prepare the site and steps to install, such as modifications to the RF screen room, and other magnet rigging, modifications to the RF screen room, and other finishing work, are not covered in the pricing.
1	F7002MR	3.0T 16-Channel Head/Neck/Spine Array-USAI (for new systems) 3.0T 16-Channel Head/Neck/Spine Array-GE The Head/Neck/Spine (HNS) array delivers convenience without compromise. Compatible with new 16 or 32-channel HDx and Signa MR750 systems this 29-element coil serves as a high-resolution brain coil, high-density neuro-vascular array, and a multi-element spine coil in one convenient package. Designed to accommodate multi-dimensional parallel imaging in any scan plane, this coil yields both unprecedented imaging speed and superior image quality, thanks in large part to a unique element arrangement that focuses the signal over the anatomy of interest. This quote includes a future product delivery commitment by GEHC for the above specified product(s). Customer is responsible for downtime, if any, associated with the installation of the product(s) ordered under this commitment. If customer has a service contract with GEHC, customer is also responsible for any changes to service contract pricing due to the installation of the product(s) ordered under this commitment. This commitment is expressly limited to the above specified product(s) that are FDA-cleared, but not yet commercially available. Customer shall not be entitled to any refund in connection with this commitment and no monies may be allocated to any product(s) except the product(s) specified by this commitment. Customer is responsible for the proper accounting for all payments made in the manner required under any state or federal program which provides reimbursement to the customer for or related to any products or services provided under this agreement. Amounts paid by customer under this agreement may include payments toward future acquisitions by customer under the terms and

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Qty	Catalog No.	Description
		conditions of this agreement. Before order entry, GEHC may remove the future product delivery commitment catalog number item(s) from this order and create a separate order for such catalog number item(s). However, payment terms shall remain the same as originally stated in the quotation and payment for the future product delivery commitment catalog number item(s) shall be included with the payment for the original order.
1	M3334TS	3.0T 8-Channel Cardiac Array 3.0T Cardiac Array Coil - GE Coils This 3.0T Cardiac Array is designed for whole-heart imaging on 3.0T Signa HD, HDx and Signa MR750 systems. The coil has been optimized for use with ASSET and double oblique scan planes, enabling the fast acquisition times that are essential for high quality cardiac MR procedures.
1	M3335LN	3.0T 8-Channel Torso Array - GE Coils 3.0T 8-Channel Torso Array - GE Coils The 8-channel Torso Array coil generates outstanding, high-resolution images of the thorax, abdomen, MRCP, and pelvis, including the prostate. ASSET-optimized, it offers extended coverage in each direction - 35 cm S/I, 34 cm R/L, and 30 cm A/P.
1	M3335LA	3.0T 8-Channel Breast Array (with Biopsy Grids) 3.0T 8-Channel Breast Array-GE Coils The Breast Array generates high-definition MR breast images on 3.0T HD, HDx G3 and Signa MR 750 systems. Optimized for use with ASSET and VIBRANT for up to 3X acceleration, this 8-element phased-array coil helps ensure excellent temporal and spatial resolution, patient after patient. The array is also compatible with Fast Spin Echo, Fast Gradient Echo, and Diffusion Imaging sequences. It provides uncompromised lateral and medical biopsy access.
1	M3335LB	3.0T 8-Channel Knee Array 3.0T 8-Channel Knee Array - Invivo The Knee Array is designed for high-definition MR knee imaging on 3.0T HD, HDx and Signa MR750 systems. This 8-element transmit/receive coil employs unique hybrid technology, using separate coils for transmit and receive functions. Designed uniquely for GE, it delivers more SNR than the standard extremity coil. And it's compatible with PURE for uniform signal intensity and ASSET for accelerated imaging speed.
1	E8800WB	3T 8-Channel Shoulder Coil 3.0T 8-Channel Shoulder Coil The 8-Channel Shoulder Array is a receive only coil designed to give optimum signal to noise

Qty	Catalog No.	Description
		ratio and uniform coverage of the shoulder area. The coil is padded with a soft material, designed to maximize patient comfort. The coil design enables the clinical user to collect high resolution images of the shoulder and contiguous anatomy. The coil uses a single mode of operation with all eight channels active: COIL SPECIFICATIONS o Weight: 4.8 lbs. (2.2 kg) o Dimensions: 21.2" L x 8.5" W x 8.6" H o Frequency: 127.72 MHz Warranty Code: C
1	S7502TZ	MR Accessories Kit MR Accessories Kit The Accessories Kit combines a physician's chair, a complete set of positioning pads, and a set of Velcro security straps. The Physician's Chair has padded arms for comfort and comes in a charcoal gray color that blends with any environment. The MR Accessories Kit contains a complete set of coated positioning pads in a lightweight tote case that can be a permanent fixture in an MR suite or can be easily carried from room to room. The following pads are included: 1 knee rest, 1 knee coil insert, 1 extremity rest, segment table pads, 4 body wedges, 4 rectangle stack pads, and 2 rectangle elbow pads. The Velcro Security Straps include one 14 inch wide set and one 6 inch wide set.
1	E8823JB	MR Dielectric Pad Set - Includes 1 Neck Pad and 1 Abdomen Pad MR Dielectric Pad Set-Includes 1 Neck Pad and 1 Abdomen Pad These soft and flexible dielectric pads are used to suppress shading artifacts that can sometimes be encountered at higher 3.0T field strengths, and especially when imaging in the cervical spine and abdomen and pelvis. Covered with a patient friendly outer cover, the neck pad is placed inside the coil, and under the patient's neck, while the abdomen pad is placed over the patient's abdomen or pelvis and under the front portion of the torso array coil.
1	W0101MR	TiP Applications 1.5T or 3T Succeed Elite TiP Applications 1.5T or 3T Succeed Elite TiP Applications 1.5T or 3T Succeed Elite training includes: • 19 onsite days covered over 7 site visits • 12 Hrs TVA, 1 hr per week over 12 weeks starting 6-8 weeks post install • 2 TiP Headquarter Classes All elements of the programs are completed within 6 months post installation.

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Quotation Number: P5-C35551 V 1

Qty	Catalog No.	Description
		Onsite training and TVA are delivered Monday through Friday between 8AM and 5PM. T&L expenses are included. Headquarter classes are delivered in the Milwaukee area and include travel and modest living expenses.
		Quote Summary:
		Total Quote Net Selling Price **$2,668,425.00**
		(Quoted prices do not reflect state and local taxes if applicable)

If you would like to place an order for this equipment, a formal contract document will be prepared for your consideration. This quote is for budgetary use only; only a GE contract can become a binding order.

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ATTACHMENT C

SCHEMATICS AND SPACE PROGRAM

000117

PMC.2013.00005493

PET-EX055.0118

Bon Secours Millennium Campus
Greenville, SC

FreemanWhite

7/25/08

No.	Room/Space	DNSF	Net to Gross Multiplier	DGSF	Comments
	SUMMARY				
Administrative Services					
	Ancillary Services	3,459	1.20	5,651	Lobby, Gift Shop, Chapel, - GSF includes Lobby -1,500 sf
	Central Registration	1,393	1.30	1,811	3 Registration Offices, 1 Financial Counseling Offices
	Medical Records	930	1.30	1,209	Electronic Medical Record
	Medical Staff Services	1210	1.20	1,452	
	Admin / Business Office	2600	1.20	3,120	
	Subtotal Gross Square Feet			**13,243**	
Diagnostic and Testing					
	Ambulatory Diagnostic Center			2,206	Shared Waiting, Cardiology, PSTT Specimen Collection, Radiology
	- Reception/Waiting	*430*	*1.30*	*559*	
	- PSTT/Specimen Collection	*1,220*	*1.35*	*1,647*	
	Non-Invasive Cardiology Services	2,175	1.40	3,045	Echo, Stress, EKG, PFT
	Diagnostic Imaging	7,296	1.50	10,944	R/F, CT, MRI, Ultrasound , Nuclear Med., Angio
	Emergency Department	10,502	1.50	15,753	
	Laboratory	2945	1.30	3,829	
	- Admin/Lab Area/Staff/Support	*2,945*	*1.30*	*3,829*	
	- Body Holding Area	*200*	*1.10*	*220*	
	Respiratory Therapy	825	1.20	990	
	Surgery			42,352	
	- Reception/Waiting Area	*1550*	*1.30*	*2015*	
	- Pre/Post Area	*5,783*	*1.50*	*8,675*	35
	- PACU - First Stage Recovery	*2,700*	*1.50*	*4,050*	14
	- Surgery Suite	*15,960*	*1.50*	*23,940*	10 ORs
	- Physician/Staff Support/ Mobile Technology	*2,720*	*1.35*	*3,672*	
	Subtotal Gross Square Feet			**79,119**	
Inpatient Services					
	Ortho/Spine Beds	17,430	1.45	25,274	34 Acute Care Beds
	Medical/Surgical Beds	6,538	1.45	9,480	12 Beds
	Critical Care Beds (ICU)	4,412	1.50	6,618	6 ICU Beds
	Observation Beds	6,643	1.45	9,632	16 Beds
	Subtotal Gross Square Feet			**51,004**	
Support Services					
	Building Support Services			12,088	
	Food Service			7,460	
	Admin/Staff/Storage/Prep/Kitchen Areas	*2,689*	*1.20*	*3,227*	
	Public Area	*3,528*	*1.20*	*4,234*	
	Pharmacy	2,245	1.30	2,919	
	Sterile Processing	4,620	1.25	5,775	
	Subtotal Gross Square Feet			**28,242**	
Total Department Gross SF				**171,607**	

	SUMMARY					
No.	Room/Space	DNSF	Net to Gross Multiplier	DGSF		Comments
	Mechanical	18%		30,889		CEP, Penthouse, mech, electrical
	Circulation/Exterior Wall	16%		28,006		
	Total Building Gross SF			**230,503**		
	Total Building Gross SF			**230,503**		
	Area per Bed		Area/Bed	3,390		1.3432

000119

MILLENIUM CAMPUS CONCEPT DESIGNS

2008-7-30

BASEMENT FLOOR PLAN

BON SECOURS
ST. FRANCIS HEALTH SYSTEM

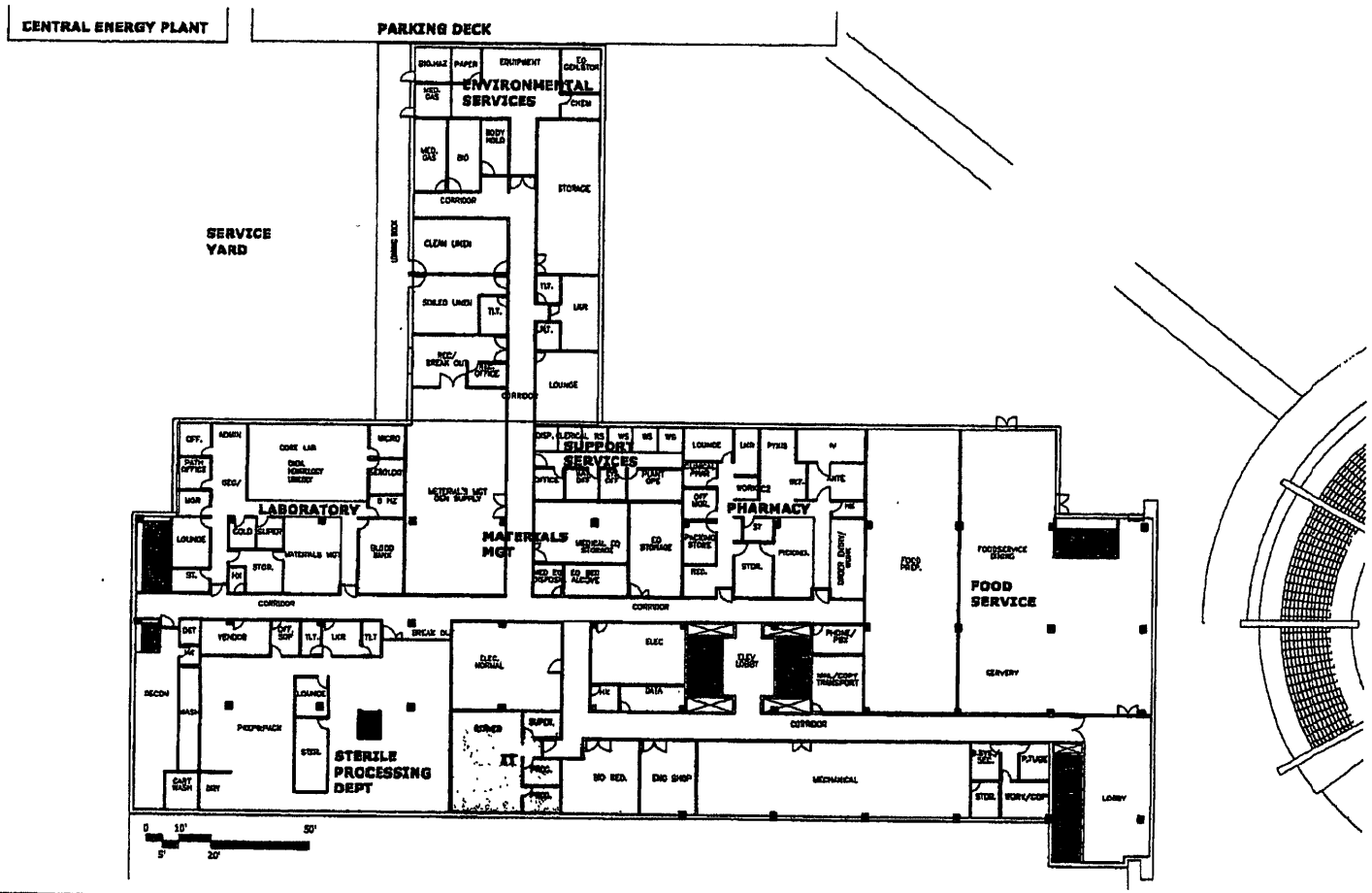
FreemanWhite

RECORD 005868

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PET-EX055.0121



MILLENIUM CAMPUS CONCEPT DESIGNS

2009-7-20

BASEMENT FLOOR PLAN

BON SECOURS ST. FRANCIS HEALTH SYSTEM

RAMON, WHITESIDE & ASSOCIATES, INC

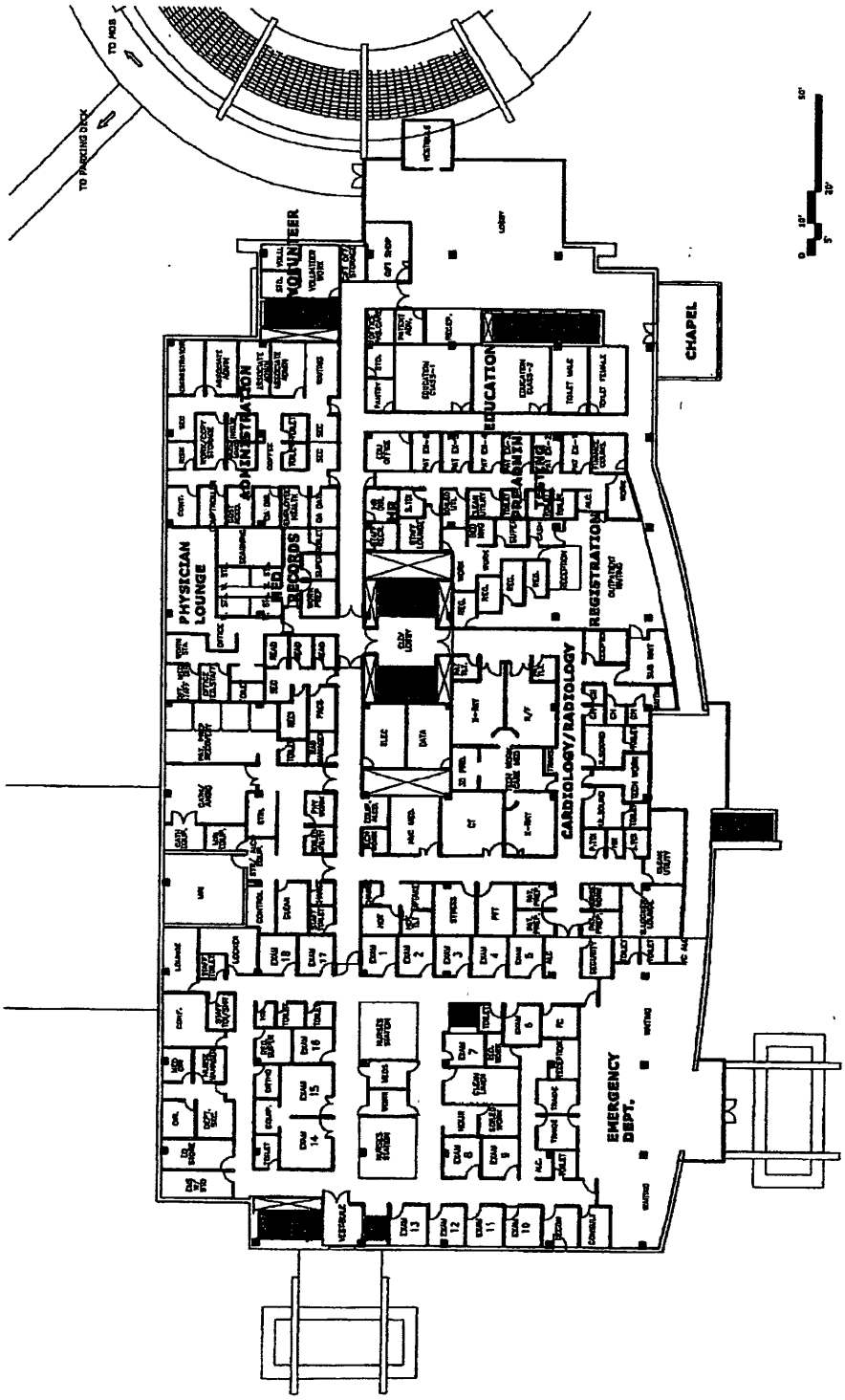
FreemanWhite

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PMC.2013.00005497

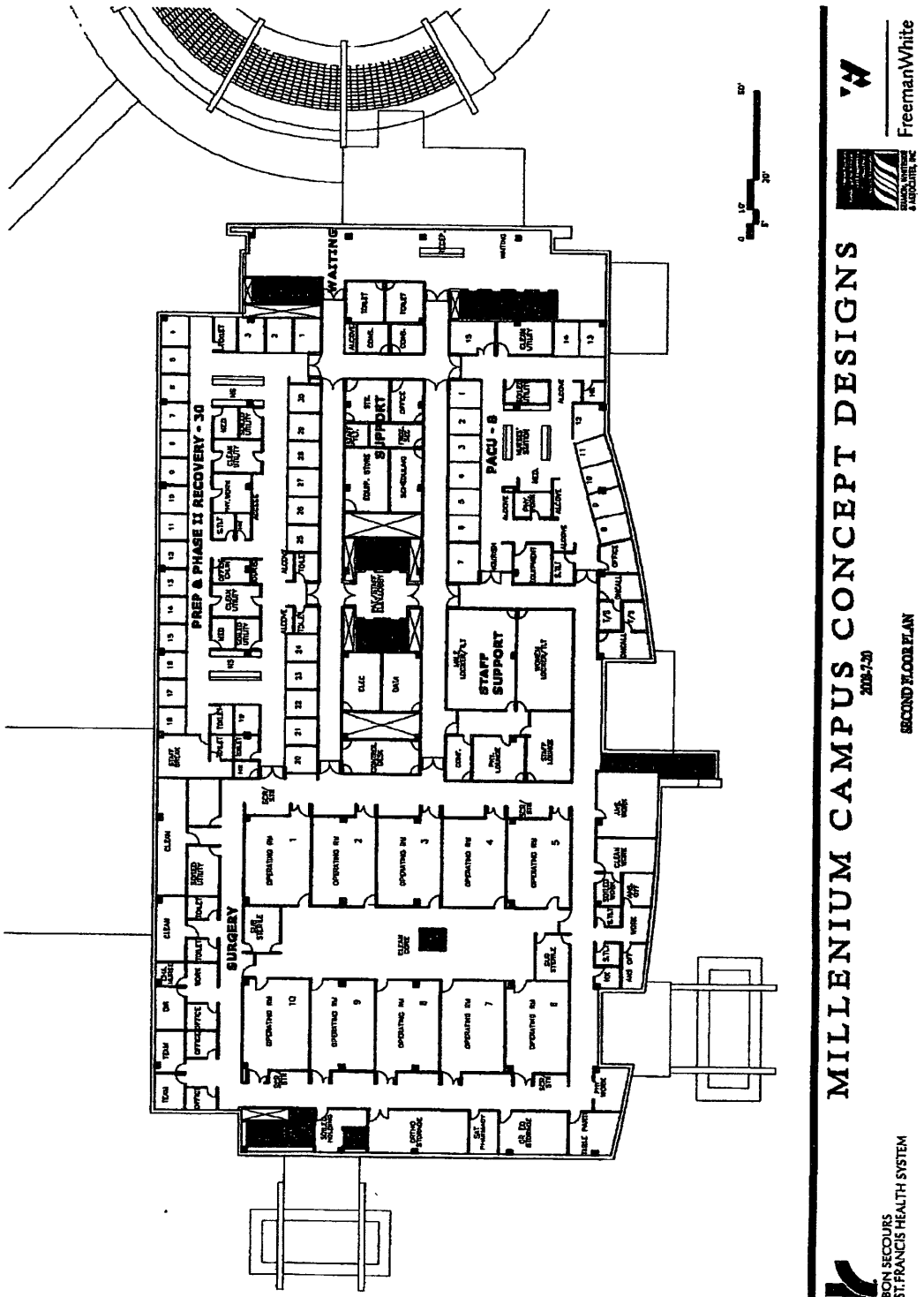
PET-EX055.0122



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MILLENIUM CAMPUS CONCEPT DESIGNS

2008.720

SECOND FLOOR PLAN

FreemanWhite

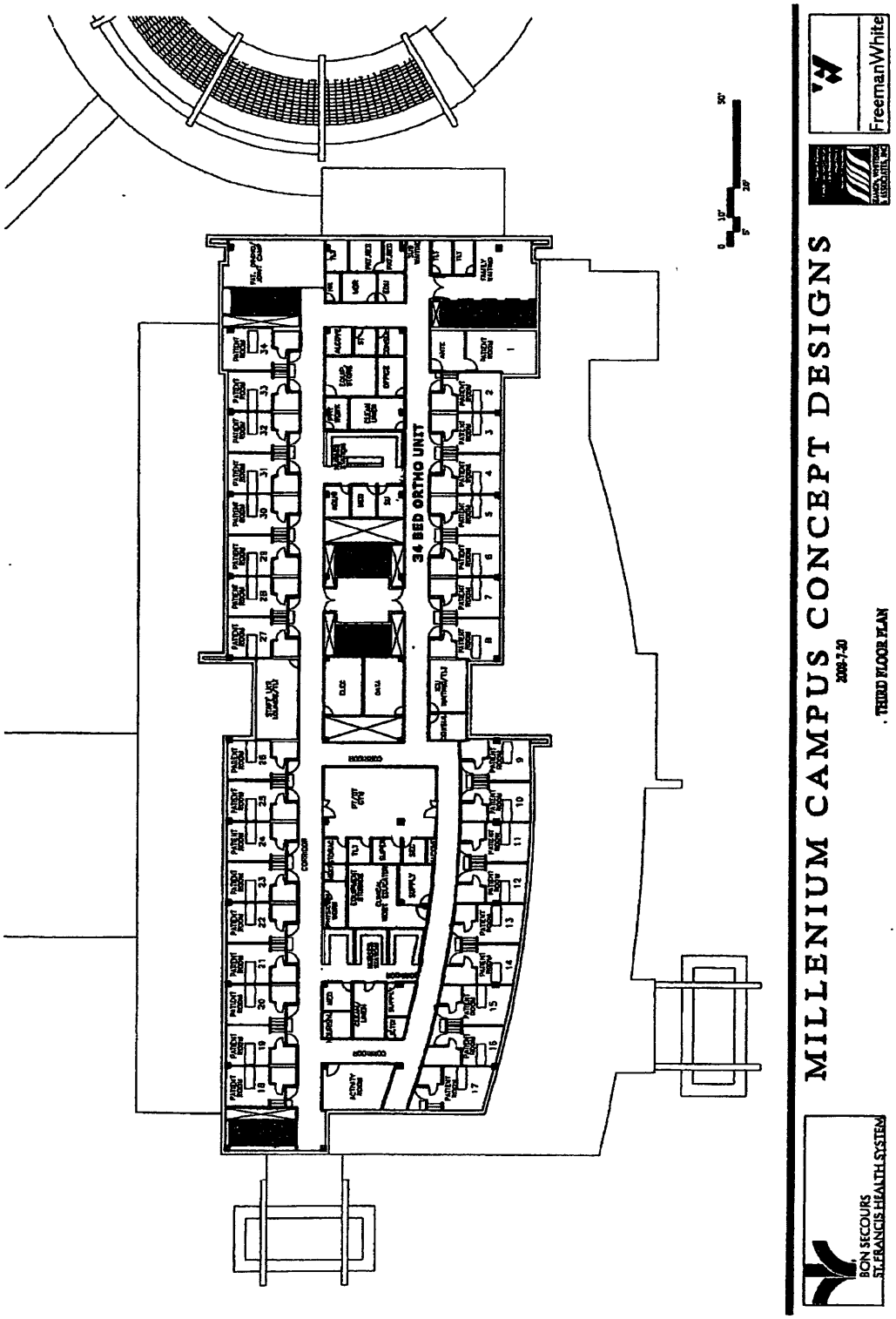
BON SECOURS
ST. FRANCIS HEALTH SYSTEM

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RECORD 005871

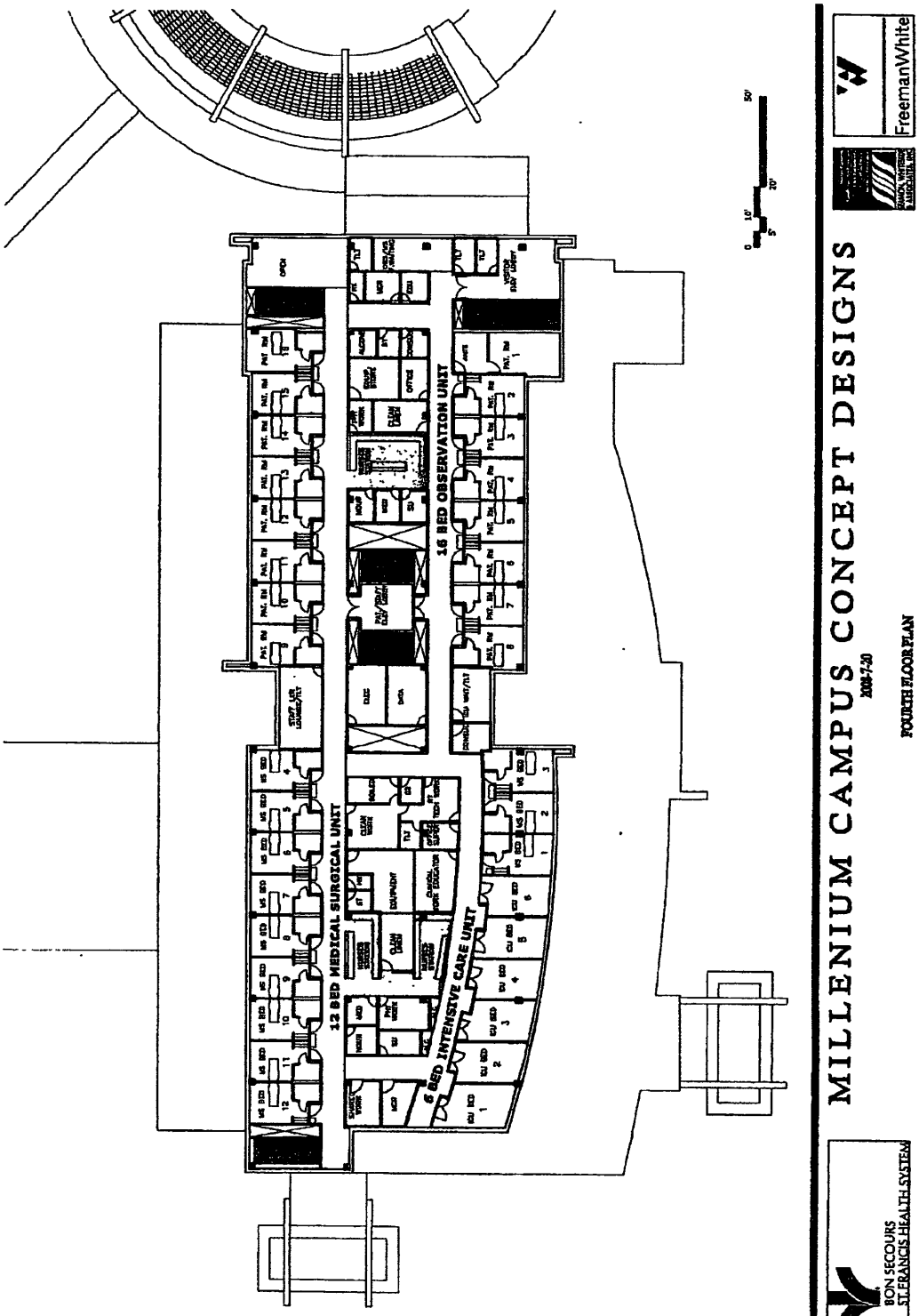


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RECORD 005872



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PMC.2013.00005501

PET-EX055.0126

RECORD 005873

MILLENIUM CAMPUS CONCEPT DESIGNS

2008-7-20

PENTHOUSE FLOOR PLAN

BON SECOURS
ST. FRANCIS HEALTH SYSTEM

SEAMON, WHITESIDE & ASSOCIATES, INC

FreemanWhite

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RECORD 005874

PMC.2013.00005502

PET-EX055.0127

Two rooms being relocated from ST. FRANCIS downtown to ST. FRANCIS millennium

SEVENTH LEVEL FLOOR PLAN

AREA – 18,032 SF
(includes 388 sf office areas • elevs)
(excludes 536 sf mech. chases)

RECORD 005875

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PMC.2013.00005503

PET-EX055.0128

ATTACHMENT D

PROJECT NARRATIVES

000128

PMC.2013.00005504

PET-EX055.0129

RECORD 005876

FreemanWhite

Millennium Campus Development
Bon Secours St. Francis Hospital

CONCEPT DESIGN NARRATIVE

I. Project Summary

The Millennium Campus development for Bon Secours St. Francis Healthcare will be located on Innovation Boulevard on the Millennium Campus development just off Laurens Road (Highway 276) southeast of I-85 in Greenville, South Carolina. The development is planned to consist of the following components that will be described in the following narrative information and shown on the attachments/illustrations. The components that are included for development as part of this package include the following:

1. On the 20 acre parcel northwest of Innovation Boulevard:
   a. A new satellite hospital for St. Francis Healthcare
      i. The hospital will be approximately 230,500 square feet on four floors plus a partial basement and penthouse. The basement, first and second floors will be primarily diagnostic, treatment and ancillary support departments segmented into two rectangular blocks.
      ii. The third and fourth floors will have 52 inpatient beds and 16 observation beds.
      iii. The building will be designed for two additional stories and a penthouse that would be configured similarly to the two current inpatient floors for additional 68-70 inpatient beds.
      iv. There will be an area between the hospital building and a proposed medical office building that will be used as a public and patient drop-off area and a method of providing visual orientation, wayfinding and a place of respite for public and patients.
      v. The west end of the hospital is designated as a future zone for clinical expansion.
   b. A new 900 car parking deck with 5 levels will provide parking for the hospital and medical office building. It will be designed for an additional tier of parking to add space for 300 additional cars for future hospital expansion. In addition approximately 176 parking spaces will be provided in on-grade parking.
   c. A central energy plant will provide support to the hospital and parking deck. The central energy plant will provide steam and chilled water to the HVAC system, a source of heat for domestic hot water and be the location for emergency generators for emergency power for the site.
   d. Associated drives, hardscape and landscape features will be provided.
   e. It is anticipated that the hospital buildings will be part of the LEED® certified program. Gold level certification is the initial goal for the hospital (with associated structured and on grade parking and central energy plant).
   f. Three design/scope alternates are being developed:
      i. Alternate number 1 will be to use cast in place concrete structure for the hospital building structure in lieu of structural steel system. Refer to the structural narrative for additional information.
      ii. Alternate number 2 is to consolidate the Central Energy Plant function into the basement of the hospital. This will increase the overall gross area of the program for the hospital from 230,500 square feet to approximately 237,000 gross square feet to accommodate anticipated future growth for MPE system to accommodate future hospital construction, additional stair and areaway construction.
      iii. Alternate number 3 is to provide the Central Energy Plant as a modular preconstructed component system including off-site construction and commissioning of mechanical and electrical equipment. Refer to the mechanical and electrical narratives for additional information.
2. Architectural and engineering design provided by FreemanWhite, Inc.
3. Program Management services provided by Matrix Real Estate Services, LLC.

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Millennium Campus Development
Bon Secours St. Francis Hospital

Structural System Narrative

Hospital Building

Building Description:

The Hospital Building will be a 4 story structure containing approximately 230,500 SF. It will have a partial basement. A mechanical penthouse will extend above the roof level. The building will be designed for vertical expansion of 3 stories above the current planned building.

Foundations:

Based on the preliminary geotechnical report, it is anticipated that shallow foundations will be used to support the structure. Typical foundations for isolated columns will consist of spread footings. Exterior walls will be supported on continuous strip footings. Support for interior non-load bearing masonry partition walls will consist of thickened, reinforced, slab on grade ribs under the walls. Foundation walls will be formed cast-in-place reinforced concrete.

- Typical interior footings will be approximately:
  - 16' square by 3' deep for a steel framed superstructure
  - 20'-0" square x 4' deep for a concrete framed superstructure.
- Footing and slab on grade concrete: f'c = 3000 psi normal weight (145 pcf)
- Foundation wall concrete: f'c = 4000 psi normal weight (145 pcf)
- Interior top of footing elevations will be approximately 2'-0" below the top of the finished floor slab or finished grade.
- Slab on grade will be 4" thick concrete reinforced with 6x6 W1.4xW1.4 WWM on a 4" stone base.

Superstructure:

Base Scope – Steel Framed Option:

The Steel framed option for the hospital building will be comprised of a 3¼" light weight concrete (115 pcf) slab on 3" composite metal deck. The slab will be supported on composite steel beams and columns. The lateral force resisting system will be moment frames (no bracing or shear walls are anticipated in the hospital building).

- Typical floor and roof slab will be 3¼" f'c = 3000 psi lightweight (115 pcf) concrete on 3" composite deck.
- Bay size will typically be a mix of 30'x30' and 30'x34'.
- Typical beam sizes:
  - Girders - W24x84
  - Beams - W18x40
- Typical column: W14x233 (16"x16") at the ground floor level.
- Fire protection will be accomplished by sprayed-on cementitious material on the beams and columns only. The floor system will be an unprotected deck system that achieves its fire rating by the depth of the lightweight concrete slab.

Structural steel framing for both columns and beams will be ASTM A992 Grade 50 typically for rolled wide-flange shapes. Structural tubes will be ASTM A500 Grade B (46 ksi) while structural pipes will be ASTM A53 Grade B (35 ksi). All other rolled shapes will be ASTM A36, including anchor bolts, unless noted otherwise.

The moment frame lateral system will require extensive field welding, extensive field testing, and special inspections for all of the moment connections.

Alternate Number 1 – Concrete Framed Option:

The concrete framed option for the hospital building will be comprised of one-way conventionally reinforced slabs framed with either conventionally reinforced or post-tensioned beams and supported by conventionally reinforced columns. Lateral forces will be resisted by intermediate moment frames (no shear walls are anticipated in the hospital building). The intermediate moment frames will require continuous reinforcing both top and bottom in the beams, and closer spacing of stirrups and ties in both beams and columns respectively.

- Typical floor and roof slab will be 7" thick, conventionally reinforced, f'c = 4000 psi normal weight (145 pcf) concrete.
- Typical beams will be 30"wide x 24"deep, post-tensioned, f'c = 4000 psi normal weight (145 pcf) concrete.
- Columns will be 24"x24" square, f'c = 6000 psi normal weight (145 pcf) concrete.
- Fire protection for beams, columns, and slabs will be accomplished by the thickness of the concrete cover over the conventional and post-tensioned reinforcement. Fire rating of the floor system is accomplished by the overall thickness of floor slab.

Special Inspections will be required for all reinforcing associated with the lateral force resisting system.

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Millennium Campus Development
Bon Secours St. Francis Hospital

ARCHITECTURAL NARRATIVE

I. Building Systems Narratives

1. LEED® Initiative
   a. The hospital buildings on the campus are anticipated to be LEED® certified. Preliminary review indicates the potential for a gold level certification. Documentation and monitoring will be required by the construction manager and select subcontractors as part of the certification process. This will include regular meetings, maintaining logs of construction activities and sources of materials. It will also include specific actions to minimize debris, recycle waste and other debris. See attached LEED Initiative Narrative.
2. Exterior Wall and Roof Systems
   a. Hospital:
      i. Hospital will be constructed to Institutional (I-2) standards per International Building Code and South Carolina DHEC. Construction will be to International Building Code Type II construction. Building will be completely protected by automatic fire sprinkler system or other automatic fire suppression system in areas that have sensitive computer equipment that would be damaged by fire sprinklers.
      ii. Exterior wall materials will include stacked stone veneer masonry, artificial stone masonry veneer and precast architectural concrete panels and metal panel system at the floors and the mechanical penthouse.
      iii. Storefront/curtain wall system design will be based on a Wausau double glazed system with thermal break but will be open to other manufacturers. Glazing on the south, east and west-facing walls will have a higher shading coefficient than glazing facing north. Brise Soliel (metal louvered sunscreens) on south and west facing elevations.
      iv. Exterior wall framing system will include structural-gage steel studs with moisture resistant fiber glass reinforced sheathing.
      v. Wall insulation will include recycled cotton batt insulation and icynene foamed insulation to obtain the required insulating value.
      vi. Roof will be fully adhered EPDM membrane with low albedo level where exposed and 'green' roof system with membrane at high roof locations, planting medium and plantings with drip irrigation system on roofs below the fourth floor.
   b. Parking Deck:
      i. Parking deck will be constructed to 2006 standards per International Building Code. Construction type to be determined. Building will be protected in enclosed levels by automatic fire sprinkler system.
      ii. Structure will be precast prestressed concrete double-tee's with a 'lightwall' or similar structural system for the intermediate bay vertical support system.
      iii. Exterior wall materials will include stacked stone veneer masonry accent up to the main floor level of the hospital over precast panels, precast concrete panels with architectural finish above and metal screen/planting support system.
      iv. Storefront/curtain wall system in stairwells and elevator lobbies will be based on a Wausau double glazed system with thermal break but will be open to other manufacturers. Glazing on the south, east and west-facing walls will have a higher shading coefficient than glazing facing north.
      v. Exterior wall framing system in conditioned areas will include structural-gage steel studs with moisture resistant fiber glass reinforced sheathing.
      vi. Wall insulation in conditioned areas will include fiberglass batt insulation and icynene foamed insulation to obtain the required insulating value.

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vii. Roof of conditioned areas will be fully adhered EPDM membrane with low albedo level. Upper parking level may have photovoltaic panel system mounted above as an additive alternate.

c. Enclosed Connector:
   i. Connector will be constructed to 2006 standards per International Building Code. Exterior wall materials will include stacked stone veneer masonry base with storefront window system above.
   ii. Storefront/curtain wall system will be the predominant exterior material and will be based on a Wausau double glazed system with thermal break. Glazing on the south, east and west-facing walls will have a higher shading coefficient than glazing facing north.
   iii. Exterior wall framing system in non-glazed areas will include structural-gage steel studs with moisture resistant fiber glass reinforced sheathing.
   iv. Wall insulation in non-glazed areas will include fiberglass batt insulation and icynene foamed insulation to obtain the required insulating value.
   v. Roof will be 'green' roof system with membrane, planting medium and low maintenance plantings.

d. Central Energy Plant:
   i. Central energy plant will be constructed to 2006 standards per International Building Code. Construction type to be determined. Building will be completely protected by automatic fire sprinkler system.
   ii. Exterior wall materials will include stacked stone and cast stone veneer masonry over CMU backup.
   iii. Exterior wall system will include CMU backup.
   iv. Wall insulation will include icynene foamed insulation to obtain the required insulating value.
   v. Roof will be fully adhered EPDM membrane with low albedo level.
   vi. Alternate number 2: central energy plant will be consolidated in the basement of the hospital. This will require service 2 service elevators to extend with stops at the basement, additional stair to basement and areaways at both the east and west sections of the hospital to accommodate both air louvers/required air flow and capacity to install and remove major items of equipment.
   vii. Alternate number 3: central energy plant will be a pre-constructed modular system. Refer to the mechanical and electrical sections for additional information.

3. Interior Construction and Finishes
   a. General:
      i. All paints will be low VOC composition. Gypsum wallboard in corridors will be impact resistant. Carpet will be carpet tile with high recycled content. Wall 'ceramic' tile will have high recycled glass content. All plastic laminate substrate will be urea formaldehyde free and agri-fiber content materials. All wood products will be certified from sustainable harvesting methods. Wall covering will have recycled content and will be low VOC.
   b. Hospital:
      i. Interior of exterior wall will typically have gypsum wallboard with painted finish. Other interior walls in public and patient areas will have wallcovering. Walls in staff and service areas will be gypsum wallboard with paint finish. Gypsum wallboard on exterior walls will extend continuously from floor structure to structure above. In lower level mechanical spaces, at the loading dock area and along the major service corridor the corridor walls will be CMU with painted finish.
      ii. Rated interior walls will be constructed per UL-approved details. Non-rated interior walls will typically have studs and one layer of gypsum wallboard extending to structure above.
      iii. Interior walls around patient rooms, patient care areas and private offices will have fiberglass acoustic batt insulation.
      iv. Ceilings will typically be 2' x 2' tegular edge lay-in acoustic tile in patient rooms, patient care areas, public spaces and corridors. Gypsum soffits will be used as architectural elements in patient rooms, treatment spaces and will be used to subdivide the length of corridors. In some cases there may be two levels of soffits to organize and subdivide space. In staff and support areas ceilings will typically be 2' x 2' square edge lay-in acoustic tile.
      v. Floor finishes in patient rooms will have wood-look vinyl plank flooring. Patient unit and diagnostic/treatment corridor floors will be a resilient sheet product, either rubber or linoleum with multiple colors to develop patterns that break down the length of corridors visually. Floor finishes in

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staff areas will be a similar sheet product. Utility areas will be vinyl composition tile. Floor finishes in the operating rooms will be thin-set terrazzo. Offices and other carpeted areas will have carpet tile.

vi. Door frames will be welded hollow metal with flush cherry veneer doors in patient and public spaces. Doors in staff and other non-public areas will be birch with a finish that approximates the cherry finish. ICU-type doors in intensive care units, surgery prep and recovery areas and emergency department will be aluminum system will full break-away feature and no floor tracks.

vii. There will be a public concourse along the south side of the hospital and a central 'atrium' space with terrazzo floors gypsum wallboard/acoustic tile ceilings and cherry wood wainscot along the north side of the concourse. Doors into departments along this concourse will be paneled doors have matching cherry material and finish.

viii. Millwork will include cherry wood trim elements in patient rooms, patient treatment rooms and associated corridors. Counters will be solid surface material with solid surface sinks where used. Major reception points for the hospital which will have granite transaction surfaces. Window stools where needed to cover the top of inside walls will be solid surface material. Hand rails in public and patient corridors will be custom detailed from cherry wood. Hand rails/bumper guards in surgery, similar diagnostic areas and in service corridors will be vinyl acrylic over metal base (Acrovyn).

c. Parking Deck:
   i. For enclosed areas interior of exterior wall will typically have gypsum wallboard with painted finish. Gypsum wallboard on exterior walls will extend continuously from floor structure to structure above.
   ii. Rated walls will be constructed per UL-approved details with painted CMU walls.
   iii. Ceilings will typically be 2' x 2' square edge lay-in acoustic tile.
   iv. Floor finishes will be a resilient sheet product or ceramic tile.
   v. Door frames will be welded hollow metal with painted hollow metal doors.

d. Connector:
   i. For enclosed areas interior of exterior wall will typically have gypsum wallboard with painted finish. Gypsum wallboard on exterior walls will extend continuously from floor structure to structure above.
   ii. Rated walls will be constructed per UL-approved details. Non-rated interior walls will typically have studs and one layer of gypsum wallboard extending to structure above.
   iii. Ceilings will typically be 2' x 2' square edge lay-in acoustic tile.
   iv. Floor finishes will be a resilient sheet product or ceramic tile.
   v. Door frames will be welded hollow metal with painted hollow metal doors.

e. Central Energy Plant:
   i. For enclosed areas interior of exterior wall will typically have gypsum wallboard with painted finish. Gypsum wallboard on exterior walls will extend continuously from floor structure to structure above.
   ii. Rated walls will be constructed per UL-approved details with painted CMU walls. Non-rated walls will be painted CMU to structure above unless completely internal to staff areas. These walls will be painted gypsum wallboard on steel studs.
   iii. Ceilings will typically be 2' x 2' square edge lay-in acoustic tile in staff areas. Mechanical areas will not have ceilings, typically.
   iv. Floor finishes will be sealed concrete in most areas with vinyl composition tile in staff rooms.
   v. Door frames will be welded hollow metal with painted hollow metal doors.

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Millennium Campus Development
Bon Secours St. Francis Healthcare

ELECTRICAL NARRATIVE

ELECTRICAL SERVICE ENTRANCE:

Hospital Building

The hospital normal electrical service will be located in the Hospital's main normal electrical room and will be fed from two pad mounted Duke Energy transformers feeding to the Main-tie-Main switchgear. The switchgear will have drawout breakers and the busses that can be joined together via a tie breaker. The switchgear will have multifunction electronic metering. The mains and tie breakers will be 4000A each. Feeder length will be approximately 200 feet from the transformers to the switchgear. The switchgear will have a load monitoring system, to meet the LEED requirement for measurement, which will monitor the load of each distribution circuit breaker. Distribution circuits will be designed to feed segregated loads (lighting, Cooling, Heating, etc) to aid in load monitoring.

CEP Building

The CEP normal electrical service will be located in the Central Electrical Plant (CEP) and will be fed from a single pad mounted Duke Energy transformer feeding to the main circuit breaker switchgear. The switchgear will have drawout breakers. The switchgear will have multifunction electronic metering. The main breaker will be 4000A. The switchgear will have a load monitoring system, to meet the LEED requirement for measurement, which will monitor the load of each distribution circuit breaker. Distribution circuits will be designed to feed segregated loads (lighting, Cooling, Heating, etc) to aid in load monitoring.

Alternate Number 2: CEP in Hospital Basement Option

The CEP normal electrical service will be located in the basement of the hospital and will be fed from a single pad mounted Duke Energy transformer feeding to the main circuit breaker switchgear. The switchgear will have drawout breakers. The switchgear will have multifunction electronic metering. The main breaker will be 4000A. The switchgear will have a load monitoring system, to meet the LEED requirement for measurement, which will monitor the load of each distribution circuit breaker. Distribution circuits will be designed to feed segregated loads (lighting, Cooling, Heating, etc) to aid in load monitoring.

The Main normal electrical room of the hospital will be enlarged from the base plan to accommodate the additional electrical gear for the HVAC CEP equipment.

Parking Deck

The parking deck normal electrical service will be located in the main electrical room and will be fed from a single pad mounted Duke Energy transformer feeding to the main circuit breaker switchboard. The service entrance panel will have multifunction electronic metering. The main breaker will be 1600A.

NORMAL POWER SYSTEM DISTRIBUTION

Hospital Building

Normal power will be distributed from the main switchgear to distribution panelboards located in electrical rooms located within the departments on each hospital floor.

Panelboards shall be equipped with copper bussing, main circuit breakers, door-in-door construction and bolt-on branch circuit breakers.

All wiring shall be copper installed in metallic conduit unless noted otherwise. Fittings shall be steel compression type for EMT installations. Branch Circuit conduit is not permitted in or below the slabs unless indicated.

The hospital will have PV solar panels on the roof of the hospital to generate the required 0.215 watts per square foot of energy as required to obtain LEED credits for renewable on site energy. The generated power will be sold back to Duke energy or utilized in the power system of the hospital.

CEP Building

Normal power will be distributed from the main switchgear to distribution panelboards located within the main electrical room and in the Chiller and Boiler rooms in the CEP.

Panelboards shall be equipped with copper bussing, main circuit breakers, door-in-door construction and bolt-on branch circuit breakers.

All wiring shall be copper installed in metallic conduit unless noted otherwise. Fittings shall be steel compression type for EMT installations. Branch Circuit conduit is not permitted in or below the slabs unless indicated.

Alternate Number 2: CEP in Hospital Basement Option

Normal power will be distributed from the main CEP switchgear to distribution panelboards located within the main electrical room and in the Chiller and Boiler rooms in the basement of the hospital.

Panelboards shall be equipped with copper bussing, main circuit breakers, door-in-door construction and bolt-on branch circuit breakers.

All wiring shall be copper installed in metallic conduit unless noted otherwise. Fittings shall be steel compression type for EMT installations. Branch Circuit conduit is not permitted in or below the slabs unless indicated.

Parking Deck

Normal power will be distributed from the main switchboard to distribution panelboards located within the main electrical room and to lighting and receptacle panelboards on the upper levels of the parking deck.

Panelboards shall be equipped with copper bussing, main circuit breakers when required, door-in-door construction and bolt-on branch circuit breakers.

All wiring shall be copper installed in metallic conduit unless noted otherwise. Fittings shall be steel compression type for EMT installations. Branch Circuit conduit is not permitted in or below the slabs unless indicated.

EMERGENCY POWER SYSTEMS

Hospital and CEP

The emergency power system for the hospital will originate in the CEP via three 1500 kW prime rated generators. The generators will each have a main circuit breaker. The generators will be paralleled through a 6000A paralleling switchgear. The paralleling switchgear will feed the automatic transfer switches in the

main emergency power electrical rooms within the CEP and the hospital as required. Emergency power system feeders from the CEP to the distribution panels in the hospital will be run under ground in reinforced concrete ductbanks. The Life Safety branch shall be run is a separate ductbank from the other feeders.

The CEP area has a planned expansion zone for an additional generator if needed in the future.

The generators will be fed from a fuel tank (provided under Division 23) to provide 96 hours of operation which is required by NFPA 110 for Seismic risk areas.

The ATS's will be closed transition four pole type with bypass isolation. All the transfer switches will be monitored in the hospital via an ATS monitoring system. Multiple transfer switches will be utilized for the Critical and Equipment branches.

The generators are intended to feed the Life Safety, Critical and Equipment branches of the hospital as well as 100% of the heating and cooling equipment in the CEP.

Alternate Number 3: Modular alternative to Stick-Built CEP

The emergency power system for the hospital will originate in the CEP via three 1500 kW prime rated generators with space for a fourth. The generators will each have a main circuit breaker. The generators will be paralleled through a 6000A paralleling switchgear. The paralleling switchgear will feed the automatic transfer switches in the main emergency power electrical rooms within the hospital as required (hospital main emergency power electrical room will be enlarged from the base plan to accommodate the additional emergency power electrical gear for the HVAC CEP equipment). Air intakes are required (see mechanical section for square footages) to be installed to provide combustion and cooling air for the generators. An areaway is required for the generator radiator exhaust air and to provide access to install and remove the generators when necessary (see mechanical section for square footages).

The generators will be fed from a fuel tank (provided under Division 23) to provide 96 hours of operation which is required by NFPA 110 for Seismic risk areas. Estimate size of generator fuel tank, 35,000 gallons.

The ATS's will be closed transition four pole type with bypass isolation. All the transfer switches will be monitored in the hospital via an ATS monitoring system. Multiple transfer switches will be utilized for the Critical and Equipment branches.

The generators are intended to feed the Life Safety, Critical and Equipment branches of the hospital as well as 100% of the heating and cooling equipment in the CEP.

Alternate Number 3: Modular alternative to Stick-Built CEP

Another option would be to have a modular or component built CEP that is completely assembled in a factory (equipment and controls all pre-wired), tested, commissioned, LEED certified (if required), then disassembled for shipping, transported to site, rigged in place, re-assembled, and re-tested as a single source turnkey operation. Pre-site assembly prep work would include foundations, slab and or piers, as required, and all underground utility spine connections for steam or hot water, chilled water, medical gases, fire, and emergency power. The following is a suggested preliminary ROM estimate, by module for the capacities indicated previously:

1)	Chilled Water -	$1.8M
2)	Electrical & Paralleling Gear -	$1.0M
3)	Emergency Generator -	$2.4M
4)	MBH Boilers -	$0.9M
5)	Medical Gas & Fire Pump -	$0.8M
Total ROM Budget		$6.9M

Parking Deck

The parking deck will have emergency power (EP) provide for approximately 25% of the lighting the CEP generators will supply the EP to ATS in the main emergency power electrical room in the parking deck.

LIGHTING SYSTEMS

Hospital

The hospital will utilize T5 lamp and advanced fixture technology to optimize the energy savings above the ASHREA 90.1 requirements to obtain LEED credits. Lighting control will be multilevel or dimmable. Staff will have individual lighting control of their work areas and patient will have access to their lighting controls to meet the requirements for LEED credits. The lamps will meet the mercury level requirements of the materials and resources sections of LEED.

Parking Deck

The parking deck will utilize high efficiency metal halide or fluorescent lighting. The lamps will meet the mercury level requirements of the materials and resources sections of LEED.

FIRE ALARM

Hospital and CEP

The hospital and CEP building will have an Intelligent Addressable fire alarm system. The system will be capable of being expanded to support future hospital additions.

All fire alarm wiring will be Class A and will be installed in conduit. Data loops passing through smoke and or fire zones will be required to be protected per the NPFA 72 survivability requirements.

Fire alarm initiating devices shall be installed per NFPA 72, DHEC, ADA and the International Building Code requirements.

Fire alarm indicating devices will be installed per NFPA 72, DHEC, ADA and the International Building Code requirements.

Parking Deck

The parking deck will have will have an Intelligent Addressable fire alarm system. The system will be capable of being expanded to support future parking additions.

All fire alarm wiring will be Class B and will be installed in conduit.

Fire alarm initiating devices shall be installed per NFPA 72, ADA and the International Building Code requirements.

Fire alarm indicating devices will be installed per NFPA 72, ADA and the International Building Code requirements.

SPECIAL SYSTEMS

Hospital

Telephone and data raceway is to be installed from outlet locations to an accessible corridor ceiling. Horizontal pathways (cable tray or J-brackets) will be installed in the corridors to run the cable to the data rooms located on each floor.

Provide maxi-EZ path type pathways into each data/comm. room and in corridors separated by fire or smoke partitions.

The Nurse Call system will be designed to provide coverage in all patient care areas per the state requirements. The nurse call system wiring will be installed in a complete conduit system.

Other buildings

Telephone and data raceway is to be installed from outlet locations to an accessible corridor ceiling. Horizontal pathways (J-brackets) will be installed in the corridors to run the cable to the data rooms located on each floor.

Provide maxi-EZ path type pathways into each data/comm. room and in corridors separated by fire or smoke partitions.

LIGHTNING AND SURGE PROTECTION

All Buildings

The buildings will have a master label lightning protection system installed on the roof with ground leads.

The main service entrance switchgear and major distribution panels located in the hospital will have Transient Voltage Surge Suppressor installed to help diminish the affect of voltage and current deviations on the electrical system.
The main service entrance gear located in the rest of the campus buildings will have Transient Voltage Surge Suppressor installed to help diminish the affect of voltage and current deviations on the electrical system.

GENERAL ELECTRICAL REQUIREMENTS AND ACCEPTABLE MANUFACTUERS

The following levels of quality shall be adhered to on this project:

- Electrical receptacle devices in the hospital shall be hospital grade.
- All other devices shall be industrial specification grade.
- Device plates shall be stainless steel in the hospital and Plastic in other buildings
- All back boxes shall be a minimum 4 11/16" square x 2 1/8" deep
- All lighting shall be specification grade
- Acrylic lenses for lighting fixtures shall be 1/8" minimum thickness.
- All lighting electronic ballast shall be 20% TDH or less.
- All areas shall have dual level lighting.
- All fluorescent lamps shall be high color rendering with 4100°K color temperature.
- All disconnect switches and starters shall be heavy duty type.
- Acceptable device manufacturers: Hubbell, Leviton, Pass + Seymour
- Acceptable electrical gear manufacturers: Cutler – Hammer, General Electric and Square D.
- Acceptable generator manufacturers: Caterpillar, Cummins, Detroit Diesel
- Acceptable ATS manufacturers: ASCO, Russelectric
- Acceptable Fire Alarm manufacturers: Notifier, Siemens, Simplex

HOSPITAL MEDICAL CONSTRUCTION

Surgery

Each Operating Room is to be equipped two 7.5kVA isolated power panel connected to the critical branch. Each room shall have one isolated power panels fed from ATS CR1 and the second isolated power panel fed from ATS CR2.

All isolated power panels are to be Square D only.

Each area containing isolated power is to be equipped with an equipotential grounding system. Ground integrity and leakage current measurements are included in the scope of the work.

Supplementary Lighting in the Operating Room will include six lamp fluorescent troffers with asymmetric lenses. Lamps shall be high color rendering type with RFI shielding. The supplemental lighting system shall be design to accept "green light" technology.

Pre-Op and Post-Op Care Unit

Each bed will have emergency power receptacles will be fed from two distinct critical transfer switches.

The lighting in the room will be similar to the following or provide a similar environment: multifunction ceiling mounted fluorescent fixtures with high color rendering lamps and wall mounted up and down lighting for a subdued lighting atmosphere.

Nurse call bed-units and code blue will be supplied on the headwall.

Patient Rooms

Each room will have emergency and normal receptacles on the headwall to serve the equipment used for the patient.

The lighting in the room will be similar to the following or provide a similar environment: : multifunction ceiling mounted fluorescent fixtures over the bed for close examination and a wall mounted fluorescent fixture above the bed with up and down lamps for general illumination and patient reading. The room will have a wall mounted night light.

Additional emergency and normal powered receptacles will be provided throughout the room.

Nurse call bed-units will be installed on the headwall. Emergency call stations will be installed in the bath rooms.

Emergency Department Exam Rooms

Each exam room will have emergency power receptacles will be fed from two distinct critical transfer switches.

The lighting in the room will be similar to the following or provide a similar environment: a lensed fluorescent in the ceiling over the bed for close examination and a wall mounted fluorescent fixture above the bed with up and down lamps for general illumination and patient reading. Some fluorescent downlights will be utilized for family and staff areas in the rooms

Nurse call patient-units and code blue will be supplied on the headwall.

Emergency Department Trauma Room

The trauma room will be equipped with emergency power receptacles will be fed from two distinct critical transfer switches.

The lighting in the room will be similar to the following or provide a similar environment: The supplemental lighting in the room will be fluorescent lensed troffers connected to the normal and critical branches.

Nurse call staff assist and code blue will be supplied on the headwall.

MR, CT and Radiology Rooms
These imaging rooms and will be equipped with emergency and normal receptacles.

Electrical requirements for the rooms will be coordinated with the manufacturers' designers and the hospital staff.

The lighting in the room will be similar to the following or provide a similar environment: lensed fluorescent troffers, mainly for cleaning, and dimmable incandescent downlights for use during radiology procedures.

Nurse call devices will be supplied in the room.

Nurses Stations
Each Nurse Station will be equipped with emergency and normal power receptacles both above the counter and in the knee spaces.

The lighting in the room will be similar to the following or provide a similar environment: lighting will primarily be recessed specialty style fluorescent fixtures and fluorescent downlights.

Nurse call master stations will be located in this area.

Public Waiting
This space will be equipped with emergency and normal power receptacles. The number of receptacles and their locations will be coordinated with the hospital staff.

Specialty lighting may be utilized in these areas.

END OF SECTION

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Millennium Campus Development
Bon Secours St. Francis Healthcare

HVAC NARRATIVE

HVAC Systems - Overview

The new hospital building will include a Central Energy Plant (CEP) that will generate chilled and hot water, steam and emergency power, for hospital facility.

A central energy plant (CEP) will be located in the Northwest corner of the facility, in the back of the property.

This central energy plant will house high efficiency chillers utilizing ozone non-depleting refrigerant R-134a, associated pumps, and cooling towers.
Cooling Towers will be reduced noise pollution construction.

High efficiency hot water boilers and associated pumps will be provided to supply heating hot water to the main hospital. These boilers will be dual fuel (gas and oil) with an above or below-ground oil tank.

Chilled water and hot water supply and return piping will be direct buried and routed from the CEP to the hospital and will be provided with intermediate access/service manholes.

The CEP will be designed to add additional chillers and two boilers as the main hospital expands. Facility will be built with expansion for future growth. The piping in the CEP will be sized to handle the future expansion.

Alternate Number 2: CEP In Hospital Basement Option
An option to place the CEP in the basement of the West building, if feasible, would include the following mechanical components:

Four (4) 3000MBH input hot water boilers. One as back up. Space for a future 5th 3000MBH boiler
Three (3) 600 ton chillers. One as back up. Space for a future 4th 600 ton machine.
Combustion air louvers approximately 100 sq ft. in a 20'x20' areaway to facilitate removal
Boiler stacks to building roof in dedicated 2 hr rated chases.

Three (3) 600 ton cooling towers on the roof with space for a 4th 600 ton cell.
Architectural screen wall for cooling towers 60'x 40'x 18'.
Sound Attenuating package and vibration elimination supports.

Emergency Generator Intake Louver: (3 generators @ 1500kw) 860 sq ft. approx. 90'x10'louver in a 90'x10' areaway.

Emergency Generator Relief Louvers: Three louvers (3) at 10'x10' each with removable turning vanes in an 20'x50'areaway to facilitate generator removal.

Emergency Generator Stacks to roof in dedicated 2 hour rated chase.

Additional sound and thermal insulation for the floor above.
The basement CEP would need to initially be full size for future boiler, generator, and chiller.
Additional area will be required for corridors, exiting, and stairs.

Site HVAC Building Automation System- BAS

The project site will include Direct Digital Control based BAS allowing site maintenance personal to monitor equipment performance, select a variety of operational options and ability quickly respond to problems.

Alternate Number 3: Modular alternative to Stick-Built CEP

Another option would be to have a modular or component built CEP that is completely assembled in a factory (equipment and controls all pre-wired), tested, commissioned, LEED certified (if required), then disassembled for shipping, transported to site, rigged in place, re-assembled, and re-tested as a single source turnkey operation. Pre-site assembly prep work would include foundations, slab and or piers, as required, and all underground utility spine connections for steam or hot water, chilled water, medical gases, fire, and emergency power. The following is a suggested preliminary ROM estimate, by module for the capacities indicated previously:

1)	Chilled Water -	$1.8M
2)	Electrical & Paralleling Gear -	$1.0M
3)	Emergency Generator -	$2.4M
4)	MBH Boilers -	$0.9M
5)	Medical Gas & Fire Pump -	$0.8M
Total ROM Budget		$6.9M

Hospital

Building will have a penthouse and basement allocated for building MEP and IT needs. Air handling units will be placed in penthouse and basement.

Each air handling unit will consist of a return air fan section, pre-filter section, relief air section, pre-heat coil, chilled water coil, humidifier, supply air fan, and final filter section. Air will be supplied throughout the hospital via a ducted air system.

Terminal boxes (VAV hot water re-heat) will be located throughout the hospital to provide area temperature control. The control system for all terminal boxes and air handling units will be DDC. The air handling unit serving the Operating Room Suite will provide "low temperature" air to this area to accommodate general and orthopedic type surgery temperature and humidity requirements.

A separate glycol chiller will supply low temperature water to this air handling unit and reject its heat to the main chilled water return loop.

The hospital will have a number of isolation rooms throughout that will be exhaust via a separate exhaust or individual per room exhaust systems with HEPA filters on the terminal end.

Steam for humidification will be generated via a centralized electric boiler or electrically at individual steam generators for each humidifier located in basement or penthouse or both to minimize piping distribution. Sterilizers will have self contained electric steam generators.

A separate laboratory exhaust fan system will be provided, possibly installed with energy recovery wheel.

Facility will be designed to meet LEED Silver standards with major points achieved by means of using energy efficient HVAC design approach to equipment operation, establishing enhanced indoor air quality and quantity, individual thermo and lightening comfort and enhanced commissioning.

Parking Deck

Parking deck will have a centralized exhaust system with parallel Variable Volume fans controlled by CO sensors on each deck.

Fans will produce low sound power performance.

Air source roof mounted heat pumps will provide heating and cooling in stair well. All HVAC equipment shall be monitored from BAC.
LEED points earned by optimizing energy performance, non-depleting refrigerants

END OF SECTION

FreemanWhite

Millennium Campus Development
Bon Secours St. Francis Healthcare

LANDSCAPE NARRATIVE

Exterior Site Landscaping

Site landscaping will conform to the minimum regulations and standards of the City of Greenville. Plantings used to satisfy these requirements shall be native to South Carolina, low maintenance, and be adaptable to the correct plant hardiness zone for Greenville as defined by the current USDA Hardiness Zone Map. Plants will be irrigated using temporary drip irrigation techniques. Landscaping is planned to consist of the following components that will be described herein as shown on the enclosed attachments/illustrations. Areas to be enhanced by landscaping include:

Entrance Gardens and Signage
There are two main entrances into the campus. These include the main intersection of Laurens Rd and Innovation Way and the 20 acre site driveway off Innovation Way. Entrance signage consistent with the Millennium campus guidelines and small gardens are to be developed at each entrance to provide prominent display of identification and an aesthetic, natural appeal. There are four (4) corner signage and garden areas planned. Possible signage materials include natural stone, wood and metal paneling. The signage is to be lighted and provide immediate visualization from the road. Plantings used to satisfy these requirements shall be native to South Carolina, low maintenance, and be adaptable to the correct plant hardiness zone for Greenville as defined by the current USDA Hardiness Zone Map. Plants will be irrigated using temporary drip irrigation techniques. The integration of pedestrian sidewalks will need to be considered.

Front Entrance Lake / Storm Water Retention Pond
A small lake is to be developed to the south east end of the 20 acre site, off Laurens Road. This lake is multipurpose in that it provides a natural habit for visitors and wildlife and will be used for storm water retention on the site. This lake would include natural elements that would simulate flowing water such as large bolder rocks and provide a reservoir for fish and other wildlife inhabitants. This space is intended to promote the use of healing water and the integration of nature. Please see the proposed site plan for approximate location placement.

Chapel Water Lily Pond at Main Entrance
A small water lily pond is planned to surround the external base of the Hospital's chapel at the main entrance. This zero entry lily pond is shallow but should provide enough depth for natural plant life. The foundation of the Chapel is to be sealed from potential water damage and front entrance leakage.

Parking Lots
The City of Greenville requires one shade tree and 8 shrubs for every 2,000 square feet of parking area. Canopy trees shall have a minimum 2.5" caliper and shrubs shall be 18" to 24" height at installation. In addition, planting areas should be located at approximately 15 parking space intervals. The site plan as currently depicted would require approximately 105 canopy trees and 844 shrubs (9 trees and 72 shrubs for 20 acre site and 96 trees and 772 shrubs for 40 acre site). An increase in plant material will be required to aesthetically improve the surface parking areas and serve to break up the size of the parking lots.

Adjacent Building Gardens
Trees, shrubs, and perennial and annual plants are to be place around the base of the Hospital on all sides. These colorful gardens will create an inviting atmosphere both externally and from an in-house perspective. Plantings used to satisfy these requirements shall be native to South Carolina, low maintenance, and be adaptable to the correct plant hardiness zone for Greenville as defined by the current USDA Hardiness Zone Map. Plants will be irrigated using temporary drip irrigation techniques.

PMC.2013.00005521

PET-EX055.0146

RECORD 005893

Vehicular Drop Off Round-a-Bout
There is one vehicular drop off round-a-bout located at the Hospital's front entrance. The center of this round-a-bout is a natural plant garden supported by a stone raised flower bed. These stone retaining walls should be reinforced to provide for vehicular accidents and drip irrigation techniques, including proper drainage. Plantings used to satisfy these requirements shall be native to South Carolina, low maintenance, and be adaptable to the correct plant hardiness zone for Greenville as defined by the current USDA Hardiness Zone Map.

Pervious Pavement
To the greatest extent practicable, pervious pavement in the form of pervious unit paver tiles or pervious concrete mixes shall be used in selected areas of access drives and surface parking to reduce the burden of storm water management on-site, while conforming to EPA Best Management Practices.

Grading for Future Amphitheater
A future Healing Arts Amphitheater is planned between the parking deck and the Hospital, as shown on the enclosed site plan. Basic grading, irrigation and infrastructure support shall be included in the site's Base Hospital Landscaping budget. Further development will be fiscally provided by third party participation.

Rear Drive Medians (Crape Myrtle Canopy)
As shown in the enclosed site plan, a grove of crape myrtles are planned for the rear street medians between the rear drop off and the on-site parking deck and medical office building. These crape myrtles are to create a canopy for visual deflection and aesthetic appeal.

Overall Site Landscaping
In addition to the shade tree requirements for the proposed parking lots, the City of Greenville also has general site landscaping requirements. The formula for determining required tree quantities is described in Article 19-6.3.2 of Greenville's Land Management Ordinance. Based upon the current site plan 583 trees will be required per City regulations (163 trees on the 20 acre site and 420 trees on the 40 acre site) in addition to the 105 trees needed to satisfy parking lot requirements. The trees shall have a minimum 2.5" caliper. The number of required trees can be reduced by the preservation of existing trees onsite. Trees to be preserved will be flagged and appropriate measures will be taken to ensure protection during site construction. An increase in overall site landscaping will be required to improve the outdoor experience for both patients and staff, enhance the proposed water features, and create healing gardens. Examples of overall site landscaping are attached.

Interior Building Landscaping

Rain Wall Garden
Beyond the main entrance lobby of the Hospital, a rain wall garden is planned as shown in the enclosed site illustrations. This compact garden environment and water feature provide a link to the outdoors using a controlled palette of natural stone, plant materials, and running water to create a calming, generative space. Day lighting provides natural illumination in this area, supplemented by artificial lighting as needed.

PMC.2013.00005522

PET-EX055.0147

RECORD 005894

FreemanWhite

Millennium Campus Development
Bon Secours St. Francis Healthcare

SITE WORK NARRATIVE

I. Site Work

The proposed facilities will be pursuing LEED® Gold certification so there are certain site factors that will need to be analyzed. The outdoor spaces for the campus represent unique healing opportunities for the patients. These areas should include site furnishings for places of respite as well as the potential for water features and gardens. For more specific information regarding updated landscaping components, please see the enclosed Landscape Narrative.

There are two heat island effect credits that will be pursued, non-roof and roof. The non-roof materials requirement will be pursed through the parking deck. At least 50% of the site parking will need to be covered, within the deck, and the top level of the deck has to achieve a solar reflectance index (SRI) of greater than or equal to 29. The credit for heat island effect from the roof can be achieved in one of several different ways. A cover material with an SRI greater than 78 can be used, a green roof over 50%, or a combination thereof.

To meet light pollution requirements, the following criterion needs to be followed for exterior and interior site lighting. Exterior site lighting shall meet applicable life safety requirements while not exceeding 80% of the lighting power densities for the outside space and 50% for building facades and landscaped areas. Interior lighting with direct line of sight to any opening of the buildings shall meet one of two requirements. Luminaires shall be equipped with automatic dimmers that will reduce illumination levels by at least 50% from 11 pm to 5 am or the area of direct line of sight shall have shielding that is either permanent or automatic to achieve a resultant transmittance of less than 10%.

Finally, alternative transportation credits will be pursued in several ways. Designated spaces for both car pools and electric cars shall be provided. These spots shall be clearly distinguished with signage and be equipped with power outlets at the electric car stations.

Both sites generally slope to the west and ultimately drain to tributaries of Laurel Creek. There is currently a master storm water detention system for the Millennium Campus that provides water quantity for up to 46% impervious area for the proposed developments within the campus. All other impervious area over the 46% will have to be detained on-site by detention ponds, retention ponds, underground detention, or a combination of the above. Storm water quality requirements by SCDHEC and the City of Greenville shall be achieved on-site through similar systems.

PMC.2013.00005523

PET-EX055.0148

RECORD 005895

ATTACHMENT E

TIMELINE

000148

RECORD 005897

000149

PMC.2013.00005525

PET-EX055.0150

ATTACHMENT F

BOARD OF DIRECTORS

000150

BON SECOURS ST. FRANCIS HEALTH SYSTEM, INC.
2008 BOARD OF DIRECTORS

Marshall J. Collins, Jr. (Chair)

Leonard R. Byrne

Pearlie Harris

Camilla Hertwig

Valerie Hollinger

Sister Rose Marie Jasinski, CBS

Ray Lattimore

Eric Le Corre

Sam B. Phillips, Jr.

David C. Poole

Linton (Buddy) P. Puckett

Valinda Rutledge

John Shea

Sister Rita Thomas, CBS

000151

PMC.2013.00005527

PET-EX055.0152

ATTACHMENT G

ORGANIZATIONAL CHART
and list of licensed facilities

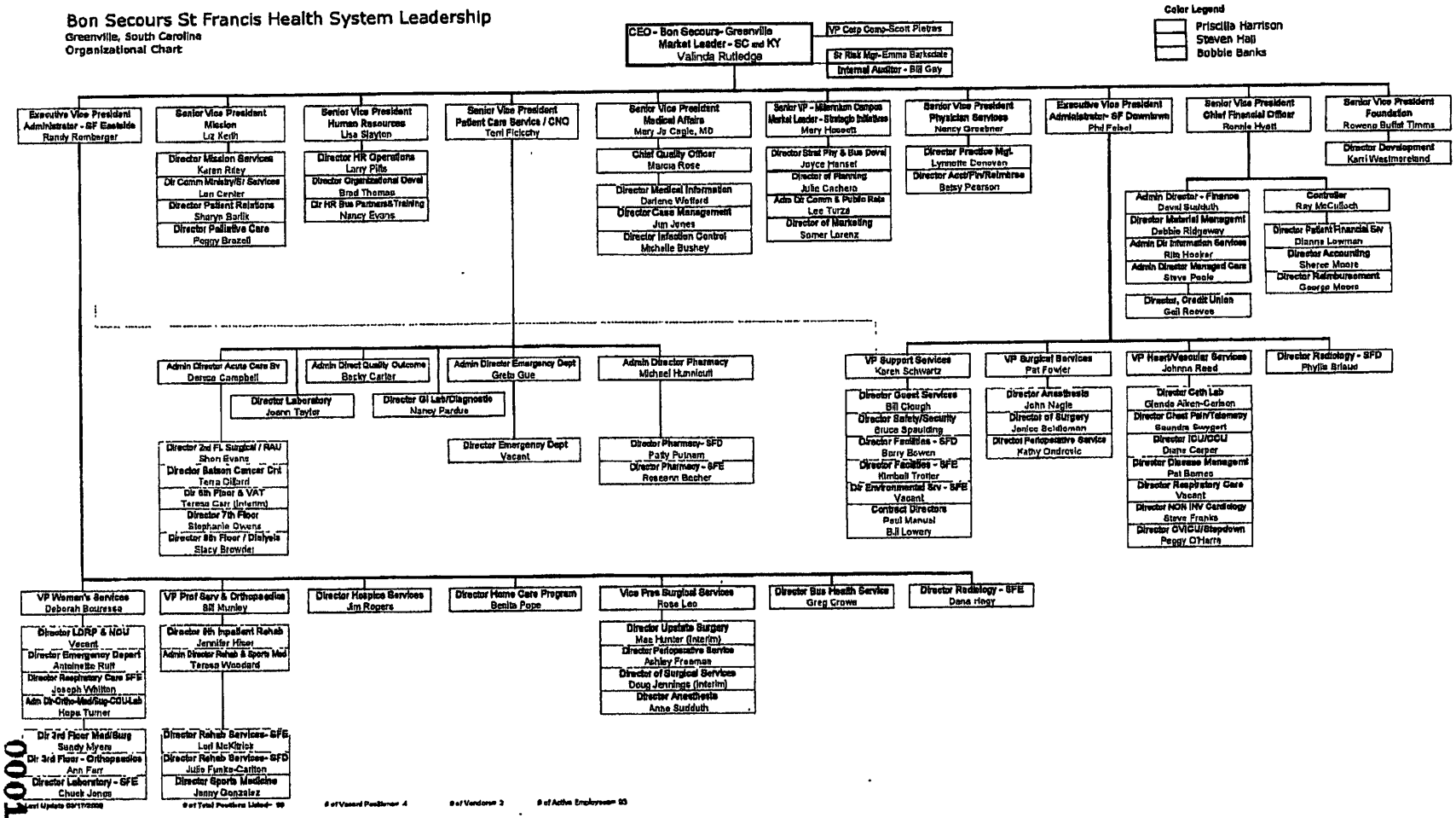
000152

PMC.2013.00005528

PET-EX055.0153

Bon Secours St Francis Health System Leadership

Greenville, South Carolina
Organizational Chart



0001153

PMC.2013.0005529

RECORD 005901

PET-EX055.0154

St. Francis Facilities

ST. FRANCIS downtown
One St. Francis Drive
Greenville, SC 29601
864-255-1000

ST. FRANCIS eastside
125 Commonwealth Drive
Greenville, SC 29615
864-675-4000

St. Francis Outpatient Center
Three St. Francis Drive
Greenville, SC 29601
864-255-1000

Upstate Surgery Center
10 Enterprise Boulevard, Suite 104
Greenville, SC 29615
864-458-7141

St. Francis HomeCare
131 Commonwealth Drive, Suite 230
Greenville, SC 29615
864-233-5300

Open Arms Hospice
McCall Hospice House of Greenville
1836 West Georgia Road
Simpsonville, SC 29680
864-688-1700

ATTACHMENT H

FINANCIAL ASSISTANCE POLICY

000154

PMC.2013.00005531

PET-EX055.0156

RECORD 005903

ST. FRANCIS HOSPITAL
BUSINESS OFFICE POLICY AND PROCEDURE

POLICY: Financial Assistance

POLICY NUMBER: 8150-565 DEPARTMENTAL APPROVAL: _____

APPROVAL: _____ DATE: 08/01/99 PAGE: 1 OF 3

POLICY

It is the policy of St. Francis Health System to provide financial assistance to those without the financial means to pay for these services.

Financial Assistance will be provided to all qualifying individuals presenting themselves for treatment based on their ability to pay, regardless of race, creed, color or national origin, according to the health system's eligibility procedure.

Qualification for Financial assistance is based on the Federal Poverty Guidelines, published annually in the Federal Register or on catastrophic patient due amount of medical bills.

Individuals that are eligible for Medicaid will also be eligible for Financial Assistance for balances not covered by the medical program.

Cosmetic procedures, Workers Compensation claims, motor vehicle accident/liability claims and out of network claims not paid or paid at a reduced rate are ineligible for Financial Assistance.

Financial Assistance will be administered only after all attempts to qualify for Third Party/Government Assistance programs have been exhausted.

Financial Assistance will be administered only after all attempts to obtain payment from existing Third Party insurance coverage has been exhausted.

PROCEDURE

Notification to Patients

1. Registration Representatives will notify each patient of the availability of financial assistance. Financial Counselors may interview patients unable to pay requested upfront deposits for eligibility.

2. Customer Service Representatives will send a financial assistance application to any patient requesting financial assistance or to any patient stating that payment of their medical bill would present a financial hardship.

ST. FRANCIS HOSPITAL
BUSINESS OFFICE POLICY AND PROCEDURE

POLICY: Financial Assistance

POLICY NUMBER: 8150-565 DEPARTMENTAL APPROVAL: _____

Approval Guidelines

3. Financial Counselors or a Patient Financial Services Department Representative will review each returned application for inclusion of the required documentation.

INCOME DOCUMENTATION REQUIREMENTS
- Last years Income Tax Return or W2 form
- Current check stub with year to date figures
- Bank statements listing monthly deposits
- Social Security statement

For each family member of the household

INCOME QUALIFICATION REQUIREMENTS
Income/Family size: use current Federal Register Poverty Guidelines

CATASTROPHIC MEDICAL BILLS
An applicant denied based on income guidelines may be considered for financial assistance based on catastrophic medical bill amounts. Qualification is based on catastrophic patient liability amounts of medical bills. Copies of outstanding medical bills must be provided to the Central Business Office. The total medical bills due must exceed one half of the family's current annual income to qualify for approval.

FAILURE TO PROVIDE APPROPRIATE INFORMATION
Failure by the individual/guarantor to provide information necessary to complete a financial application may result in a negative determination, however, the account will be reconsidered upon receipt of the required information. A determination of eligibility for Financial Assistance may be made without a completed application if the individual or information is not reasonably available and eligibility is warranted under the circumstances. Example: homeless, deceased no estate, deemed indigent or unable to pay by an outside collection agency, unemployed and not responsive to offers of financial assistance with catastrophic amounts of medical bills. A Financial Assistant Application must be completed by the requestor and maintained in the CBO file. The application must list the reason for financial assistance and have any relevant account documentation attached.

ST. FRANCIS HOSPITAL
BUSINESS OFFICE POLICY AND PROCEDURE

POLICY: Financial Assistance

POLICY NUMBER: 8150-565 **DEPARTMENTAL APPROVAL:** _____

APPROVAL: _____ **DATE:** 08/01/99 **PAGE:** 3 OF 3

4. Completed applications will be approved by Financial Counselors or a Patient Financial Services Representative and filed in the CBO.

PMC.2013.00005533

PET-EX055.0158

RECORD 005905

Notification of Approval/Denial

5. The applicant will be notified by letter of the approval or denial within 30 days of the date of request. An approval will be effective for twelve months. A denied patient may reapply at any time.

Documentation and Write off of Account

6. Document approval dates in the AR notes in Guarantor Maintenance.

7. Enter Financial Assistance as a secondary insurance if the write off is pending the primary insurance payment. Balances will not be written off to Financial Assistance until all attempts to collect the insurance payment have been exhausted. Collectors will monitor accounts and post write off after insurance payment is received.
Do not enter Financial Assistance as a secondary insurance if Medicaid is primary.

8. Write off every open account in AR and Bad Debt for the applicant and each family member if payment has been received from the primary insurance or no primary insurance exists. Search for open accounts using GM, ARI and BDFI.

Future Registrations

9. Identify patients currently approved for financial assistance during the registration process by the approval dates documented in the AR notes on the Guarantor screen. Register the patient with financial assistance insurance primary or secondary as appropriate.

Do not enter Financial Assistance when Medicaid is the primary insurance.

Revised: 4/09/01
5/11/01

PMC.2013.00005534

PET-EX055.0159

RECORD 005906

BonSecours St. Francis Health System
One St. Francis Drive
Greenville, SC 29601
Telephone: (864)282-4943
Financial Assistance Application

Applicant Name	Date of Birth	Social Security #

Address	City, State	Zip Code

Others members of household	Date of Birth	Social Security #

Attach a separate sheet if necessary

Family size:_____ **Total Family Income:**_____
Attach copies of one or more of the following:
Income Tax Return, W2 Forms, Check stubs,
Bank statements, Social Security statements

This application will not be processed without proper income verification.

Do you have a large amount of unpaid medical bills? Attach copies to this application, but only if you are over the guidelines for assistance.
Total Medical Bills due from patient: _____

Do you have insurance coverage? Please list name of company: _____
Out of network insurance coverage resulting in no payment or a reduced payment will render the applicant ineligible to receive Financial Assistance. Financial Assistance will be given only after payment is obtained from third party insurance coverage.

I certify that the above information is true and accurate to the best of my knowledge. If any information I have given proves to be untrue, I understand that the hospital may re-evaluate my financial status and take whatever action becomes appropriate.

_____ _____
Signature of Applicant Date of Request

Approved _____ Denied _____ Date: _____

Schedule A
Financial Assistance Policy 8150.565.01

The Hospital has funded indigent care over the past as follows:

Gross Revenue	Indigent Care	% to Total

000158

PMC.2013.00005535

PET-EX055.0160

Financial Assistance Guidelines

BonSecours St. Francis Health System is required by law to provide a reasonable amount of all services performed by the facilities without charge to eligible persons who cannot afford to pay for care.

To be eligible to receive financial assistance, you must furnish proof of family income. The income total must be at or below twice the Federal Poverty Guidelines as listed below.

FAMILY SIZE	FAMILY INCOME GUIDELINE
1	$17,720.00
2	$23,880.00
3	$30,040.00
4	$36,200.00
5	$42,360.00
6	$48,520.00
7	$54,680.00
8	$60,840..00
For each additional family member add	$6,160.00

The Federal Government published its annual update of the Department of Health & Human Services Poverty Guidelines in the February 14, 2002 Federal Register.
If you think you may be eligible for financial assistance, you may request an application from any Registration Representative or contact the Central Business Office at 282-4943.

Effective 04/01/02

000159

PMC.2013.00005536

PET-EX055.0161

ATTACHMENT I

CLARITAS VS. ORS DATA COMPARISON

PMC.2013.00005537

PET-EX055.0162

RECORD 005909

	Claritas, Inc.		
	2007	2012	Change
Greenville County	415,764	441,424	6.2%
Spartanburg County	270,643	282,513	4.4%
Laurens County	70,496	71,140	0.9%
Pickens County	114,613	117,481	2.5%
Anderson County	178,275	187,012	4.9%
Oconee County	70,491	73,439	4.2%

	SC Budget and Control Board		
	2007	2012	Change
Greenville County	428,243	453,100	5.8%
Spartanburg County	275,534	288,870	4.8%
Laurens County	69,582	73,680	5.9%
Pickens County	116,003	123,660	6.6%
Anderson County	179,981	188,340	4.6%
Oconee County	70,753	75,190	6.3%

	Variance		
	2007	2012	Change
Greenville County	(12,479)	(11,676)	0.4%
Spartanburg County	(4,891)	(6,357)	-0.5%
Laurens County	914	(2,540)	-5.0%
Pickens County	(1,390)	(6,179)	-4.1%
Anderson County	(1,706)	(1,328)	0.3%
Oconee County	(262)	(1,751)	-2.1%

	Variance	
	2007	2012
Greenville County	-2.9%	-2.6%
Spartanburg County	-1.8%	-2.2%
Laurens County	1.3%	-3.4%
Pickens County	-1.2%	-5.0%
Anderson County	-0.9%	-0.7%
Oconee County	-0.4%	-2.3%

Source: SC State Data Center, Office of Research and Statistics, June 2008 and Claritas, March 2008.

ATTACHMENT J

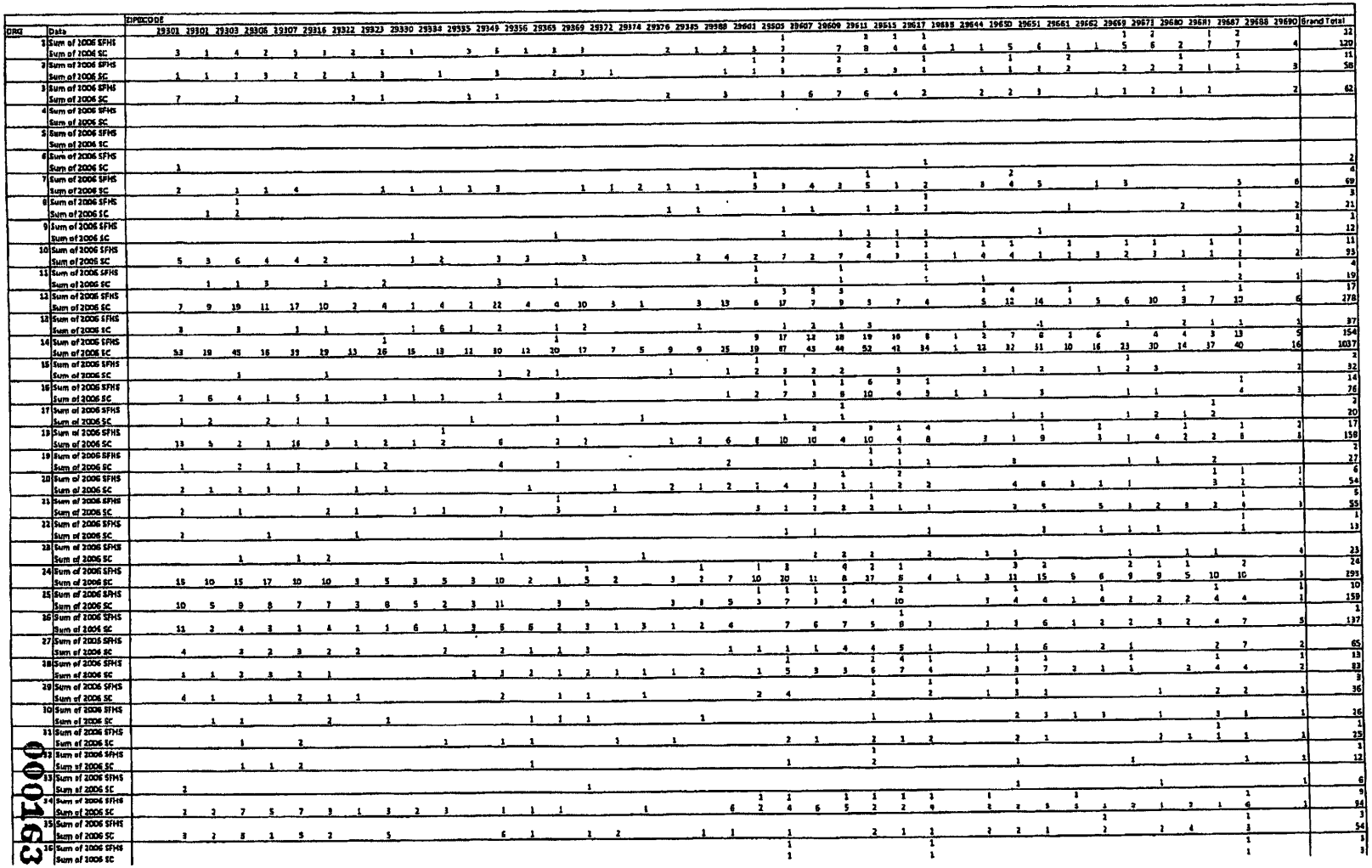
ORS DATA

000162

PMC.2013.00005539

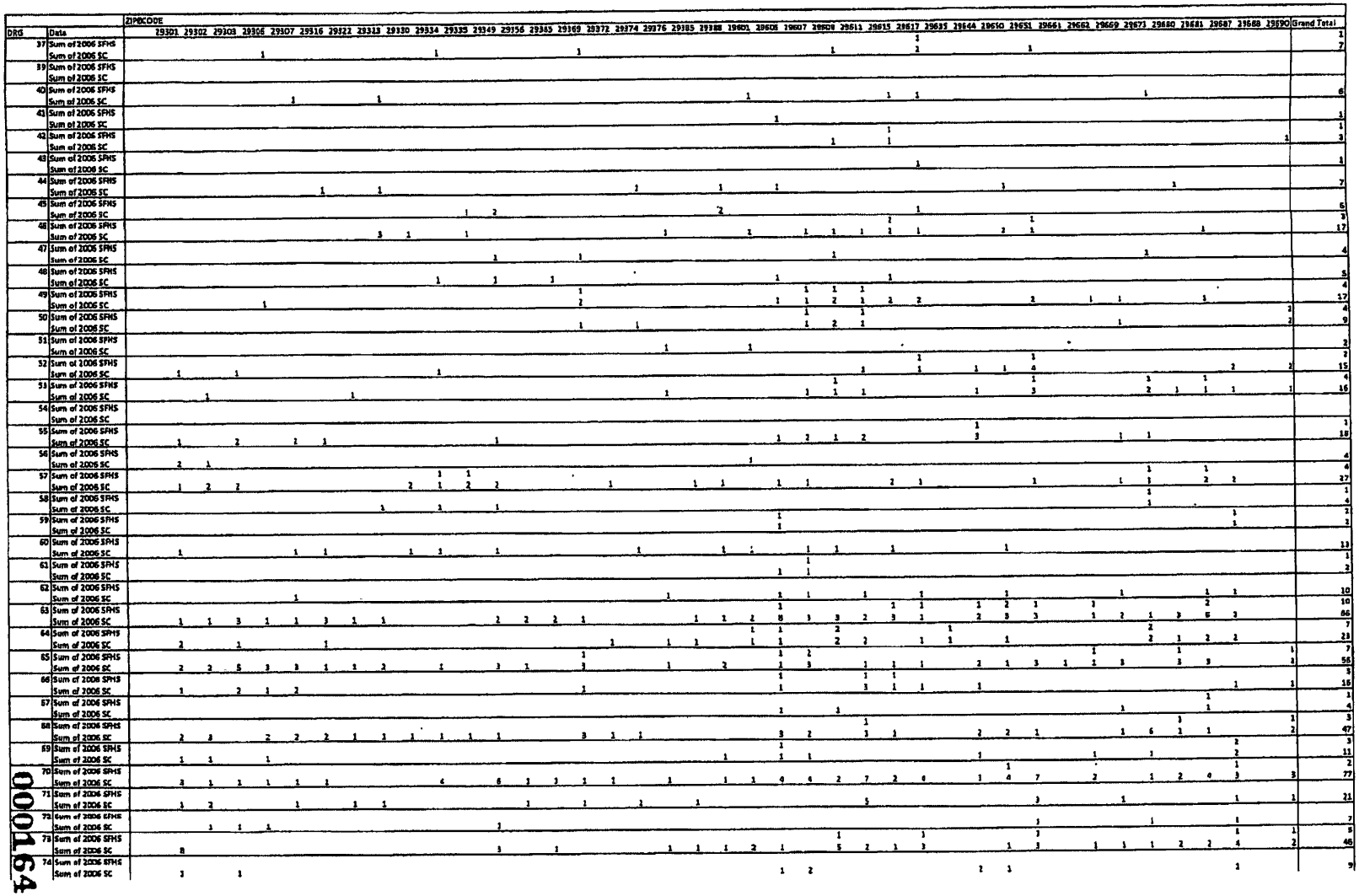
PET-EX055.0164

St. Francis Hospital 2006 ORS Data by ZIP Code



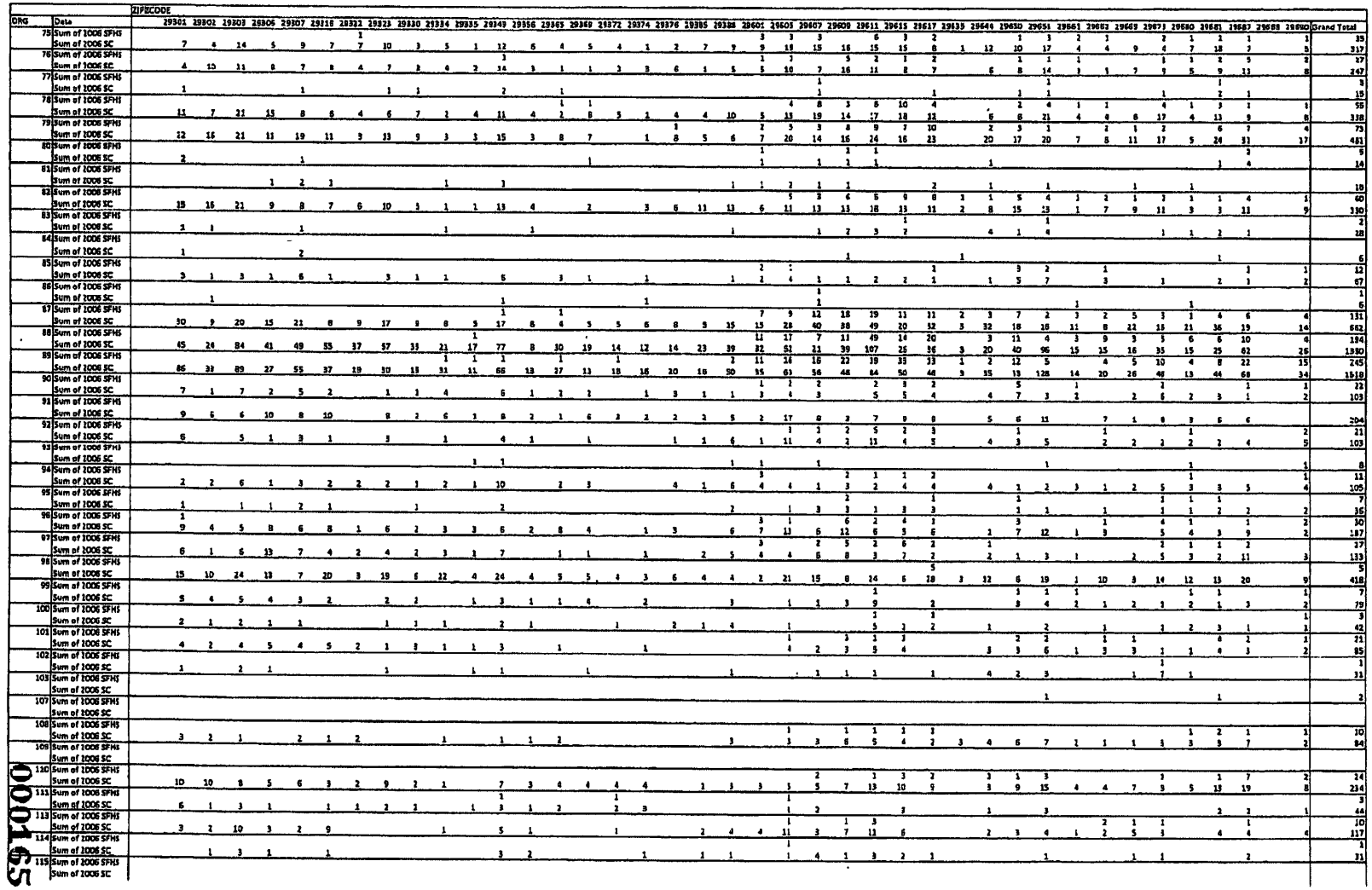
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St. Francis Hospital 2006 ORS Data by ZIP Code



| DRG | Data | ZIPCODE | | |

St. Francis Hospital 2006 ORS Data by ZIP Code

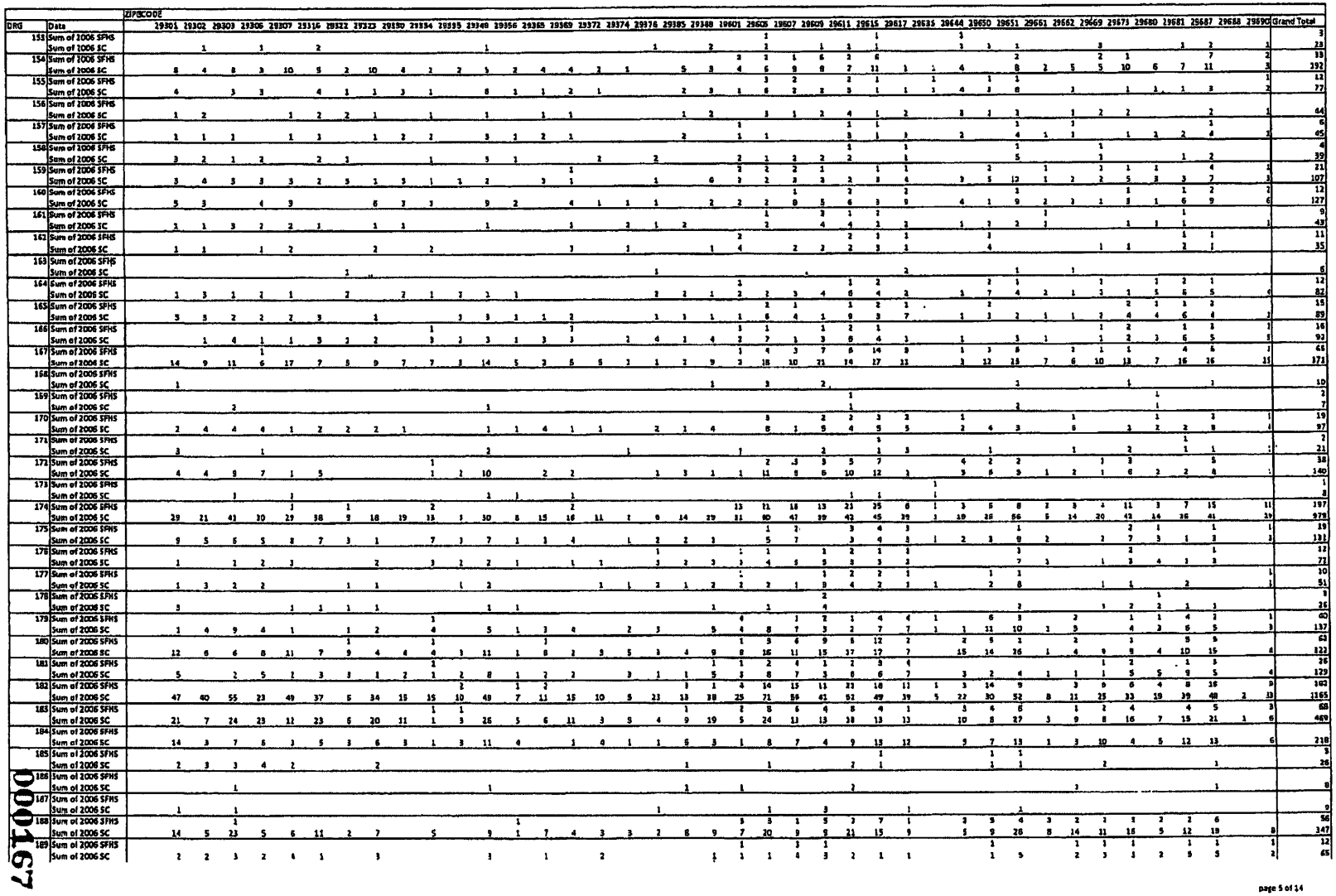


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St. Francis Hospital 2006 ORS Data by ZIP Code

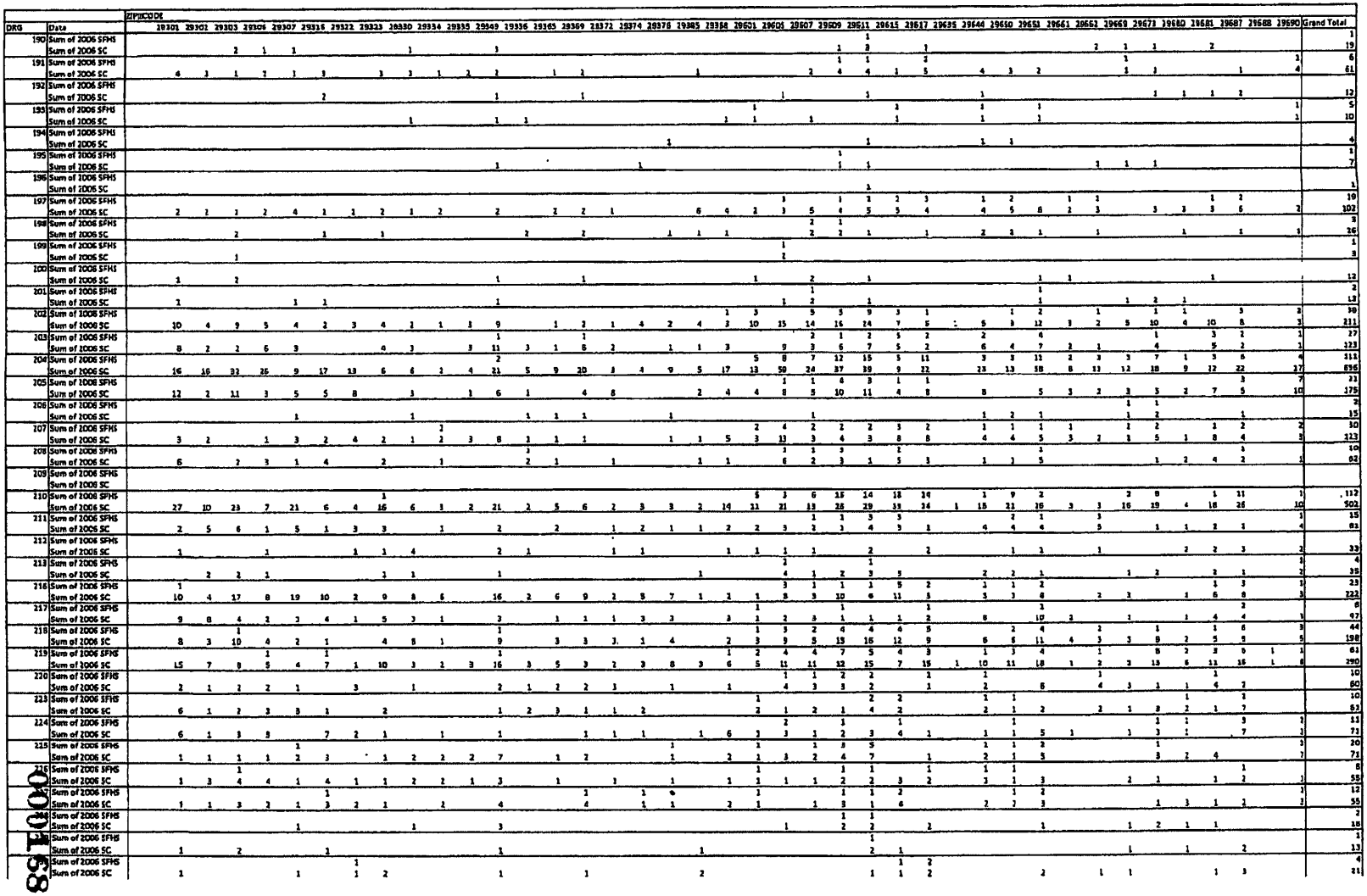
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St. Francis Hospital 2006 ORS Data by ZIP Code



| DRG | Data | ZIPCODE | | |

St. Francis Hospital 2006 ORS Data by ZIP Code

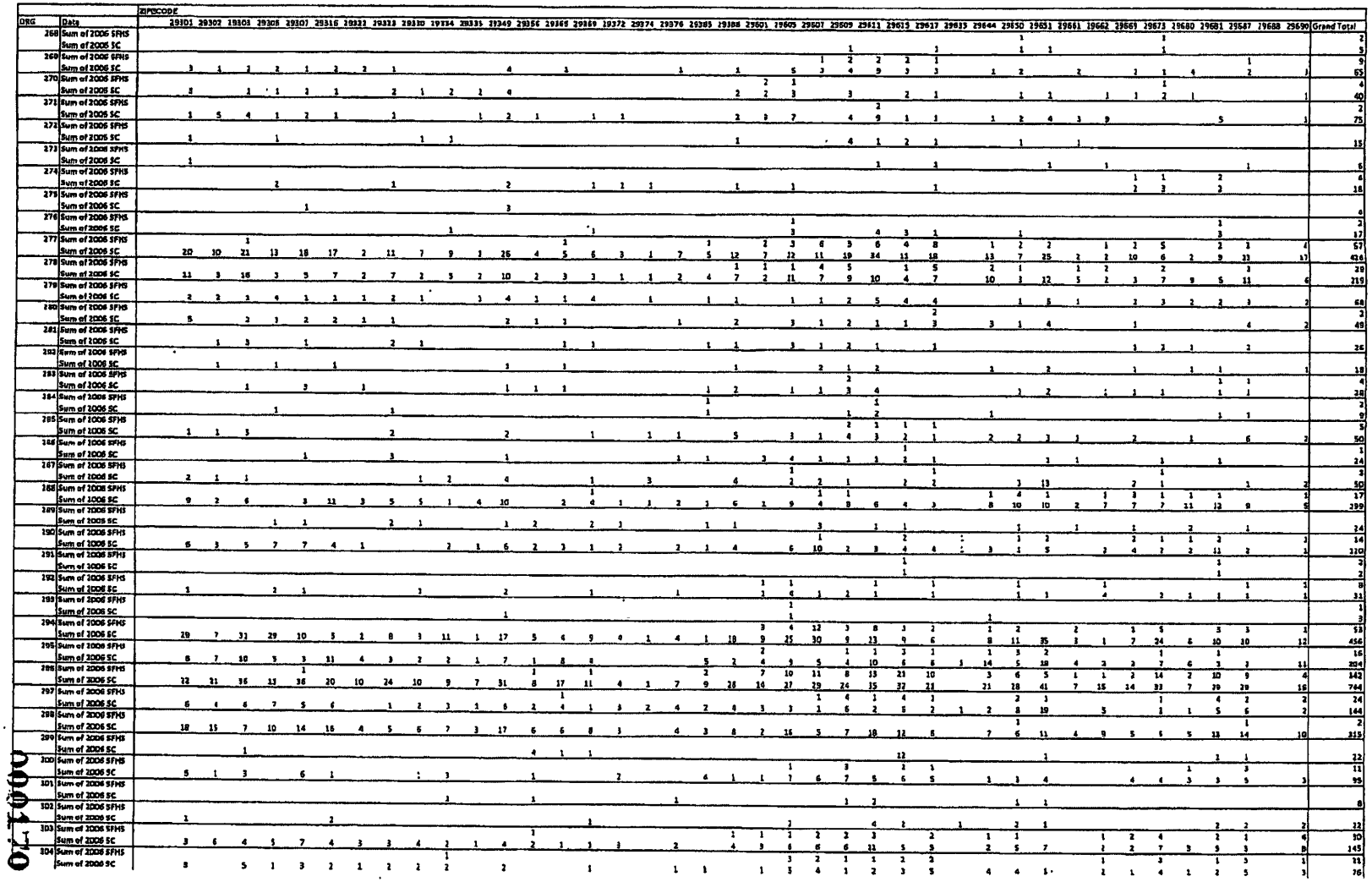


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St. Francis Hospital 2006 ORS Data by ZIP Code

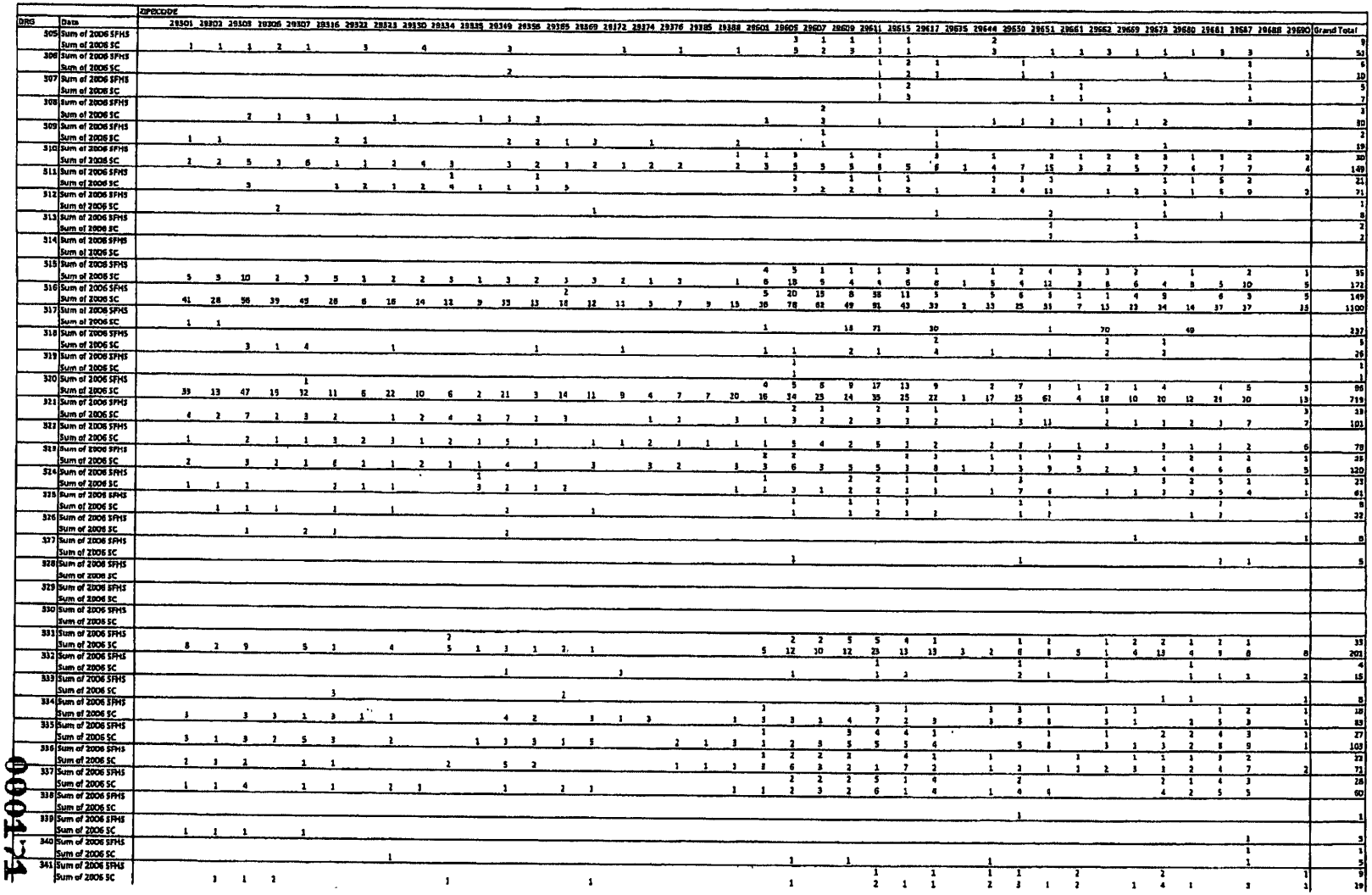
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St. Francis Hospital 2006 ORS Data by ZIP Code



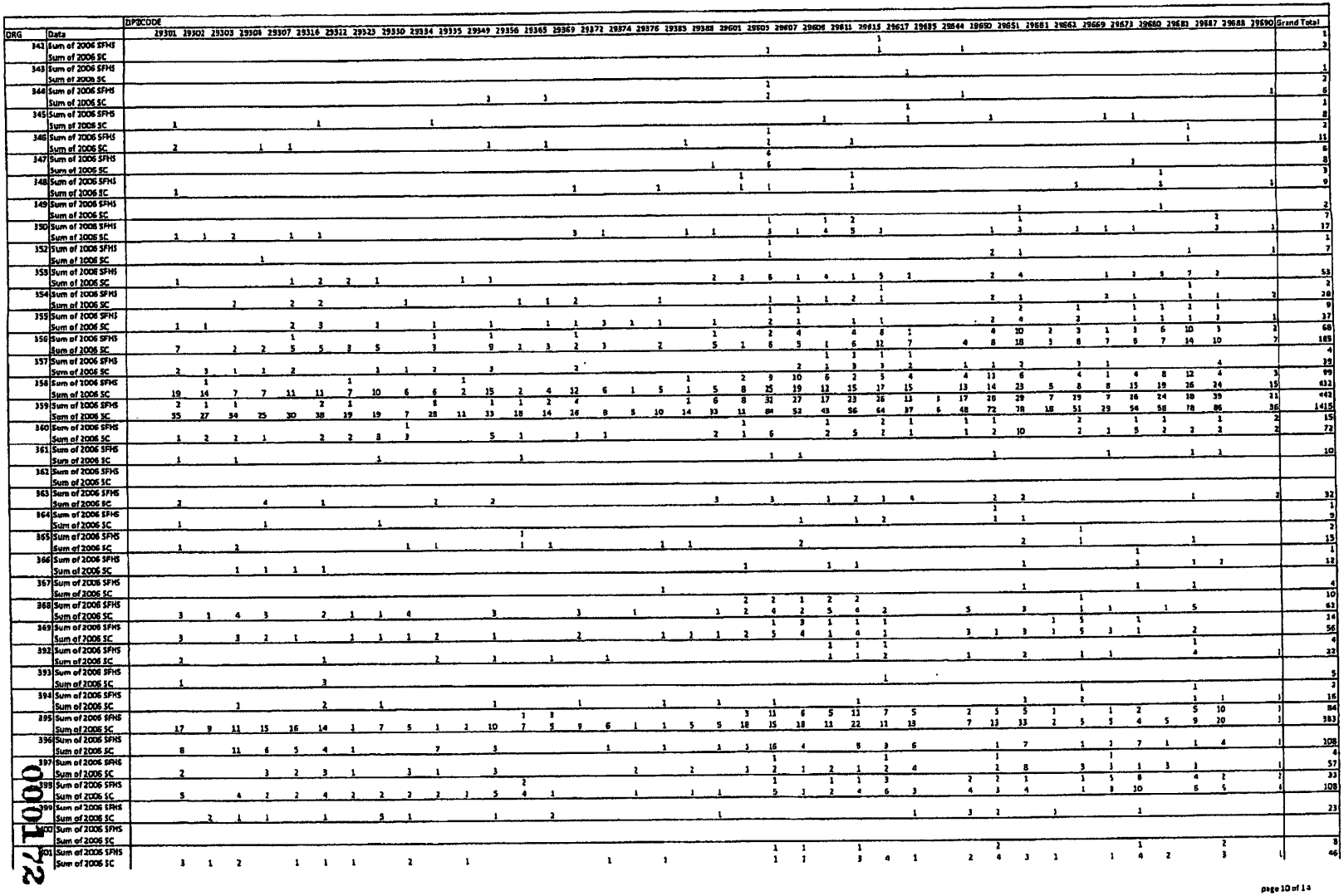
| ORG | Data | ZIPCODE | | |

St. Francis Hospital 2006 ORS Data by ZIP Code



| ORG | Data | ZIPCODE | | |

St. Francis Hospital 2006 ORS Data by ZIP Code



ORG	Data	ZIPCODE 29301	29302	29303	29306	29307	29316	29322	29323	29330	29334	29335	29349	29356	29365	29369	29372	29374	29376	29385	29388	29601	29603	29607	29608	29611	29615	29617	29685	29644	29650	29651	29681	29682	29669	29673	29680	29681	29687	29688	29690	Grand Total
342	Sum of 2006 SFHS																						1				1			1												1
	Sum of 2006 SC																																										3
343	Sum of 2006 SFHS																											1														1
	Sum of 2006 SC																																										2
344	Sum of 2006 SFHS																						1																			1	6
	Sum of 2006 SC													1		1							2							1													1
345	Sum of 2006 SFHS																											1														1
	Sum of 2006 SC	1					1				1															1		1			1			1	1			1			7
346	Sum of 2006 SFHS																						1																			1	11
	Sum of 2006 SC	2			1	1							1		1					1			1			1												1				6
347	Sum of 2006 SFHS																						6																			8
	Sum of 2006 SC																				1		6													1						3
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	Sum of 2006 SC	1													1			1				1	1			1									1						1	
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	Sum of 2006 SC																															1							2			7
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352	Sum of 2006 SFHS																						1																			1
	Sum of 2006 SC				1																		1									2	1						1		1	7
353	Sum of 2006 SFHS																																									53
	Sum of 2006 SC	1				1	2	2	1			1	1						2	3	5	1	4	1	5	3					2	4			1	3	5	7	3		
354	Sum of 2006 SFHS																											1										1				2
	Sum of 2006 SC			1		2	2			1				1	1	2			1		1	1	1	1	2	1					2	1			2	1			1	1	2	28
355	Sum of 2006 SFHS																						1	1																			9
	Sum of 2006 SC	1	1			2	3		1		1			1	1	1	3	1	1		1		2	1		1	1					2			1	1	1	1			1	37
356	Sum of 2006 SFHS					1						1		1		1					1		2	4		4	8	1			4	10	2	3	1	3	6	10	3	2	
	Sum of 2006 SC	7		2	2	5	5	3	5		3		9	1	3	2	3		2		5	1	6	5	1	6	12	7		4	8	18	3	8	7	8	7	14	10	7	185
357	Sum of 2006 SFHS																								1	1	1	1												4		19
	Sum of 2006 SC	2	3	1	1	2			1	1	2		3			2						2	1	3	3	2			1	1	2		3	1				4			
358	Sum of 2006 SFHS		1					1				1								1		2	9	10	6	2	5	4		4	11	6		4	1	4	8	12	4	3	99
	Sum of 2006 SC	19	14	7	7	11	11	7	10	6	6	2	15	2	4	12	6	1	5	1	5	8	25	19	12	15	17	15		13	14	23	5	8	8	15	19	16	24	15	432
359	Sum of 2006 SFHS	2	1	1			2	1			8		1	1	2	4				1	6	8	31	27	17	23	26	13	3	17	28	29	7	19	7	16	24	18	39	11	442
	Sum of 2006 SC	35	27	34	25	30	38	19	19	7	28	11	33	18	14	26	8	5	10	14	33	11	84	52	43	56	64	37	6	48	72	78	18	51	29	54	58	78	86	36	1415
360	Sum of 2006 SFHS									1												1			1		2	1		1				2		1	1		1	2	15
	Sum of 2006 SC	1	2	2	1		2	2	8	3			5	1		3	1				2	1	6		2	5	2	1		1	2	10		2	1	5	2	2	3	2	2	72
361	Sum of 2006 SFHS																																									
	Sum of 2006 SC	1		1					1					1									1	1								1				1		1	1			10
363	Sum of 2006 SFHS																																									
	Sum of 2006 SC																																									
363	Sum of 2006 SFHS																																									
	Sum of 2006 SC	2			4		1				2		2								3		3		1	2	3	4			2	2						1		2	32
364	Sum of 2006 SFHS																														1											1
	Sum of 2006 SC	1			1				1																	1	2				1	1										9
365	Sum of 2006 SFHS													1																						1							2
	Sum of 2006 SC	1		2						1	1			1	1				1	1			2									2			1			1				15
366	Sum of 2006 SFHS																																				1					1
	Sum of 2006 SC			1	1	1	1															1			1	1					1				1		1	2			12
367	Sum of 2006 SFHS																			1												1				1		1				4
	Sum of 2006 SC																					2	2	1	2	2									1							10
368	Sum of 2006 SFHS																					2	4	2	5	4	2			5		3			1	1		1	5			43
	Sum of 2006 SC	3	1	4	3		2	1	1	4			3			3		1			1	2	1	1	1								1	5		1		1				14
369	Sum of 2006 SFHS																					1	9	1	1	1																56
	Sum of 2006 SC	3		3	2	1		1	1	1	2		1		2			1	1	1	2	5	4	1	6	1			3	1	3	1	5	3	1		2				4
392	Sum of 2006 SFHS																								1	1	1																32
	Sum of 2006 SC	2					1				2		3		1		1								1	1	2			1		2		1	1				4		1	
393	Sum of 2006 SFHS																											1														5
	Sum of 2006 SC	1					3																														1					2
394	Sum of 2006 SFHS																																		1			1				16
	Sum of 2006 SC			1			2		1				1			1			1		1			1		1			2		1					1	2		1	1	84
395	Sum of 2006 SFHS														1	3						3	11	6	5	11	7	5		2	5	5	1		1	2		5	10		1	383
	Sum of 2006 SC	17	9	11	15	16	14	1	7	5	1	2	10	7	5	9	6	1	1	5	5	18	15	18	11	22	11	13		7	13	33	2	5	5	4	5	9	20			
396	Sum of 2006 SFHS																																									108
	Sum of 2006 SC	8		11	6	5	4	1			7		3				1		1		1	1	16	4		8	3	6			1	7		1	2	7	1	1	4		1	4
397	Sum of 2006 SFHS																						1				1					1										57
	Sum of 2006 SC	2			3	2	3	1		3	1		3				2		2		3	2	1	2	1	2	4			2	8		3	1	1	3	1			1	
398	Sum of 2006 SFHS														2								1		1	1	3			2	2	1		1	5	8		4	2	2	33
	Sum of 2006 SC	5		4	2	2	4	2	2	2	2	1	5	4	1		1		1	1	1		5	1	2	4	6	3		4	3	4		1	9	10		6	5	1	108
399	Sum of 2006 SFHS																																									23
	Sum of 2006 SC			2	1	1		1		3	1			1		2						1						1		3	2		1			1					
400	Sum of 2006 SFHS																																									
	Sum of 2006 SC																																									
401	Sum of 2006 SFHS																						1	1			1					2						1		2		8
	Sum of 2006 SC	3	1	2		1	1	1		2		1					1		1				1	1			3	1		2	4	3	1		1	4	2		3	1	46

Source: South Carolina ORS, 2006.

RECORD 005921

PMC.2013.00005549

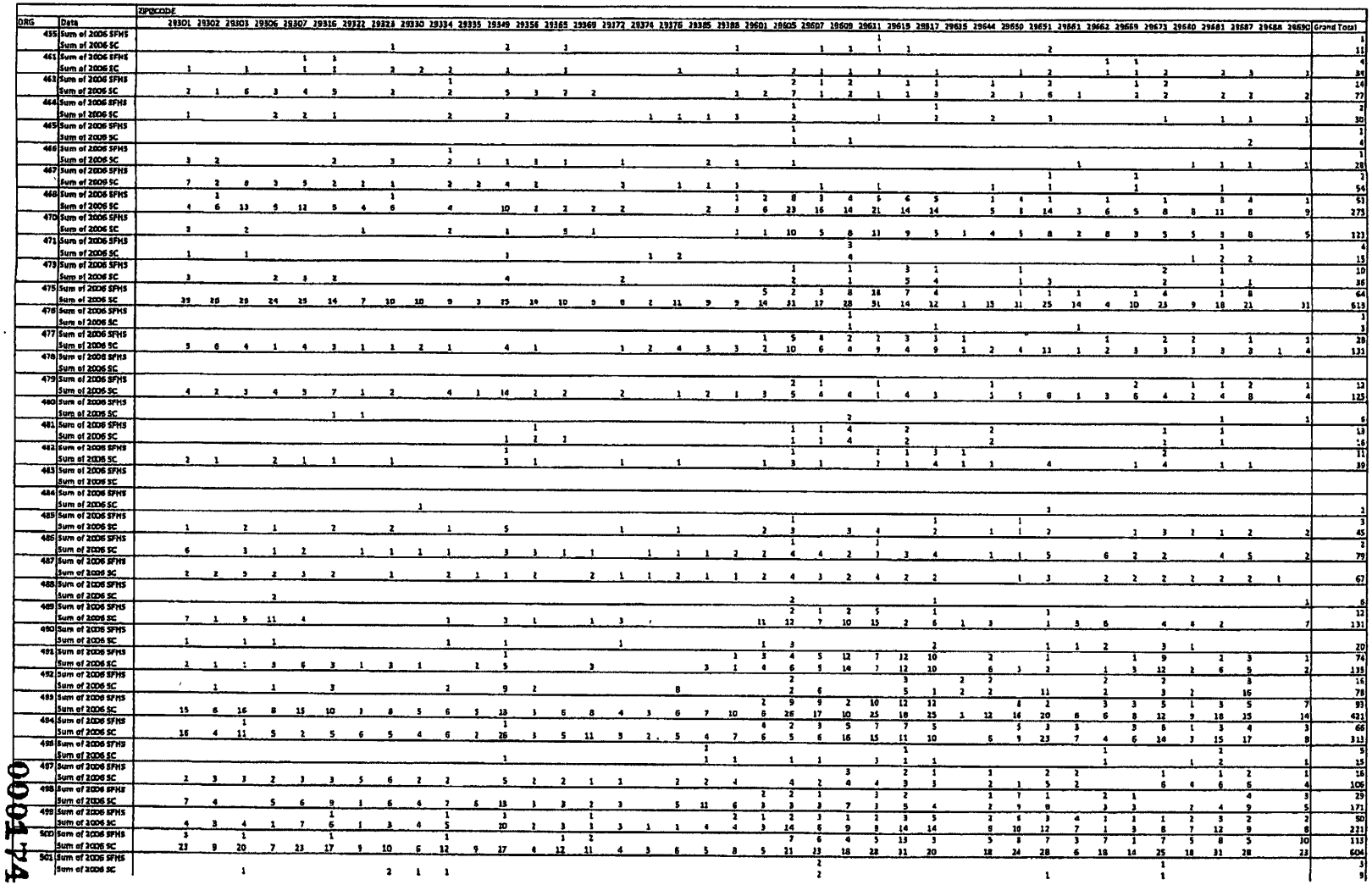
PET-EX055.0174

0001172

St. Francis Hospital 2006 ORS Data by ZIP Code

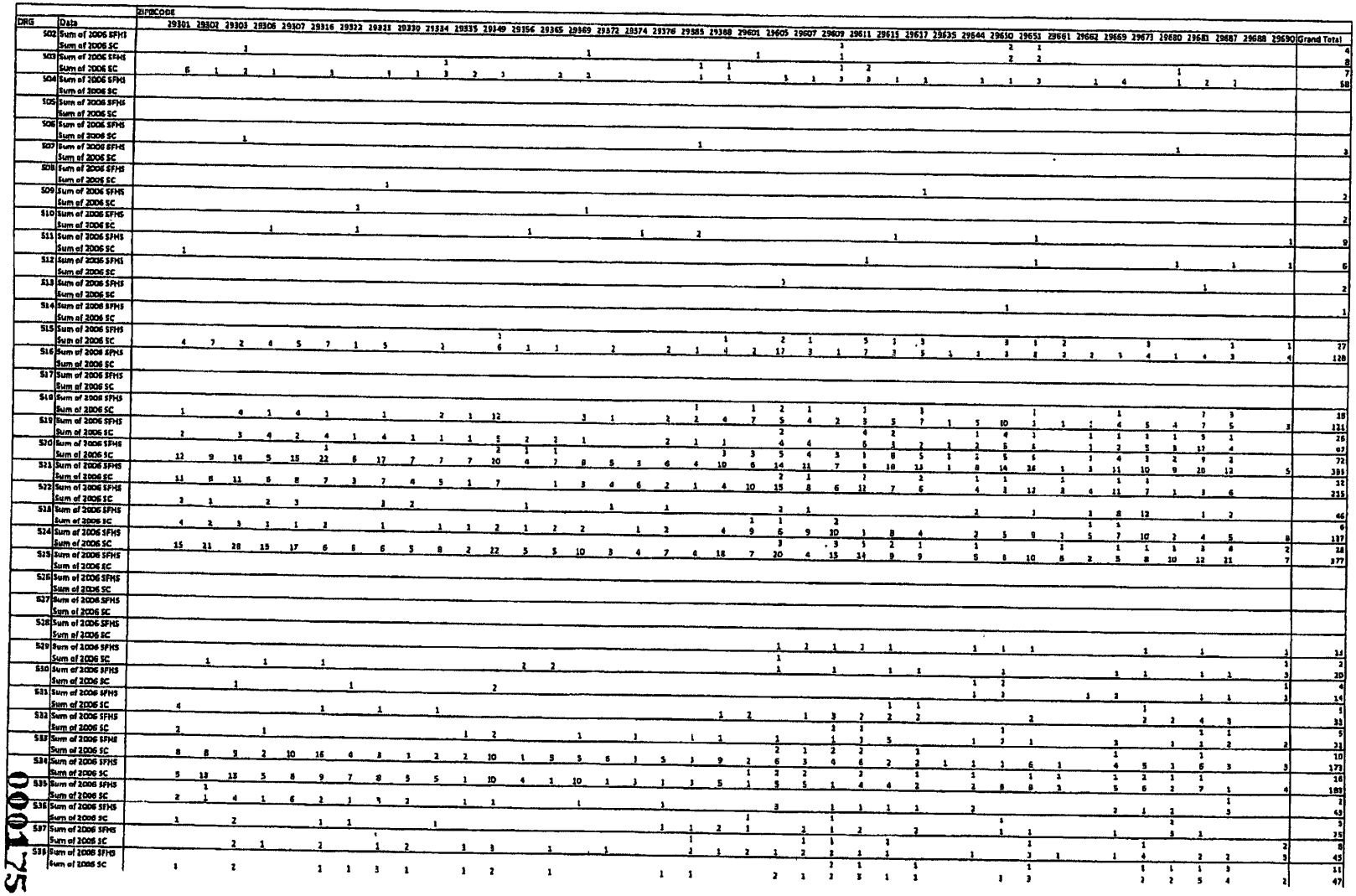
| DRG | Data | ZIPSCODE | | |

St. Francis Hospital 2006 ORS Data by ZIP Code



| ORG | Data | ZIPCODE | | |

St. Francis Hospital 2006 ORS Data by ZIP Code



Source: South Carolina ORS, 2006.

RECORD 005924

PMC.2013.00005552

PET-EX055.0177

000175

St. Francis Hospital 2006 ORS Data by ZIP Code

| ORG | Data | ZIPCODE | | |

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
1	Sum of 2006 SFHS	1	11		2	1		15
	Sum of 2006 SC	39	73	10	17	21	41	201
2	Sum of 2006 SFHS	1	11	1	1		1	15
	Sum of 2006 SC	14	32	7	10	9	27	99
3	Sum of 2006 SFHS							
	Sum of 2006 SC	17	41	8	3	11	19	99
4	Sum of 2006 SFHS							
	Sum of 2006 SC							
5	Sum of 2006 SFHS							
	Sum of 2006 SC							
6	Sum of 2006 SFHS							
	Sum of 2006 SC		1				1	2
7	Sum of 2006 SFHS	1	3				1	5
	Sum of 2006 SC	17	45	4	9	7	24	106
8	Sum of 2006 SFHS		2		1		1	4
	Sum of 2006 SC	1	16		4	2	5	28
9	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	1	10	9	1	1	2	24
10	Sum of 2006 SFHS	2	11		2	6		21
	Sum of 2006 SC	34	52	4	13	14	42	159
11	Sum of 2006 SFHS	2	4					6
	Sum of 2006 SC	4	6	6	1	2	14	33
12	Sum of 2006 SFHS		17		1	2		20
	Sum of 2006 SC	116	121	22	47	25	153	484
13	Sum of 2006 SFHS	1		1				2
	Sum of 2006 SC	10	15	2	1	8	23	59
14	Sum of 2006 SFHS	1	153	1	1	3	3	162
	Sum of 2006 SC	287	554	115	153	159	479	1747
15	Sum of 2006 SFHS		2			1		3
	Sum of 2006 SC	17	21	4	11	13	8	74
16	Sum of 2006 SFHS	3	14	1				18

Source: South Carolina ORS, 2006.

RECORD 005926
PMC.2013.00005554
PET-EX055.0179
000177

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
16	Sum of 2006 SC	24	47	5	12	17	29	134
17	Sum of 2006 SFHS		2					2
	Sum of 2006 SC	2	9		2	2	10	25
18	Sum of 2006 SFHS		16				1	17
	Sum of 2006 SC	57	89	13	9	14	70	252
19	Sum of 2006 SFHS		2					2
	Sum of 2006 SC	14	10	5	1	4	17	51
20	Sum of 2006 SFHS		6					6
	Sum of 2006 SC	13	36	6	10	5	18	88
21	Sum of 2006 SFHS		5				1	6
	Sum of 2006 SC	20	39	6	9	5	15	94
22	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	5	6	2		1	6	20
23	Sum of 2006 SFHS		1			1		2
	Sum of 2006 SC	6	18			11	7	42
24	Sum of 2006 SFHS	1	23			3	2	29
	Sum of 2006 SC	74	158	25	42	36	134	469
25	Sum of 2006 SFHS		10	1				11
	Sum of 2006 SC	33	60	10	22	14	101	240
26	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	25	70	13	14	25	64	211
27	Sum of 2006 SFHS							
	Sum of 2006 SC	9	36	6	6	18	29	104
28	Sum of 2006 SFHS		13					13
	Sum of 2006 SC	24	52	6	22	11	31	146
29	Sum of 2006 SFHS	1	3					4
	Sum of 2006 SC	16	19	2	2	1	16	56
30	Sum of 2006 SFHS							
	Sum of 2006 SC	8	15	2	6	3	10	44
31	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	12	15	2	2	4	8	43
32	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	5	6	1		1	7	20

Source: South Carolina ORS, 2006.

RECORD 005927
PMC.2013.00005555
PET-EX055.0180
000178

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
33	Sum of 2006 SFHS						1	1
	Sum of 2006 SC	1	2			3	3	3 12
34	Sum of 2006 SFHS		8	1				9
	Sum of 2006 SC	41	45	14		15	17	48 180
35	Sum of 2006 SFHS		3					3
	Sum of 2006 SC	6	19	5		5	3	34 72
36	Sum of 2006 SFHS		3					3
	Sum of 2006 SC		3	1				4
37	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	1	4			1		3 9
39	Sum of 2006 SFHS	1						1
	Sum of 2006 SC	1						1
40	Sum of 2006 SFHS							
	Sum of 2006 SC	1	3					2 6
41	Sum of 2006 SFHS							
	Sum of 2006 SC		1					1 2
42	Sum of 2006 SFHS		1					1
	Sum of 2006 SC		3			1		4
43	Sum of 2006 SFHS							
	Sum of 2006 SC		1				1	2
44	Sum of 2006 SFHS	1						1
	Sum of 2006 SC	7	3	4		2		5 21
45	Sum of 2006 SFHS							
	Sum of 2006 SC	3	1				1	5 10
46	Sum of 2006 SFHS	1	3					4
	Sum of 2006 SC	3	11			2	2	6 24
47	Sum of 2006 SFHS						1	1
	Sum of 2006 SC	1	2	2			2	2 9
48	Sum of 2006 SFHS							
	Sum of 2006 SC	4	2					3 9
49	Sum of 2006 SFHS		3				1	1 5
	Sum of 2006 SC	6	13	2		4	2	3 30
50	Sum of 2006 SFHS	1	4					5

Source: South Carolina ORS, 2006.

RECORD 005928
000179
PMC.2013.0000556
PET-EX055.0181

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
50	Sum of 2006 SC	9	6			2	2	19
51	Sum of 2006 SFHS			1				1
	Sum of 2006 SC			1			1	2
52	Sum of 2006 SFHS		1				1	2
	Sum of 2006 SC	2	10	2	2	2	4	22
53	Sum of 2006 SFHS		4					4
	Sum of 2006 SC	4	11	1	1	3	4	24
54	Sum of 2006 SFHS							
	Sum of 2006 SC			1				1
55	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	2	10	1	2	3	7	25
56	Sum of 2006 SFHS	1						1
	Sum of 2006 SC	2	1				3	6
57	Sum of 2006 SFHS		2			1	2	5
	Sum of 2006 SC	5	11	1	12	2	15	46
58	Sum of 2006 SFHS	1						1
	Sum of 2006 SC	4			2	3	3	12
59	Sum of 2006 SFHS		2					2
	Sum of 2006 SC		2					2
60	Sum of 2006 SFHS							
	Sum of 2006 SC	3	5	1	1		9	19
61	Sum of 2006 SFHS		1					1
	Sum of 2006 SC		2		1			3
62	Sum of 2006 SFHS							
	Sum of 2006 SC	2	7	2	1	1	2	15
63	Sum of 2006 SFHS		9		1	2	1	13
	Sum of 2006 SC	11	41	3	6	13	23	97
64	Sum of 2006 SFHS		8					8
	Sum of 2006 SC	6	17	3	3	5	7	41
65	Sum of 2006 SFHS		7			1	1	9
	Sum of 2006 SC	17	25	8	8	9	31	98
66	Sum of 2006 SFHS		4	1				5
	Sum of 2006 SC	2	9	4		3	7	25

Source: South Carolina ORS, 2006.

RECORD 005929
000180
PMC.2013.00005557
PET-EX055.0182

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
67	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	1	3	1				5
68	Sum of 2006 SFHS		3					3
	Sum of 2006 SC	24	20	4	7	12	23	90
69	Sum of 2006 SFHS		3					3
	Sum of 2006 SC	10	7	2	1	4	4	28
70	Sum of 2006 SFHS		1				1	2
	Sum of 2006 SC	39	48	10	4	7	27	135
71	Sum of 2006 SFHS							
	Sum of 2006 SC	2	10	3	2	5	11	33
72	Sum of 2006 SFHS							
	Sum of 2006 SC	2	1			2	5	10
73	Sum of 2006 SFHS		5					5
	Sum of 2006 SC	9	30	6	8	3	16	72
74	Sum of 2006 SFHS							
	Sum of 2006 SC	7	7		2		2	18
75	Sum of 2006 SFHS	5	32	1	2	8	1	49
	Sum of 2006 SC	95	175	20	32	40	132	494
76	Sum of 2006 SFHS	1	25	1	1	1	1	30
	Sum of 2006 SC	108	133	17	24	31	105	418
77	Sum of 2006 SFHS		3					3
	Sum of 2006 SC	4	7	2	2		7	22
78	Sum of 2006 SFHS	3	52		2	6	4	67
	Sum of 2006 SC	101	189	23	39	72	140	564
79	Sum of 2006 SFHS	2	71	3		7	1	84
	Sum of 2006 SC	167	277	60	85	87	194	870
80	Sum of 2006 SFHS		5					5
	Sum of 2006 SC	1	10		5	3	5	24
81	Sum of 2006 SFHS							
	Sum of 2006 SC	4	10		4	2	7	27
82	Sum of 2006 SFHS	2	59	1	1	10		73
	Sum of 2006 SC	85	168	25	42	42	155	517
83	Sum of 2006 SFHS		1				1	2

Source: South Carolina ORS, 2006.

RECORD 005930
000181
PMC.2013.0000558
PET-EX055.0183

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
83	Sum of 2006 SC	7	19	3	2	4	9	44
84	Sum of 2006 SFHS							
	Sum of 2006 SC		4				3	7
85	Sum of 2006 SFHS		12			4		16
	Sum of 2006 SC	9	33	6	11	11	35	105
86	Sum of 2006 SFHS		1			1		2
	Sum of 2006 SC	1	3	1		3	3	11
87	Sum of 2006 SFHS	8	127	2	2	20	2	161
	Sum of 2006 SC	240	410	46	341	111	237	1385
88	Sum of 2006 SFHS	8	190	3	1	25		227
	Sum of 2006 SC	495	639	121	83	251	732	2321
89	Sum of 2006 SFHS	16	231	4	4	22	8	285
	Sum of 2006 SC	654	784	201	250	375	702	2966
90	Sum of 2006 SFHS	1	21					22
	Sum of 2006 SC	32	51	16	24	22	48	193
91	Sum of 2006 SFHS							
	Sum of 2006 SC	75	95	24	41	23	109	367
92	Sum of 2006 SFHS	1	22			3		26
	Sum of 2006 SC	24	64	12	3	16	36	155
93	Sum of 2006 SFHS							
	Sum of 2006 SC	2	5	4	1	3	2	17
94	Sum of 2006 SFHS	1	11					12
	Sum of 2006 SC	28	49	7	14	18	54	170
95	Sum of 2006 SFHS		7			2		9
	Sum of 2006 SC	14	25	3	4	7	11	64
96	Sum of 2006 SFHS	3	26	1	1	1	1	33
	Sum of 2006 SC	61	97	22	21	43	90	334
97	Sum of 2006 SFHS	1	26			2		29
	Sum of 2006 SC	39	65	12	12	27	66	221
98	Sum of 2006 SFHS		5					5
	Sum of 2006 SC	270	213	35	35	59	201	813
99	Sum of 2006 SFHS		7					7
	Sum of 2006 SC	16	33	6	4	7	46	112

Source: South Carolina ORS, 2006.

RECORD 005931
000182
PMC.2013.00005559
PET-EX055.0184

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
100	Sum of 2006 SFHS			3				3
	Sum of 2006 SC	12		18		3	6	22	61
101	Sum of 2006 SFHS			21				21
	Sum of 2006 SC	25		47	8	11	7	36	134
102	Sum of 2006 SFHS			1				1
	Sum of 2006 SC	10		17	4	3	5	10	49
103	Sum of 2006 SFHS							
	Sum of 2006 SC			2				2
107	Sum of 2006 SFHS							
	Sum of 2006 SC							
108	Sum of 2006 SFHS			10	1		1	12
	Sum of 2006 SC	17		63	18	14	14	20	146
109	Sum of 2006 SFHS							
	Sum of 2006 SC				1			1
110	Sum of 2006 SFHS	1		25				26
	Sum of 2006 SC	62		140	23	29	28	92	374
111	Sum of 2006 SFHS	1		1			2	2	6
	Sum of 2006 SC	10		15	7	2	8	30	72
113	Sum of 2006 SFHS			10	1		2		13
	Sum of 2006 SC	44		70	28	16	16	46	220
114	Sum of 2006 SFHS			1					1
	Sum of 2006 SC	5		18	6	3	7	13	52
115	Sum of 2006 SFHS							
	Sum of 2006 SC							
116	Sum of 2006 SFHS							
	Sum of 2006 SC							
117	Sum of 2006 SFHS			5			1		6
	Sum of 2006 SC	9		14	3	1	7	16	50
118	Sum of 2006 SFHS			3			2		5
	Sum of 2006 SC	2		8	3		6	7	26
119	Sum of 2006 SFHS							
	Sum of 2006 SC	3		1	1	2		2	9
120	Sum of 2006 SFHS			21			5	3	29

Source: South Carolina ORS, 2006.

RECORD 005932

000183

PMC.2013.00005560

PET-EX055.0185

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
120	Sum of 2006 SC	57	78	21	11	21	50	238
121	Sum of 2006 SFHS	2	47	1	2	4	1	57
	Sum of 2006 SC	70	216	72	50	92	120	620
122	Sum of 2006 SFHS	1	18		1		1	21
	Sum of 2006 SC	34	70	42	54	69	78	347
123	Sum of 2006 SFHS		11			1		12
	Sum of 2006 SC	21	37	19	12	15	25	129
126	Sum of 2006 SFHS	1						1
	Sum of 2006 SC	4	4	3	1	2	11	25
127	Sum of 2006 SFHS	11	286	6	2	21	2	328
	Sum of 2006 SC	556	969	207	213	288	759	2992
128	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	8	2	2	5	1	7	25
129	Sum of 2006 SFHS		5					5
	Sum of 2006 SC	4	14	6	1	4	5	34
130	Sum of 2006 SFHS	5	36		1	3	3	48
	Sum of 2006 SC	93	161	40	37	51	130	512
131	Sum of 2006 SFHS	1	15			2	1	19
	Sum of 2006 SC	34	59	28	14	16	69	220
132	Sum of 2006 SFHS	2	17			1		20
	Sum of 2006 SC	30	94	39	24	59	73	319
133	Sum of 2006 SFHS		4					4
	Sum of 2006 SC	2	12	2	1	2	7	26
134	Sum of 2006 SFHS		14			2	2	18
	Sum of 2006 SC	52	64	17	13	12	83	241
135	Sum of 2006 SFHS							
	Sum of 2006 SC	2	6	1	4	2	10	25
136	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	2	1				1	4
137	Sum of 2006 SFHS							
	Sum of 2006 SC	2	9		1	1	1	14
138	Sum of 2006 SFHS	1	73	4	1	7	1	87
	Sum of 2006 SC	182	273	100	93	90	225	963

Source: South Carolina ORS, 2006.

RECORD 005933
000184
PMC.2013.00005561
PET-EX055.0186

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
139	Sum of 2006 SFHS		41		1	3		45
	Sum of 2006 SC	64	126	34	53	43	78	398
140	Sum of 2006 SFHS		2			1		3
	Sum of 2006 SC	5	32	18	10	33	18	116
141	Sum of 2006 SFHS	1	44			6		51
	Sum of 2006 SC	90	143	19	44	47	188	531
142	Sum of 2006 SFHS		13					13
	Sum of 2006 SC	28	54	11	24	13	62	192
143	Sum of 2006 SFHS	8	83	1	1	12	4	109
	Sum of 2006 SC	174	496	95	93	116	337	1311
144	Sum of 2006 SFHS	3	58	4	1	4		70
	Sum of 2006 SC	112	245	67	48	63	159	694
145	Sum of 2006 SFHS		2			1		3
	Sum of 2006 SC	9	21	5	5	4	7	51
146	Sum of 2006 SFHS	4	14	3	3	1	1	26
	Sum of 2006 SC	26	35	8	5	6	20	100
147	Sum of 2006 SFHS	2	16				1	19
	Sum of 2006 SC	5	26	4		1	9	45
148	Sum of 2006 SFHS	10	161	5	8	19	5	208
	Sum of 2006 SC	191	408	67	75	100	272	1113
149	Sum of 2006 SFHS	3	36		1	4	1	45
	Sum of 2006 SC	36	79	12	17	29	85	258
150	Sum of 2006 SFHS	4	31					35
	Sum of 2006 SC	23	82	11	11	8	53	188
151	Sum of 2006 SFHS	1	12	1	1			15
	Sum of 2006 SC	6	39	7	5	7	26	90
152	Sum of 2006 SFHS		7	2				9
	Sum of 2006 SC	6	18	7	2	3	8	44
153	Sum of 2006 SFHS		4					4
	Sum of 2006 SC	4	13	2	5	3	8	35
154	Sum of 2006 SFHS	1	34	1	1	4		41
	Sum of 2006 SC	50	97	10	22	26	88	293
155	Sum of 2006 SFHS		12			3		15

Source: South Carolina ORS, 2006.

RECORD 005934
PMC.2013.00005562
PET-EX055.0187
000185

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
155	Sum of 2006 SC	14	38	8	10	19	37	126
156	Sum of 2006 SFHS							
	Sum of 2006 SC	13	24	6	4	7	18	72
157	Sum of 2006 SFHS		6		1	1		8
	Sum of 2006 SC	17	23	6	3	10	20	79
158	Sum of 2006 SFHS		4	1		1		6
	Sum of 2006 SC	8	17	2	2	2	22	53
159	Sum of 2006 SFHS	3	19	1		1	1	25
	Sum of 2006 SC	34	56	15	9	18	47	179
160	Sum of 2006 SFHS		12	2		4		18
	Sum of 2006 SC	33	79	9	8	17	49	195
161	Sum of 2006 SFHS	1	8			2		11
	Sum of 2006 SC	8	22	3	2	2	19	56
162	Sum of 2006 SFHS		11			1		12
	Sum of 2006 SC	6	23	2	1	4	12	48
163	Sum of 2006 SFHS							
	Sum of 2006 SC	2	4	1		2	2	11
164	Sum of 2006 SFHS		13			1		14
	Sum of 2006 SC	18	60	5	8	9	21	121
165	Sum of 2006 SFHS	1	14			1		16
	Sum of 2006 SC	21	57	2	4	16	29	129
166	Sum of 2006 SFHS		15				2	17
	Sum of 2006 SC	14	52	17	6	14	41	144
167	Sum of 2006 SFHS	2	65		1	4	1	73
	Sum of 2006 SC	73	218	13	14	62	145	525
168	Sum of 2006 SFHS							
	Sum of 2006 SC	3	8			4	2	17
169	Sum of 2006 SFHS		2					2
	Sum of 2006 SC	1	4		1		3	9
170	Sum of 2006 SFHS	1	19			1		21
	Sum of 2006 SC	29	59	12	10	9	37	156
171	Sum of 2006 SFHS		2			1		3
	Sum of 2006 SC	2	14	3	5	4	7	35

Source: South Carolina ORS, 2006.

RECORD 005935
000186
PMC.2013.00005563
PET-EX055.0188

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
172	Sum of 2006 SFHS	6	35	2	2	5	1	51
	Sum of 2006 SC	43	84	28	11	15	55	236
173	Sum of 2006 SFHS		2	1				3
	Sum of 2006 SC	2	4	4	1	1	5	17
174	Sum of 2006 SFHS	7	187	7	3	9	7	220
	Sum of 2006 SC	310	557	122	140	167	404	1700
175	Sum of 2006 SFHS	2	17	1	1	1		22
	Sum of 2006 SC	21	53	19	9	21	75	198
176	Sum of 2006 SFHS	1	10			1	1	13
	Sum of 2006 SC	12	40	7	3	1	30	93
177	Sum of 2006 SFHS		11	1				12
	Sum of 2006 SC	6	26	7	16	4	24	83
178	Sum of 2006 SFHS		3					3
	Sum of 2006 SC	5	11	2	5	3	11	37
179	Sum of 2006 SFHS	4	39			7	1	51
	Sum of 2006 SC	40	86	10	14	36	50	236
180	Sum of 2006 SFHS	2	59	3	1	2	3	70
	Sum of 2006 SC	79	184	38	47	58	130	536
181	Sum of 2006 SFHS	2	24	1	1	2	2	32
	Sum of 2006 SC	29	78	13	9	15	50	194
182	Sum of 2006 SFHS	13	171	4	5	22	9	224
	Sum of 2006 SC	384	618	117	219	207	529	2074
183	Sum of 2006 SFHS	7	59			11	3	80
	Sum of 2006 SC	148	201	56	67	79	255	806
184	Sum of 2006 SFHS							
	Sum of 2006 SC	137	126	13	37	42	88	443
185	Sum of 2006 SFHS		3	2				5
	Sum of 2006 SC	8	9	8	10	3	17	55
186	Sum of 2006 SFHS							
	Sum of 2006 SC	7	5	1			3	16
187	Sum of 2006 SFHS							
	Sum of 2006 SC		5	2			4	11
188	Sum of 2006 SFHS	4	51	3	1	11	2	72

Source: South Carolina ORS, 2006.

RECORD 005936
000187
PMC.2013.0005564
PET-EX055.0189

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
188	Sum of 2006 SC	99	199	29	59	43	138	567
189	Sum of 2006 SFHS	2	11	1		1		15
	Sum of 2006 SC	22	39	9	9	8	25	112
190	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	9	9	2	2	4	8	34
191	Sum of 2006 SFHS	3	6		1	4		14
	Sum of 2006 SC	22	31	3	8	11	30	105
192	Sum of 2006 SFHS					1		1
	Sum of 2006 SC	2	7	3	1	2	4	19
193	Sum of 2006 SFHS		5		1	2		8
	Sum of 2006 SC	7	7	1	5	2	3	25
194	Sum of 2006 SFHS							
	Sum of 2006 SC		3				1	4
195	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	6	4	1	2		2	15
196	Sum of 2006 SFHS							
	Sum of 2006 SC		1	1	2			4
197	Sum of 2006 SFHS		19			1		20
	Sum of 2006 SC	15	65	11	15	14	37	157
198	Sum of 2006 SFHS		3					3
	Sum of 2006 SC	7	15	3	5	7	12	49
199	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	2	2	4	1		1	10
200	Sum of 2006 SFHS					1		1
	Sum of 2006 SC	1	5	1	1	2	6	16
201	Sum of 2006 SFHS		2			1		3
	Sum of 2006 SC	4	8	1	1	5	4	23
202	Sum of 2006 SFHS	3	37		1	3	1	45
	Sum of 2006 SC	56	148	18	26	29	81	358
203	Sum of 2006 SFHS	5	24	5	1	4	2	41
	Sum of 2006 SC	45	61	19	19	17	61	222
204	Sum of 2006 SFHS	7	96	1	1	8	11	124
	Sum of 2006 SC	136	376	53	102	79	264	1010

Source: South Carolina ORS, 2006.

RECORD 005937
000188
PMC.2013.00005565
PET-EX055.0190

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
205	Sum of 2006 SFHS	2	21			2		25
	Sum of 2006 SC	70	94	23	15	25	77	304
206	Sum of 2006 SFHS		2					2
	Sum of 2006 SC	4	8	4	3	3	7	29
207	Sum of 2006 SFHS	2	26	3		1	2	34
	Sum of 2006 SC	25	76	20	34	28	44	227
208	Sum of 2006 SFHS		10			3		13
	Sum of 2006 SC	16	37	3	16	13	24	109
209	Sum of 2006 SFHS							
	Sum of 2006 SC							
210	Sum of 2006 SFHS	2	111	2		7	1	123
	Sum of 2006 SC	173	297	52	54	88	194	858
211	Sum of 2006 SFHS	1	15		1			17
	Sum of 2006 SC	16	41	11	3	14	38	123
212	Sum of 2006 SFHS					1		1
	Sum of 2006 SC	5	19	3	3	4	15	49
213	Sum of 2006 SFHS	1	4			1		6
	Sum of 2006 SC	5	22	4	3	9	10	53
216	Sum of 2006 SFHS		22		4	5	1	32
	Sum of 2006 SC	45	78	10	12	20	148	313
217	Sum of 2006 SFHS		5	1			1	7
	Sum of 2006 SC	29	39	12	16	13	57	166
218	Sum of 2006 SFHS	3	41		1	6	4	55
	Sum of 2006 SC	65	125	15	23	45	73	346
219	Sum of 2006 SFHS	4	55	4	3	10	5	81
	Sum of 2006 SC	67	159	40	43	55	121	485
220	Sum of 2006 SFHS		10					10
	Sum of 2006 SC	13	34	4	3	5	25	84
223	Sum of 2006 SFHS	2	11			1		14
	Sum of 2006 SC	40	32	6	6	11	32	127
224	Sum of 2006 SFHS	1	11			1		13
	Sum of 2006 SC	47	33	7	4	16	36	143
225	Sum of 2006 SFHS	5	15	3	1	3	2	29

Source: South Carolina ORS, 2006.

RECORD 005938
000189
PMC.2013.0000566
PET-EX055.0191

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
225	Sum of 2006 SC	20	39	6	6	15	31	117
226	Sum of 2006 SFHS		7			1	1	9
	Sum of 2006 SC	8	20	4	5	6	32	75
227	Sum of 2006 SFHS	1	9	3	1	2	3	19
	Sum of 2006 SC	11	26	6	3	6	28	80
228	Sum of 2006 SFHS		2					2
	Sum of 2006 SC	4	12			4	5	25
229	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	7	7		3	3	7	27
230	Sum of 2006 SFHS		4			1		5
	Sum of 2006 SC	2	12	2	1	2	9	28
231	Sum of 2006 SFHS							
	Sum of 2006 SC							
232	Sum of 2006 SFHS							
	Sum of 2006 SC	1						1
233	Sum of 2006 SFHS		11	1		4		16
	Sum of 2006 SC	28	53	12	7	15	26	141
234	Sum of 2006 SFHS	1	13			2		16
	Sum of 2006 SC	14	34	10	4	14	23	99
235	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	7	15	3	4	2	11	42
236	Sum of 2006 SFHS		15			1		16
	Sum of 2006 SC	33	65	9	24	11	52	194
237	Sum of 2006 SFHS		2					2
	Sum of 2006 SC	3	6	3	3		1	16
238	Sum of 2006 SFHS		4			2	1	7
	Sum of 2006 SC	7	7	2	4	10	24	54
239	Sum of 2006 SFHS	3	19			2	1	25
	Sum of 2006 SC	32	57	9	25	11	45	179
240	Sum of 2006 SFHS	2	8			1		11
	Sum of 2006 SC	21	39	8	2	9	21	100
241	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	6	10	1			6	23

Source: South Carolina ORS, 2006.

RECORD 005939
000190
PMC.2013.00005567
PET-EX055.0192

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
242	Sum of 2006 SFHS						1	1
	Sum of 2006 SC	2	7		6	1	3	19
243	Sum of 2006 SFHS	2	26	3		3		34
	Sum of 2006 SC	72	121	31	61	38	92	415
244	Sum of 2006 SFHS		5					5
	Sum of 2006 SC	19	19	3	6	7	16	70
245	Sum of 2006 SFHS		1		1	1		3
	Sum of 2006 SC	5	6	1	1	2	8	23
246	Sum of 2006 SFHS			1				1
	Sum of 2006 SC	2	1	1			3	7
247	Sum of 2006 SFHS	1	9		1	1		12
	Sum of 2006 SC	18	35	9	8	9	28	107
248	Sum of 2006 SFHS		6					6
	Sum of 2006 SC	17	24	7	6	13	26	93
249	Sum of 2006 SFHS		16		1	2	3	22
	Sum of 2006 SC	13	30	4	2	7	138	194
250	Sum of 2006 SFHS							
	Sum of 2006 SC	2	9	1	1	1	8	22
251	Sum of 2006 SFHS							
	Sum of 2006 SC	3	2	2	2		5	14
252	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	2	3	1		2	4	12
253	Sum of 2006 SFHS	2	6					8
	Sum of 2006 SC	22	38	10	9	4	32	115
254	Sum of 2006 SFHS		2			1	1	4
	Sum of 2006 SC	15	15	4	8	4	14	60
255	Sum of 2006 SFHS							
	Sum of 2006 SC	6	6	2		2	4	20
256	Sum of 2006 SFHS		3	1			1	5
	Sum of 2006 SC	13	25	2	4	8	20	72
257	Sum of 2006 SFHS	1	15	2				18
	Sum of 2006 SC	30	48	12	12	16	28	146
258	Sum of 2006 SFHS	1	24	1		2	1	29

Source: South Carolina ORS, 2006.

RECORD 005940
000191
PMC.2013.0000568
PET-EX055.0193

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
258	Sum of 2006 SC	24	64	10	8	17	41	164
259	Sum of 2006 SFHS	1	1					2
	Sum of 2006 SC	2	2		1	2	15	22
260	Sum of 2006 SFHS							
	Sum of 2006 SC	3	1	1	2		6	13
261	Sum of 2006 SFHS	1	4					5
	Sum of 2006 SC	1	10		4	2	5	22
262	Sum of 2006 SFHS		3					3
	Sum of 2006 SC	1	4	1	1	1		8
263	Sum of 2006 SFHS	1	9	1				11
	Sum of 2006 SC	27	68	14	10	17	48	184
264	Sum of 2006 SFHS		3	1		1		5
	Sum of 2006 SC	16	21	5	5	7	20	74
265	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	4	14	1	1	2	7	29
266	Sum of 2006 SFHS	1	2				1	4
	Sum of 2006 SC	4	11	2	2	2	12	33
267	Sum of 2006 SFHS							
	Sum of 2006 SC	1	3	2	1		3	10
268	Sum of 2006 SFHS		2	1				3
	Sum of 2006 SC		5	1		4		10
269	Sum of 2006 SFHS		10			2		12
	Sum of 2006 SC	21	41	13	3	6	23	107
270	Sum of 2006 SFHS		4					4
	Sum of 2006 SC	9	19	4	4	4	22	62
271	Sum of 2006 SFHS		2					2
	Sum of 2006 SC	11	52	8	9	14	23	117
272	Sum of 2006 SFHS							
	Sum of 2006 SC	3	10	1	2	2	5	23
273	Sum of 2006 SFHS							
	Sum of 2006 SC	1	5	2			1	9
274	Sum of 2006 SFHS	2	3			2		7
	Sum of 2006 SC	5	5	1	2	4	9	26

Source: South Carolina ORS, 2006.

RECORD 005941
PMC.2013.00005569
PET-EX055.0194
000192

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
275	Sum of 2006 SFHS							
	Sum of 2006 SC						4	4
276	Sum of 2006 SFHS	1	2			1		4
	Sum of 2006 SC	4	15	1	1	2	3	26
277	Sum of 2006 SFHS	5	51	1	3	3	4	67
	Sum of 2006 SC	159	213	50	57	64	207	750
278	Sum of 2006 SFHS	2	27	3		4	1	37
	Sum of 2006 SC	62	112	44	29	40	101	388
279	Sum of 2006 SFHS							
	Sum of 2006 SC	39	35	9	5	15	29	132
280	Sum of 2006 SFHS		2			1		3
	Sum of 2006 SC	13	26	1	9	3	23	75
281	Sum of 2006 SFHS							
	Sum of 2006 SC	11	13	4	2	3	14	47
282	Sum of 2006 SFHS							
	Sum of 2006 SC	3	11	2	1	4	6	27
283	Sum of 2006 SFHS		4	1				5
	Sum of 2006 SC	9	16	5	4	2	12	48
284	Sum of 2006 SFHS		1				1	2
	Sum of 2006 SC	10	6	1	2	2	3	24
285	Sum of 2006 SFHS	1	5	1				7
	Sum of 2006 SC	34	32	3	12	6	19	106
286	Sum of 2006 SFHS		1		1			2
	Sum of 2006 SC	12	16	3	1	6	7	45
287	Sum of 2006 SFHS		3					3
	Sum of 2006 SC	10	29	7	2	4	20	72
288	Sum of 2006 SFHS	2	13	1		4	1	21
	Sum of 2006 SC	50	114	15	16	27	79	301
289	Sum of 2006 SFHS							
	Sum of 2006 SC	8	11	7	2	1	13	42
290	Sum of 2006 SFHS	1	13		1	3	1	19
	Sum of 2006 SC	37	57	14	12	12	62	194
291	Sum of 2006 SFHS		2					2

Source: South Carolina ORS, 2006.

RECORD 005942
000193
PMC.2013.00005570
PET-EX055.0195

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
291	Sum of 2006 SC			2				2
292	Sum of 2006 SFHS			8	2		2	12
	Sum of 2006 SC	12		22	9	5	5	9 62
293	Sum of 2006 SFHS			1				1
	Sum of 2006 SC			2				1 3
294	Sum of 2006 SFHS	4		52	1		4	61
	Sum of 2006 SC	158		242	56	73	60	213 802
295	Sum of 2006 SFHS	2		16				18
	Sum of 2006 SC	63		99	30	22	30	92 336
296	Sum of 2006 SFHS	11		131	2	2	10	4 160
	Sum of 2006 SC	251		391	95	92	96	331 1256
297	Sum of 2006 SFHS	1		23		1	3	1 29
	Sum of 2006 SC	47		71	18	16	19	73 244
298	Sum of 2006 SFHS			2				2
	Sum of 2006 SC	101		141	23	11	60	166 502
299	Sum of 2006 SFHS						1	1
	Sum of 2006 SC	4		15		1	3	7 30
300	Sum of 2006 SFHS			11	1		1	13
	Sum of 2006 SC	49		62	11	15	11	30 178
301	Sum of 2006 SFHS			1				1
	Sum of 2006 SC	15		8	2	5	2	2 34
302	Sum of 2006 SFHS							
	Sum of 2006 SC	7		18	1	1	4	4 35
303	Sum of 2006 SFHS	5		28		1	3	1 38
	Sum of 2006 SC	37		82	13	11	30	64 237
304	Sum of 2006 SFHS	1		20	1		2	1 25
	Sum of 2006 SC	20		48	15	7	13	27 130
305	Sum of 2006 SFHS	1		8	3			12
	Sum of 2006 SC	18		28	11	5	8	20 90
306	Sum of 2006 SFHS	1		6	1		1	9
	Sum of 2006 SC	5		7	3	4	2	3 24
307	Sum of 2006 SFHS			5				5
	Sum of 2006 SC	1		7		1		9

Source: South Carolina ORS, 2006.

RECORD 005943
000194
PMC.2013.00005571
PET-EX055.0196

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
308	Sum of 2006 SFHS		3		1	1		5
	Sum of 2006 SC	5	15	3	5	5	14	47
309	Sum of 2006 SFHS		3		1	2		6
	Sum of 2006 SC	1	4	3	4	3	17	32
310	Sum of 2006 SFHS	5	24	3		4	1	37
	Sum of 2006 SC	73	93	18	19	26	47	276
311	Sum of 2006 SFHS	2	19	3		4	1	29
	Sum of 2006 SC	46	46	13	13	12	21	151
312	Sum of 2006 SFHS		1					1
	Sum of 2006 SC		5	1			3	9
313	Sum of 2006 SFHS		2					2
	Sum of 2006 SC	1	2	1				4
314	Sum of 2006 SFHS							
	Sum of 2006 SC							
315	Sum of 2006 SFHS	2	32	7	2	9	1	53
	Sum of 2006 SC	51	108	23	21	31	60	294
316	Sum of 2006 SFHS	7	146	6	3	20	2	184
	Sum of 2006 SC	241	655	130	99	181	431	1737
317	Sum of 2006 SFHS							
	Sum of 2006 SC	1	235	1		1	2	240
318	Sum of 2006 SFHS	1	5			1		7
	Sum of 2006 SC	3	15	3	4	3	11	39
319	Sum of 2006 SFHS		1					1
	Sum of 2006 SC		1		1			2
320	Sum of 2006 SFHS	5	96	1		11	1	114
	Sum of 2006 SC	225	397	93	74	141	321	1251
321	Sum of 2006 SFHS	1	14			2		17
	Sum of 2006 SC	29	54	14	15	19	49	180
322	Sum of 2006 SFHS							
	Sum of 2006 SC	33	44	7	6	11	31	132
323	Sum of 2006 SFHS	3	24			2		29
	Sum of 2006 SC	56	81	22	7	19	38	223
324	Sum of 2006 SFHS	3	21			1	1	26

Source: South Carolina ORS, 2006.

RECORD 005944
000195
PMC.2013.00005572
PET-EX055.0197

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
324	Sum of 2006 SC	33	40	10	10	6	18	117
325	Sum of 2006 SFHS		7				1	8
	Sum of 2006 SC	5	12	1	3	3	10	34
326	Sum of 2006 SFHS							
	Sum of 2006 SC	2	2	1		3	6	14
327	Sum of 2006 SFHS							
	Sum of 2006 SC	2	5					7
328	Sum of 2006 SFHS							
	Sum of 2006 SC							
329	Sum of 2006 SFHS							
	Sum of 2006 SC							
330	Sum of 2006 SFHS							
	Sum of 2006 SC							
331	Sum of 2006 SFHS	2	31	1		4	2	40
	Sum of 2006 SC	71	153	17	23	22	44	330
332	Sum of 2006 SFHS	1	4					5
	Sum of 2006 SC	3	13	2	3		2	23
333	Sum of 2006 SFHS							
	Sum of 2006 SC	9	4		1	4	5	23
334	Sum of 2006 SFHS	1	17	1		2		21
	Sum of 2006 SC	16	55	9	10	8	28	126
335	Sum of 2006 SFHS	3	27	2		1		33
	Sum of 2006 SC	10	64	11	1	13	40	139
336	Sum of 2006 SFHS	2	21			4		27
	Sum of 2006 SC	35	51	14	16	11	19	146
337	Sum of 2006 SFHS		28	1	2	5		36
	Sum of 2006 SC	30	44	8	13	9	16	120
338	Sum of 2006 SFHS							
	Sum of 2006 SC	4		1		1	1	7
339	Sum of 2006 SFHS							
	Sum of 2006 SC	6	1	1	2	2	4	16
340	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	1	3	1			1	6

Source: South Carolina ORS, 2006.

RECORD 005945
000196
PMC.2013.00005573
PET-EX055.0198

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
341	Sum of 2006 SFHS	1	8				3	12
	Sum of 2006 SC	3	20	6			6	41
342	Sum of 2006 SFHS		1					1
	Sum of 2006 SC		3					3
343	Sum of 2006 SFHS							
	Sum of 2006 SC		1					1
344	Sum of 2006 SFHS		2					2
	Sum of 2006 SC	2	4		1	1	2	10
345	Sum of 2006 SFHS	1	1					2
	Sum of 2006 SC	5	5			1	3	14
346	Sum of 2006 SFHS		2					2
	Sum of 2006 SC	3	4	1	1	2	7	18
347	Sum of 2006 SFHS		6					6
	Sum of 2006 SC	1	6		1		1	9
348	Sum of 2006 SFHS		3					3
	Sum of 2006 SC	2	6	4	1		4	17
349	Sum of 2006 SFHS							
	Sum of 2006 SC		2			1		3
350	Sum of 2006 SFHS	1	7			1		9
	Sum of 2006 SC	18	23	3	3	8	13	68
352	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	3	6	2	1		1	13
353	Sum of 2006 SFHS							
	Sum of 2006 SC	8	40	3	6	11	12	80
354	Sum of 2006 SFHS		2					2
	Sum of 2006 SC	9	14		7	4	12	46
355	Sum of 2006 SFHS	1	8					9
	Sum of 2006 SC	19	18	4	6	1	20	68
356	Sum of 2006 SFHS	8	60	5	3	5	7	88
	Sum of 2006 SC	44	119	27	13	35	59	297
357	Sum of 2006 SFHS	1	4		2	1		8
	Sum of 2006 SC	15	19	2	5	5	20	66
358	Sum of 2006 SFHS	8	95	2	8	12	4	129

Source: South Carolina ORS, 2006.

RECORD 005946
000197
PMC.2013.00005574
PET-EX055.0199

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
358	Sum of 2006 SC	128	261	44	48	75	162	718
359	Sum of 2006 SFHS	30	400	20	43	42	34	569
	Sum of 2006 SC	300	894	202	122	215	479	2212
360	Sum of 2006 SFHS	1	14	1	1	2	1	20
	Sum of 2006 SC	19	37	6	12	10	35	119
361	Sum of 2006 SFHS							
	Sum of 2006 SC		6	1	1		4	12
362	Sum of 2006 SFHS							
	Sum of 2006 SC							
363	Sum of 2006 SFHS							
	Sum of 2006 SC	4	18		5	4	15	46
364	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	3	6	1	4	2	3	19
365	Sum of 2006 SFHS		2					2
	Sum of 2006 SC	4	7	2	3	3	8	27
366	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	6	7	2	1	3	5	24
367	Sum of 2006 SFHS							
	Sum of 2006 SC	4	2				1	7
368	Sum of 2006 SFHS		10	1		1		12
	Sum of 2006 SC	17	33	5	11	13	28	107
369	Sum of 2006 SFHS		14			1		15
	Sum of 2006 SC	18	31	13	3	8	20	93
392	Sum of 2006 SFHS	2	4	1		2		9
	Sum of 2006 SC	9	11	5	5	5	10	45
393	Sum of 2006 SFHS							
	Sum of 2006 SC	1	1	1		3	4	10
394	Sum of 2006 SFHS		2					2
	Sum of 2006 SC	4	8	3	1	5	8	29
395	Sum of 2006 SFHS	4	74	3	3	6	7	97
	Sum of 2006 SC	137	215	47	42	53	163	657
396	Sum of 2006 SFHS							
	Sum of 2006 SC	10	55	3	2	8	50	128

Source: South Carolina ORS, 2006.

RECORD 005947
000198
PMC.2013.00005575
PET-EX055.0200

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
397	Sum of 2006 SFHS		4		1	3		8
	Sum of 2006 SC	23	33	19	5	12	24	116
398	Sum of 2006 SFHS	11	23	3	3	2		42
	Sum of 2006 SC	41	54	9	14	13	41	172
399	Sum of 2006 SFHS					1		1
	Sum of 2006 SC	4	7	1	1	6	15	34
400	Sum of 2006 SFHS							
	Sum of 2006 SC							
401	Sum of 2006 SFHS		9	1				10
	Sum of 2006 SC	6	30	1	2	6	16	61
402	Sum of 2006 SFHS	1	1		1			3
	Sum of 2006 SC	3	4		2		4	13
403	Sum of 2006 SFHS	5	37	5	2	16		65
	Sum of 2006 SC	27	68	11	16	29	54	205
404	Sum of 2006 SFHS		7	1	1			9
	Sum of 2006 SC	5	10	3	1		9	28
405	Sum of 2006 SFHS							
	Sum of 2006 SC	3	10		2	1	4	20
406	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	2	9		1	2	7	21
407	Sum of 2006 SFHS		1					1
	Sum of 2006 SC		2				2	4
408	Sum of 2006 SFHS		3		1			4
	Sum of 2006 SC	6	7		2	2	1	18
409	Sum of 2006 SFHS		3	1				4
	Sum of 2006 SC		4	1		1	5	11
410	Sum of 2006 SFHS	1	16	14	5	22	1	59
	Sum of 2006 SC	67	124	43	24	45	31	334
413	Sum of 2006 SFHS		3					3
	Sum of 2006 SC	6	12	1	1		9	29
414	Sum of 2006 SFHS							
	Sum of 2006 SC	1	1				2	4
415	Sum of 2006 SFHS	2	35	6	1	2	2	48

Source: South Carolina ORS, 2006.

RECORD 005948
000199
PMC.2013.00005576
PET-EX055.0201

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
415	Sum of 2006 SC	86	155	34	54	40	132	501
416	Sum of 2006 SFHS	11	256	7	2	21	5	302
	Sum of 2006 SC	410	679	87	230	190	431	2027
417	Sum of 2006 SFHS							
	Sum of 2006 SC	4	16	1	3		11	35
418	Sum of 2006 SFHS	6	17	2		4	1	30
	Sum of 2006 SC	46	94	18	25	28	63	274
419	Sum of 2006 SFHS	1	16		1	3	2	23
	Sum of 2006 SC	15	41	7	17	9	44	133
420	Sum of 2006 SFHS		4					4
	Sum of 2006 SC	4	8	4	5	1	15	37
421	Sum of 2006 SFHS	1	10			1		12
	Sum of 2006 SC	18	33	2	11	7	16	87
422	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	39	66	10	14	13	68	210
423	Sum of 2006 SFHS		4			1		5
	Sum of 2006 SC	12	16	5	6	4	21	64
433	Sum of 2006 SFHS							
	Sum of 2006 SC	52	9	3	15	10	9	98
439	Sum of 2006 SFHS		2				1	3
	Sum of 2006 SC	3	11		1	1	4	20
440	Sum of 2006 SFHS		7	1				8
	Sum of 2006 SC	7	20	4	8	2	15	56
441	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	3	4		2	2	3	14
442	Sum of 2006 SFHS	2	8		1	2		13
	Sum of 2006 SC	35	53	4	18	16	30	156
443	Sum of 2006 SFHS		8			1		9
	Sum of 2006 SC	9	22	5	3	6	21	66
444	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	3	10	1	1	1	8	24
445	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	3	5		1	2	3	14

Source: South Carolina ORS, 2006.

RECORD 005949
000200
PMC.2013.00005577
PET-EX055.0202

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
446	Sum of 2006 SFHS							
	Sum of 2006 SC	2				1	3	6
447	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	14	17		6	2	12	51
448	Sum of 2006 SFHS							
	Sum of 2006 SC	3			2		2	7
449	Sum of 2006 SFHS		30	1	1	2		34
	Sum of 2006 SC	166	223	26	52	117	148	732
450	Sum of 2006 SFHS	1	9					10
	Sum of 2006 SC	30	31	4	20	40	39	164
451	Sum of 2006 SFHS		2					2
	Sum of 2006 SC	19	35	2	2	21	14	93
452	Sum of 2006 SFHS	1	17		1	3	1	23
	Sum of 2006 SC	27	81	14	22	17	52	213
453	Sum of 2006 SFHS	4	9			1		14
	Sum of 2006 SC	12	20	2		4	13	51
454	Sum of 2006 SFHS		3					3
	Sum of 2006 SC	9	12	4	4	4	16	49
455	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	3	4	2	3	1	7	20
461	Sum of 2006 SFHS	3	1	1		2	2	9
	Sum of 2006 SC	10	18	3	5	9	15	60
463	Sum of 2006 SFHS	1	10			1	3	15
	Sum of 2006 SC	31	36	8	18	20	40	153
464	Sum of 2006 SFHS		2	1				3
	Sum of 2006 SC	3	12	5	4	7	17	48
465	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	1	4					5
466	Sum of 2006 SFHS						1	1
	Sum of 2006 SC	2	6		2	5	24	39
467	Sum of 2006 SFHS	1	1					2
	Sum of 2006 SC	7	5	4	2	7	48	73
468	Sum of 2006 SFHS	2	49		1	3	3	58

Source: South Carolina ORS, 2006.

RECORD 005950
000201
PMC.2013.00005578
PET-EX055.0203

St. Francis Hospital 2006 ORS Data by County

DRG	Data	COUNTY						
		ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
468	Sum of 2006 SC	103	179	26	24	39	88	459
470	Sum of 2006 SFHS							
	Sum of 2006 SC	17	107	9	6	23	15	177
471	Sum of 2006 SFHS	1	4	2		1		8
	Sum of 2006 SC	2	10	2	1	2	6	23
473	Sum of 2006 SFHS	2	9	1	3	2		17
	Sum of 2006 SC	14	18	3	4	7	18	64
475	Sum of 2006 SFHS	7	62	3	3	4		79
	Sum of 2006 SC	149	302	72	83	81	302	989
476	Sum of 2006 SFHS		1					1
	Sum of 2006 SC	4	3		1	3		11
477	Sum of 2006 SFHS		29		2	4		35
	Sum of 2006 SC	46	82	18	28	24	48	246
478	Sum of 2006 SFHS							
	Sum of 2006 SC							
479	Sum of 2006 SFHS	1	13	1	2	6		23
	Sum of 2006 SC	32	56	8	7	15	64	182
480	Sum of 2006 SFHS							
	Sum of 2006 SC	3	4	1		4	2	14
481	Sum of 2006 SFHS	2	13	2	2	1		20
	Sum of 2006 SC	3	13	2	2	1	3	24
482	Sum of 2006 SFHS		10			2	1	13
	Sum of 2006 SC	11	22	6	10	6	15	70
483	Sum of 2006 SFHS							
	Sum of 2006 SC							
484	Sum of 2006 SFHS							
	Sum of 2006 SC	3	1			1	2	7
485	Sum of 2006 SFHS		3					3
	Sum of 2006 SC	7	28	4	6	6	16	67
486	Sum of 2006 SFHS		2			1		3
	Sum of 2006 SC	20	48	11	8	23	29	139
487	Sum of 2006 SFHS							
	Sum of 2006 SC	21	35	7	18	16	34	131

Source: South Carolina ORS, 2006.

RECORD 005951
000202
PMC.2013.00005579
PET-EX055.0204

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
488	Sum of 2006 SFHS							
	Sum of 2006 SC		4	1			2	7
489	Sum of 2006 SFHS		14			1		15
	Sum of 2006 SC	23	96	6		9	10	37 181
490	Sum of 2006 SFHS					1	1	2
	Sum of 2006 SC	11	11	1		1	3	7 34
491	Sum of 2006 SFHS	9	67	2		3	11	2 94
	Sum of 2006 SC	30	93	15		15	26	34 213
492	Sum of 2006 SFHS	6	15	1		4	2	28
	Sum of 2006 SC	26	47	3		14	15	31 136
493	Sum of 2006 SFHS	7	89	2		1	4	103
	Sum of 2006 SC	95	250	31		40	81	165 662
494	Sum of 2006 SFHS	5	59	1		4	9	3 81
	Sum of 2006 SC	69	164	16		24	45	140 458
496	Sum of 2006 SFHS		4					1 5
	Sum of 2006 SC	3	12	2			4	3 24
497	Sum of 2006 SFHS	1	17	2		7	8	35
	Sum of 2006 SC	22	55	23		12	20	51 183
498	Sum of 2006 SFHS	5	29	2		4	11	51
	Sum of 2006 SC	26	71	37		11	17	100 262
499	Sum of 2006 SFHS	9	42	1		8	10	6 76
	Sum of 2006 SC	64	145	16		25	54	70 374
500	Sum of 2006 SFHS	14	101	3		11	29	10 168
	Sum of 2006 SC	98	357	36		47	89	239 866
501	Sum of 2006 SFHS		3					3
	Sum of 2006 SC	1	5	2		4	2	5 19
502	Sum of 2006 SFHS		4				1	5
	Sum of 2006 SC	1	6	2		4	4	2 19
503	Sum of 2006 SFHS	2	4				5	4 15
	Sum of 2006 SC	11	27	7		7	8	30 90
504	Sum of 2006 SFHS							
	Sum of 2006 SC							
505	Sum of 2006 SFHS							

Source: South Carolina ORS, 2006.

RECORD 005952
000203
PMC.2013.00005580
PET-EX055.0205

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
505	Sum of 2006 SC							
506	Sum of 2006 SFHS							
	Sum of 2006 SC		1			1	2	4
507	Sum of 2006 SFHS							
	Sum of 2006 SC					1		1
508	Sum of 2006 SFHS							
	Sum of 2006 SC		1		1	1	1	4
509	Sum of 2006 SFHS							
	Sum of 2006 SC						2	2
510	Sum of 2006 SFHS							
	Sum of 2006 SC	3	3			1	1 6	14
511	Sum of 2006 SFHS							
	Sum of 2006 SC	1	5				1	7
512	Sum of 2006 SFHS							
	Sum of 2006 SC		2					2
513	Sum of 2006 SFHS							
	Sum of 2006 SC	1	1					2
514	Sum of 2006 SFHS							
	Sum of 2006 SC							
515	Sum of 2006 SFHS	4	23	1		4	2	34
	Sum of 2006 SC	25	68	17	2	15	57	184
516	Sum of 2006 SFHS							
	Sum of 2006 SC							
517	Sum of 2006 SFHS							
	Sum of 2006 SC							
518	Sum of 2006 SFHS	1	14	2	2	1	1	21
	Sum of 2006 SC	35	72	15	6	16	42	186
519	Sum of 2006 SFHS	2	26		2	5		35
	Sum of 2006 SC	39	57	12	12	17	37	174
520	Sum of 2006 SFHS	8	63	3	7	19	7	107
	Sum of 2006 SC	99	176	49	49	43	197	613
521	Sum of 2006 SFHS		11	1		2		14
	Sum of 2006 SC	94	105	20	28	33	102	382

Source: South Carolina ORS, 2006.

RECORD 005953
000204
PMC.2013.00005581
PET-EX055.0206

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
522	Sum of 2006 SFHS							
	Sum of 2006 SC	118	19	7	16	10	16	186
523	Sum of 2006 SFHS	1	5					6
	Sum of 2006 SC	87	100	16	8	26	31	268
524	Sum of 2006 SFHS	3	26	1		2		32
	Sum of 2006 SC	93	162	41	37	47	212	592
525	Sum of 2006 SFHS							
	Sum of 2006 SC							
526	Sum of 2006 SFHS							
	Sum of 2006 SC							
527	Sum of 2006 SFHS							
	Sum of 2006 SC							
528	Sum of 2006 SFHS							
	Sum of 2006 SC	3	14	1		2		20
529	Sum of 2006 SFHS		2					2
	Sum of 2006 SC	6	13		7	3	6	35
530	Sum of 2006 SFHS		3	1				4
	Sum of 2006 SC	5	7	1		1	4	18
531	Sum of 2006 SFHS		3		1	2		6
	Sum of 2006 SC	7	24	3	5	9	10	58
532	Sum of 2006 SFHS		5		1	2		8
	Sum of 2006 SC	9	18	2	2	3	11	45
533	Sum of 2006 SFHS	3	10		1	6		20
	Sum of 2006 SC	51	53	21	13	32	123	293
534	Sum of 2006 SFHS		15		4	7	2	28
	Sum of 2006 SC	36	55	14	17	29	125	276
535	Sum of 2006 SFHS		1				1	2
	Sum of 2006 SC	6	15	2	2	1	26	52
536	Sum of 2006 SFHS		5	1				6
	Sum of 2006 SC	5	15	7	6	2	10	45
537	Sum of 2006 SFHS	2	7	1		1	1	12
	Sum of 2006 SC	13	24	4	6	13	20	80
538	Sum of 2006 SFHS	1	11	2	1	1	1	17

Source South Carolina ORS, 2006.

RECORD 005954
000205
PMC.2013.00005582
PET-EX055.0207

St. Francis Hospital 2006 ORS Data by County

		COUNTY						
DRG	Data	ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG	Grand Total
538	Sum of 2006 SC	8	28	8	8	5	19	76
539	Sum of 2006 SFHS	1	9			1		11
	Sum of 2006 SC	5	23	3	2	6	10	49
540	Sum of 2006 SFHS		4			2		6
	Sum of 2006 SC		10			3	6	19
541	Sum of 2006 SFHS	2	17	1		5	1	26
	Sum of 2006 SC	44	92	17	18	25	41	237
542	Sum of 2006 SFHS	1	18	2		2		23
	Sum of 2006 SC	27	60	8	10	14	55	174
543	Sum of 2006 SFHS		3					3
	Sum of 2006 SC	8	32	2	4	8	4	58
544	Sum of 2006 SFHS	79	679	31	22	143	36	990
	Sum of 2006 SC	460	1276	231	252	409	809	3437
545	Sum of 2006 SFHS	8	40	1	7	8	7	71
	Sum of 2006 SC	25	78	8	15	18	86	230
546	Sum of 2006 SFHS	1	3			1		5
	Sum of 2006 SC	4	10	2		3	5	24
551	Sum of 2006 SFHS	1	19	1		4	3	28
	Sum of 2006 SC	52	109	16	28	38	83	326
552	Sum of 2006 SFHS	5	37		5	3		50
	Sum of 2006 SC	102	110	16	74	71	114	487
553	Sum of 2006 SFHS	2	26	2	2	1	1	34
	Sum of 2006 SC	31	104	28	11	23	65	262
554	Sum of 2006 SFHS		24	1	1	5	1	32
	Sum of 2006 SC	58	126	29	19	28	128	388
559	Sum of 2006 SFHS		5					5
	Sum of 2006 SC	9	11	2	3	8	19	52
Total Sum of 2006 SFHS		638	8214	312	294	1058	331	10847
Total Sum of 2006 SC		15816	29554	5841	6867	8714	22684	89476

ANDERSON	GREENVILLE	LAURENS	OCONEE	PICKENS	SPARTANBURG

Source: South Carolina ORS, 2006.

RECORD 005955
000206
PMC.2013.00005583
PET-EX055.0208

ATTACHMENT K

FINANCING LETTER

000207

PMC.2013.00005584

PET-EX055.0209

RECORD 005956

August 15, 2008

BON SECOURS HEALTH SYSTEM, INC.

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

This letter will confirm that funds are available for the following project at the Bon Secours St. Francis Health System Millennium Campus.

Project Description: Bon Secours St. Francis Health System, Inc. will submit a Certificate of Need application to the South Carolina Department of Health and Environmental Control (SC DHEC) seeking approval to construct a 52-bed hospital on a site located at Innovation Boulevard on the Millennium Campus development just off Laurens Road (Highway 276) southeast of I-85 in Greenville, South Carolina. The proposed facility will be known as "ST. FRANCIS millennium."

Bon Secours Health System, Inc. will fund approximately $146 million of the total cost for this project.

As evidence of Bon Secours Health System's ability to provide the required capital, the following information is provided:

- Bon Secours Health System, Inc., (BSHSI) based in Marriottsville, Maryland, is a multi-faceted healthcare system and as of August 2007, includes 14 acute care hospitals, 5 nursing care centers, 3 assisted living facilities, and other healthcare related services totaling $2.8 billion in net assets and $2.4 billion in total revenues.

- As of August 31, 2007, BSHSI has approximately $34.3 million in cash, cash equivalents, and short-term investments. BSHSI also has $806.4 million in board designated funds. These funds are primarily for operation and replacement reserves and do not represent our primary source of funding for this project.

BSHSI intends to support the financing of the Bon Secours St. Francis Health System, Inc. Certificate of Need application for construction of its new facility at the Millennium Campus with operating cash reserves or as a part of its system-wide bond financing programs. In addition, we would have the opportunity to use internal reserves if it became essential.

Sincerely,

Katherine Arbuckle
Senior Vice President, Chief Financial Officer

ATTACHMENT L

FINANCIAL PROJECTIONS

000209

BON SECOURS
ST. FRANCIS HEALTH SYSTEM

October 9, 2008

Ms. Beverly Patterson
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

The enclosed pro forma and projections for the St. Francis Millennium CON application were prepared under my direction as Senior Vice President/CFO of our System. To the best of my knowledge, all assumptions, projections, and estimates in this pro forma are accurate and reasonable and are based on historical experience.

If you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,

Ronnie Hyatt
SVP/Chief Financial Officer

000210

PMC.2013.00005587

PET-EX055.0212

RECORD 005959

ST. FRANCIS - millennium
Statement of Revenue and Expenses

	Year 1	Year 2	Year 3
Revenue:			
Gross Revenue	$251,739,881	$281,241,539	$315,279,210
Less: Contractuals	$158,092,993	$177,966,098	$201,013,523
Charity Care	$ 9,676,069	$ 10,805,309	$ 12,107,837
Other Deductions	$ 4,253,190	$ 4,749,556	$ 5,322,092
Total Deductions	$172,022,252	$193,520,964	$218,443,452
Net Patient Service Revenue	$ 79,717,629	$ 87,720,575	$ 96,835,757
Other Operating Revenue	$ 318,871	$ 350,882	$ 387,343
Total Net Revenue	**$ 80,036,500**	**$ 88,071,458**	**$ 97,223,100**
Expenses:			
Salaries & Wages	$ 28,586,406	$ 30,922,496	$ 33,449,863
Benefits	$ 7,521,674	$ 8,135,443	$ 8,799,295
Supply Expense	$ 13,206,022	$ 14,531,791	$ 16,041,812
Purchased Services	$ 4,883,238	$ 5,112,332	$ 5,343,362
Contracted Labor	$ 1,633,136	$ 1,698,461	$ 1,766,399
Organizational Overhead	$ 1,728,292	$ 1,859,545	$ 2,002,036
Physician Fees	$ 539,348	$ 560,922	$ 583,359
Rents, Utilities & Other	$ 4,388,032	$ 4,580,550	$ 4,731,999
Provision for Bad Debt	$ 7,552,196	$ 8,437,246	$ 9,458,376
Depreciation and Amortization	$ 6,833,059	$ 6,870,559	$ 6,870,559
Total Operating Expense	**$ 76,871,405**	**$ 82,709,345**	**$ 89,047,061**
Income from Operations	**$ 3,165,095**	**$ 5,362,112**	**$ 8,176,040**
Admissions	2,311	2,564	2,822
Patient Days	9,244	10,256	11,288

Proforma Assumptions

Revenue:

- Gross Revenue – Utilized per unit gross charges based on St Francis 2007 information, adjusted 20% for lower acuity, with charges inflating 2% per year from the 2007 base.
- Contractuals - Based on actual 2007 St Francis Eastside information, adjusted to reflect an overall 68.3% contractual rate in 2011, with an additional 0.5% increase annually.
- Other Operating Revenue – Reflects the same percentage to Net Patient Revenue as experienced at St Francis in 2007 (0.4%).

Expenses:

- Salary and Wages – Anticipated 457.9 FTEs in Year 1, with an average salary of $62,623. Salaries will increase 4% per year.
- Benefits – Set at 26% of total Salaries and Wages
- Supply Expense – Set to 16.5% of Net Patient Revenue (per St Francis experience)
- Purchased Services – Include Legal Fees, Trash Services, Maintenance Contracts, etc inflated at 2% per year
- Contracted Labor – Based on experience at Eastside and Downtown, adjusted for staffing at Millennium, inflated at 4% per year
- Organizational Overhead – Based on corporate expense allocation from Bon Secours
- Physician Fees – Medical Director and other physician administrative support services, inflated at 4% per year
- Rent, Utilities, and Other – Projected per square foot based on experience at Eastside and Downtown, inflated at 3% per year
- Bad Debt – 3% of Gross Revenue, based on experience at Eastside and Downtown
- Depreciation – Based on GAAP depreciation schedule for anticipated equipment and facility capital expenditures

ATTACHMENT M

MEDICAL STAFF ROSTER

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LAST_NAME	FIRST NAME	DEGREE	SPECIALTY
Bishop	J. Barry	MD	Plastic Surgery
Brown	J. Haskell	MD	Internal Medicine
Bruce	C. Allen	MD	Allergy
Butler, Jr.	E. Randolph	MD	Pediatrics
Campbell, Jr.	Thomas W.	MD	OB/GYN
Catanzaro	Joseph M.	MD	Dermatology
Cobb	Larry W.	DMD	Oral Surgery
Coleman	Robert F.	DPM	Podiatry
Cook	Mark H.	MD	Ophthalmology
Crawford	Patricia A.	MD	Internal Medicine
DeLoach	Perry B.	MD	OB/GYN
DeVore	R. Douglas	MD	Urology
Duncan	Dale L.	MD	Hematology/Oncology
Eberly	John B.	MD	Family Practice
Eckstein	William L.	MD	Plastic Surgery
Edwards	Tonya D.	MD	Family Practice
Ellison, Jr.	F. Edwin	MD	OB/GYN
Evans* LOA	John P.	MD	Orthopaedics
Fields	Carolyn D.	MD	Family Practice
Flanders	Raymond W.	MD	Pediatrics
Freeman	Lawrence W.	MD	Cardiology
Freeman	Ned D.	MD	Cardiology
Fridy, Jr.	W. Wallace	MD	Pulmonary Medicine
Gaddy	Russell G.	MD	Family Practice
Gailey, Jr.	Thompson A.	MD	OB/GYN
Garand	Joseph T.	MD	Family Practice
Greer	Richard C.	MD	Gastroenterology
Hancock, Jr.	Jack	DMD	Oral Surgery
Hanna	R. Wayne	MD	Family Practice
Harris	Falls L.	MD	Dermatology
Hartley, Jr.	Lawrence J.	MD	Gastroenterology
Hill	Geneva L.	MD	Rheumatology
Hill, Jr.	Lawrence K.	MD	Urology
Hoffman	Michael R.	MD	OB/GYN
Hollinger	Wayne M.	MD	Pulmonary Medicine
Hollis, Jr.	L. Breeden	MD	Neurology-Pain Mgmt
Holt	Gregory S.	MD	Gastroenterology
Hutchins	Earl W.	MD	Family Practice
Jennings, Jr.	James E.	MD	Orthopaedics
Johnson	Anthony P.	MD	Ophthalmology
Johnson*	James Gregory	MD	OB/GYN
Johnson	John K.	MD	Neurosurgery
Johnson	Josette J.	MD	Rheumatology
Jones	Thomas M.	DPM	Podiatry
Joshi	Nomita	MD	Internal Medicine
Kelly	J. William	MD	Infectious Diseases
Kelly	Michael W.	MD	Gastroenterology
Kendrick, Jr.	William C.	MD	Nephrology
King	Fitzwilliam W.	MD	Family Practice
Kistler	Kent H.	MD	Neurology
Phillips	Ronald S.	DO	Internal Medicine

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Ravichander	Pinjai R.	MD	Hematology/Oncology
Rice	J. David	MD	Urology
Rogers	Wayne G.	MD	Dermatology
Sarmiento	Emmanuel U.	MD	Allergy
Smith, Jr.	Charles E.	MD	Otolaryngology
Smith	J. Ronald	MD	Urology
Smith	Matthew L.	MD	OB/GYN
Smith	Melinda J.	MD	Cardiology
Stephenson	C. Ruffin	MD	Rheumatology
Stephenson	James E.	MD	General Surgery
Taylor, Jr.	William J.	MD	Family Practice
Troutman	Eric H.	MD	OB/GYN
Van Hale	Harriet M.	MD	Dermatology
Walker	W. Keith	DDS	Oral Surgery
Waters	Robert C.	MD	Otolaryngology
Weems, Jr.	J. John	MD	Infectious Diseases
Williams	Bradley B.	MD	Ophthalmology
Worthington	D. Bryan	MD	Internal Medicine
Worthington	John W	MD	Cardiology
Young	James R.	MD	General Surgery
Young	Marcela V.	MD	Internal Medicine
Moore	Alfred D.	MD	Emergency Medicine
Brown	Timothy R.	MD	Orthopaedics
Ghandnoosh	Azizollah	MD	Pediatrics
Waters*	Keith H.	MD	Family Practice
Bruce	Jackson B.	MD	Family Practice
Hill	Sybil A.	MD	Pediatrics
Acres	G. Steven	MD	Nephrology
Alday	Michael A.	MD	Occupational Medicine
Mazzoli	Vanessa A.	MD	OB/GYN
Antworth	Michael V.	MD	Ophthalmology
Armstrong, III	Charlton P.	MD	Urology
Baker	Eric J.	MD	Dermatology
Ballinger, Jr.	William H.	MD	Ophthalmology
Barnard	J. Mike	MD	Internal Medicine
Bass	G. Allen	MD	Pediatrics
Batson, Jr.	W. Arnold	MD	Orthopaedics
Baxi	Hareshandra T.	MD	Pediatrics
Bayliss, Jr.	Robert D.	MD	Internal Medicine
Bentzel	Gregory N.	DPM	Podiatry
Berglind	Larry A.	MD	Family Practice
Blackston	Barry C.	MD	Internal Medicine
Blouin	Gayle S.	MD	General Surgery
Bradley	Jeffrey A.	MD	OB/GYN
Bray	Cassandra E.	MD	Internal Medicine
Bridgeman, Jr.	James L.	MD	Family Practice
Bridges	Tommy	MD	General Surgery
Brooker	Reginald J.	MD	Hematology/Oncology
Buffkin	Terry L.	MD	OB/GYN
Burford	Jim D.	MD	Family Practice
Cagle	Mary Jo	MD	OB/GYN
Caldwell, IV	William E.H.	MD	Ophthalmology

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Carter	Joseph W.	MD	Anesthesiology
Cebe	John E.	MD	Cardiology
Chivers	Pamela J.	MD	Pediatrics
Chorness	Marjorie A.	MD	OB/GYN
Choudhary	Subodh K.	DPM	Podiatry
Clarkson	G. Stuart	MD	Emergency Medicine
Coles	Robert L.	DMD	Oral Surgery
Stoner	Chyrel E.	MD	OB/GYN
Cousar, Jr.	George R.	MD	Ophthalmology
Craig, III	William R.	MD	Internal Medicine
Crawley	Stuart W.	MD	Anesthesiology
Crowley	Michael L.	MD	Gastroenterology
Daves	Glen G.	MD	Gastroenterology
DeHart	H. Sykes	MD	Urology
Demosthenes	Lauren D.	MD	OB/GYN
Donelson	David M.	MD	Ophthalmology
Durham, Jr.	Jack C.	MD	Family Practice
Easley, Jr.	W. Kenneth	MD	Otolaryngology
Faris, Jr.	Henry M.	MD	Infectious Diseases
Fessler	Ann P.	MD	Family Practice
Flanagan	William F.	MD	Urology
Fowler	Charles R.	MD	Nephrology
French	G. Martin	MD	OB/GYN
Gaikwad	Nitin P.	MD	Internal Medicine
Gardner	Stephen R.	MD	Neurosurgery
Gaucher	Jay P.	MD	Cardiology
Giambalvo	Linda L.	MD	Family Practice
Giguere	Jeffrey K.	MD	Hematology/Oncology
Gluck	W. Larry	MD	Hematology/Oncology
Gococo	Kim O.	MD	Hematology/Oncology
Godwin	David A.	MD	OB/GYN
Goforth, III	A. Johnny	MD	Otolaryngology
Gold	Steven J.	MD	Internal Medicine
Gower	Roger H.	MD	OB/GYN
Graddick	Steven L.	MD	Internal Medicine
Graham, II	Sutton L.	MD	Plastic Surgery
Hammond	Lyn H.	MD	Family Practice
Harte	Edward E.	MD	Anesthesiology
Head	Douglas S.	MD	Cardiology
Healy	Grant F.	MD	Nephrology
Heitman	Kurt F.	MD	Ophthalmology
Henderson	Joseph H.	MD	Cardiology
Holt, III	J. Williams	MD	Gastroenterology
Horton	William H.	MD	Anesthesiology
Houmann	Paul E.	MD	Anesthesiology
Howard	Leroy J.	MD	Ophthalmology
Hull	Robert W.	MD	Cardiology
Humeniuk	John M.	MD	Dermatology
Jernigan	W. Clark	MD	Orthopaedics
Johnstone, III	R. Gordon	MD	Allergy
Kavalus	Chris H.	MD	Orthopaedics
Kemmerlin	Richard W.	MD	Family Practice

Kendall, Sr.	Thomas W.	MD	Family Practice
Klimas	Victor A.	MD	Nephrology
Kubiak, Jr.	Joseph S.	MD	Pulmonary Medicine
Latham, Jr.	J. Thomas	MD	Pathology
Lattimore, Jr.	Ralph E.	MD	OB/GYN
Laurens, Jr.	Richard G.	MD	Pulmonary Medicine
Lawton, Jr.	Wesley W.	MD	Internal Medicine
Lominack, Jr.	Edward K.	MD	Cardiology
Long, Jr.	Woodrow W.	MD	Urology
Lucas, III	Silas E.	MD	Orthopaedics
McLane	Nick J.	MD	Ophthalmology
McLear	Patrick W.	MD	Otolaryngology
McPhail	James W.	MD	Family Practice
Mahon, Jr.	Robert G.	MD	Otolaryngology
Mann, Jr.	Thomas C.	MD	General Surgery
Maurides	Peter S.	MD	Internal Medicine
May	Harry V.	MD	OB/GYN
Mazanec	Paul A.	MD	Gastroenterology
Meadows	Deborah	MD	Rheumatology
Mensone	James C.	MD	Family Practice
Merchant	Ayub A.	MD	Gastroenterology
Monroe, Jr.	James R.	MD	Urology
Mullen, Jr.	Charles V.	MD	Pulmonary Medicine
Nelson, Jr.	Alfred T.	MD	Neurosurgery
Novia	Dennis E.	MD	Anesthesiology
O'Grady-Irwin	Sheila A.	MD	Internal Medicine
O'Rourke	Mark A.	MD	Hematology/Oncology
Pandya	Ragesh D.	MD	OB/GYN
Parimi	Sam B.	MD	Physical Medicine & Rehab
Parker, II	H. Graham	MD	Cardiology
Patrick	Alexander M.	MD	Family Practice
Paylor, III	John H.	MD	Orthopaedics
Pittman	James P.	MD	Gastroenterology
Pool	Joseph D.	MD	Pediatrics
Porter	Melvin E.	MD	Family Practice
Price	Stephen W.	MD	OB/GYN
Pugh	W. Leonard	MD	Internal Medicine
Puls	Larry E.	MD	OB/GYN
Rashid	Mohammad	MD	Internal Medicine
Renfro, III	John F.	MD	Ophthalmology
Rex	James C.	MD	Colon and Rectal
Rickoff	Michael I.	MD	Gastroenterology
Risinger	K. Benjamin H.	MD	General Surgery
Robbins	James A.	MD	Colon and Rectal
Roesch	Thomas M.	MD	OB/GYN
Rogoff	Frederick D.	MD	Nephrology
Rowell, Jr.	John R.	MD	Orthopaedics
Rudisill, Jr.	L. Edwin	MD	Orthopaedics
Russell, Jr.	H. Earle	MD	General Surgery
Saito	Jean K.	MD	Internal Medicine
San	Greg W.	MD	Cardiology
Saxena	Naveen R.	MD	Cardiology

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RECORD 005966

Sellman	Gary K.	MD	Family Practice
Shallcross	David L.	MD	Physical Medicine & Rehab
Shaw, Jr.	Harold E.	MD	Ophthalmology
Shelley	Donald W.	MD	Ophthalmology
Siddens	John D.	DO	Ophthalmology
Siegel	Jeffrey A.	MD	Internal Medicine
Sikes	Harvey A.	MD	OB/GYN
Simpson	Brad M.	MD	Cardiology
Sloan, Jr.	John L.	MD	Family Practice
Stamm	Michael D.	MD	OB/GYN
Stoddard, Jr.	William R.	MD	OB/GYN
Stoeber	Jeffrey E.	MD	Pediatrics
Stokes	Douglas W.	MD	Ophthalmology
Tankersley, Jr.	James B.	DMD	Oral Surgery
Thomas	Celia M.	MD	Emergency Medicine
Thomas, Jr.	Charles B.	MD	Orthopaedics
Tollison	Michael E.	MD	Orthopaedics
Trantham	Harry E.	MD	Ophthalmology
Traynham	Ryland T.	DDS	Oral Surgery
Treen*	Ben M.	MD	Dermatology
Ulmer	J. Stanley	MD	Anesthesiology
Vail	Richard W.	MD	Internal Medicine
Vann	John R.	MD	Orthopaedics
Vaughan	Donald R.	MD	Urology
Vry	John L.	MD	Family Practice
Wallace, Jr.	James E.B.	MD	Family Practice
Wallace	James G.	MD	Plastic Surgery
Walls	Jay D.	MD	Hematology/Oncology
Walton	John E.	MD	Urology
Washburn	Brian H.	MD	Pediatrics
Welborn III	Julius W.	MD	Ophthalmology
West	Charles S.	MD	Dermatology
Westmoreland	Patricia P.	MD	Dermatology
Wetenhall	Daniel J.	MD	Emergency Medicine
Whigham	Martin D.	MD	Anesthesiology
White	Mark T.	MD	Family Practice
Whitlock	Norris W.	MD	Urology
Whittenberg	Charles W.	MD	Pediatrics
Williams, Jr.	Morris E.	MD	Cardiology
Wyatt	Margaret L.	MD	Pediatrics
Wylie, Jr.	William L.	MD	Pediatrics
Yarborough	C. Stephen	MD	Gastroenterology
Yazdy	Seid Ali	MD	Gastroenterology
Yuko	Ronald T.	MD	Otolaryngology
Zander	Richard E.	MD	Gastroenterology
Zatcoff	Richard C.	DPM	Podiatry
Zeager	Michael E.	MD	Family Practice
Zurenko	Michael D.	MD	Hematology/Oncology
Baucum	Jimmy R.	MD	Cardiology
Dillon, Jr.	Paul E.	MD	Family Practice
Eison	Thomas B.	MD	Orthopaedics
Eberly, III	Arthur L.	MD	Cardiology

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Leland, Jr.	Richard G.	MD	Family Practice
Lipsey	Allison S.	MD	Rheumatology
Bizzell	Stacy L.	MD	Internal Medicine
Christman	Kathy L.	MD	Hematology/Oncology
Pierce	T. Dane	MD	Pediatrics
Shepard	Mary Ann B.	MD	Pediatrics
Kofoed	Sharon E.	MD	OB/GYN
Murari	Yogesh	MD	Internal Medicine
Traurig	Michael J.	MD	Internal Medicine
Brenner	Peter A.	MD	Pediatrics
Boota	Ahmad M.	MD	Pulmonary Medicine
Baumgarten	Thomas E.	MD	Orthopaedics
Lopez	Alberto	MD	Family Practice
Shanbhag	Gajanan R.	MD	General Surgery
Mathis	Anthony L.	DPM	Podiatry
DeVault	William L.	MD	Orthopaedics
Delahunty	Nigel P.	MD	OB/GYN
Helmrich	George A.	MD	OB/GYN
Carey	John E.	MD	General Surgery
Elhassani	Sami B.	MD	Neonatology
Olson	David G.	MD	Emergency Medicine
Kaiser	Gregg M.	MD	Ophthalmology
Millon	S. John	MD	Orthopaedics
Bucci	Michael N.	MD	Neurosurgery
Haule	Elaine M.	MD	Emergency Medicine
Long	Lesle D.	MD	Internal Medicine
Chandler, III	Archie H. "Trey"	MD	Cardiology
Champ	Jerry D.	MD	Cardiology
Grover	Daniel A.	MD	Internal Medicine
Johnson	Steven D.	MD	Cardiology
Sherrill, Jr.	Jerry F.	MD	Neurology
McDonald	Andrew G.	MD	Internal Medicine
Harris	Roslyn H.	MD	Family Practice
Schrank, Jr.	John H.	MD	Infectious Diseases
Towler	Michael A.	MD	General Surgery
Watson	Derek S.	MD	General Surgery
Gilbert	Donald R.	MD	General Surgery
Raissi-Fard	Hajar K.	MD	Pediatrics
Christensen	Gregory S.	MD	Ophthalmology
Sanders	Patricia T.	MD	Pediatrics
Corlette, Sr.	Adrian P.	MD	Emergency Medicine
Rubenstein	Donald S.	MD	Cardiology
Wilson	James C.	DMD	Oral Surgery
Newman	Steven M.	MD	Family Practice
Arashinagundi	Siddesha M.	MD	Internal Medicine
Cooter	Michael S.	MD	Otolaryngology
Rosenzweig	Thomas E.	MD	Pathology
Sherbert	John D.	MD	Anesthesiology
Nichols, Jr.	James B.	MD	Pediatrics
Broderick	Denise A.	MD	OB/GYN
Belvin, II	Everett L.	MD	Pediatrics
Chou	Famin	MD	Ophthalmology

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Walpole, Jr.	H. E. Chip	MD	Internal Medicine
Gildersleeve	Merrill J.	MD	Internal Medicine
Keller	Kevin M.	MD	Plastic Surgery
Crockett	Jay A.	MD	Colon and Rectal
Kim	Suzy L.	MD	Gastroenterology
Lookadoo, Jr.	Stephen E.	MD	Pediatrics
Torres	Vincent	DO	Family Practice
Rupp	Michael R.	MD	Pediatrics
Ali	Zahid	MD	Cardiology
DeMoss	Mark A.	MD	Pediatrics
Burnette	Carol W.	MD	Physical Medicine & Rehab
Thandroyen	Francis T.	MD	Cardiology
Hamilton	Thomas E.	MD	Urology
Alioua	Chokri	MD	Nephrology
Wolin	Mitchell J.	MD	Ophthalmology
Banks, Jr.	Richard A.	MD	Emergency Medicine
Spitzer	Gary	MD	Hematology/Oncology
Ferguson	Catherine L.	MD	Hematology/Oncology
Moran-Faile	Barbara A.	MD	Cardiology
Malinowski	Timothy R.	MD	Cardiology
Millar*	Benjamin R.	MD	Neurology
Williams, III	Bart D	MD	Oral Surgery
Lantz	Todd R.	MD	OB/GYN
Absher	John	MD	Neurology
Smith	Arthur L.	MD	Neurology
Sanders	John L.	MD	Orthopaedics
Poteat, Jr.	Tony S.	MD	Internal Medicine
Jacques	Daniel M.	MD	General Surgery
McAlpine	Robert G.	MD	Urology
Holdren	Rebecca E.	MD	Physical Medicine & Rehab
DeRosa	Joseph W.	MD	Family Practice
Pierce	Clovis H.	MD	OB/GYN
Bloodworth, Jr.	James R.	MD	Internal Medicine
Bethi	Naveen R.	MD	Family Practice
Bowers	Teresa A.	MD	Infectious Diseases
Bowers	Charles E.	MD	Hematology/Oncology
Wendt	John R.	MD	Cardiology
Mittal	Sushil C.	MD	Family Practice
Few	Brian	MD	Pediatrics
Boor	Darwin R.	MD	Neurology
Malone	Thomas A.	MD	Family Practice
Perlman	Scott J.	MD	Internal Medicine
Pike	Cassandra W.	DPM	Podiatry
Idris	Ahmad	MD	Gastroenterology
Kanos	Charles C.	MD	Neurosurgery
Johnson	Shannon D.	MD	OB/GYN
Patnam	Raju	MD	Family Practice
Brown, III	Robert O.	MD	Otolaryngology
Stoll	Brett C.	MD	Cardiology
Stephenson	Joe J.	MD	Hematology/Oncology
Song	Nancy S.	MD	Pediatrics
Netter	Nancy M.	MD	Internal Medicine

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RECORD 005969

Suber, Jr.	W. John	MD	Plastic Surgery
Hall	James G.	MD	Ophthalmology
Nelson	Hae Kyong	MD	Pediatrics
Bourdon	Bruce A.	MD	Emergency Medicine
Awan	Aftab A.	MD	Cardiology
Lantz	Andrea B.	MD	Allergy
Civiletto	Steven E.	MD	Ophthalmology
Lawson	Jeffrey G.	MD	Rheumatology
Myers	C. Blake	MD	Ophthalmology
Moore*	Mark T.	MD	OB/GYN
Maur	Gurpreet S.	MD	Cardiology
Mathers	Michael S.	MD	Urology
Parker	Anne V.	MD	Ophthalmology
Parker	Linda S.	MD	Pediatrics
Payne	Michael W.	MD	Cardiology
Oliver LOA	James C.	MD	Family Practice
Phillips	John G.	MD	Otolaryngology
Patel	Sudhirkumar C.	MD	Internal Medicine
Parker	Colleen M.	MD	Dermatology
Spivey	Judith	MD	Gastroenterology
Rainer	Gerard F.	DPM	Podiatry
Kurakula	Satya S.	MD	Family Practice
Smith	Desmond E.	MD	Internal Medicine
Kao	Neil L.	MD	Allergy
LeBlond	Robert E.	MD	Physical Medicine & Rehab
Hunt	L. Allison	MD	Family Practice
Fox, Jr.	Thomas J.	MD	Neurology
MacMillan	James P.	DO	Family Practice
Phillips	Michael S.	MD	Ophthalmology
Krishniah	Balasubramanyam	MD	Internal Medicine
Hamberis	Steve J.	MD	Family Practice
Weston	Lawrence T.	MD	Cardiology
Hunter	John D.	MD	Hematology/Oncology
Chea	Elizabeth A.	MD	Pediatrics
Bittrick	Jon M.	MD	Cardiology
Houston	Kirk E.	DMD	Hematology/Oncology
Lovett, III	James E.	MD	Plastic Surgery
Mayher	Brant E.	MD	Urology
Cunningham, Jr	D. Courson	MD	Neurology
Wilcox	Jeannette L.	MD	Radiation/Oncology
Miller	Matthew L.	MD	Dermatology
McFadden	Thomas C.	MD	Plastic Surgery
Ross	Charles D.	MD	Cardiology
Pace	Thomas B.	MD	Orthopaedics
Posta, Jr.	Alan G.	MD	Orthopaedics
O'Boyle	Michael J.	MD	Orthopaedics
Reid*	H. Stanley	MD	Orthopaedics
Holloway	Kimberly S.	MD	OB/GYN
Mina	Christie B.	MD	Neurosurgery
Dabbs	Randal L.	MD	Emergency Medicine
Craddock	Jeffrey C.	MD	Psychiatry
Bognar	Istvan G.	MD	Nephrology

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RECORD 005970

Joudeh	Thaer A.	MD	Internal Medicine
Terry	Lewis N.	MD	Hematology/Oncology
Naquin	Mark D.	MD	Anesthesiology
Jervey, II	E. Darrell	MD	Ophthalmology
Greig	Phillip C.	MD	OB/GYN
Koontz	David W.	MD	Internal Medicine
Cowart	J. David	MD	OB/GYN
Raff	James C.	MD	Pediatrics
Murphy	David W.	MD	Family Practice
Ridgeway	Stephen R.	MD	Orthopaedics
Gamble	Allen E.	DO	Family Practice
Pattis	George N.	DPM	Podiatry
Scardo	James A.	MD	OB/GYN
Lindstrom	Bradley A.	DPM	Podiatry
Bowden	David M.	MD	Ophthalmology
Hudak	Craig M	MD	Cardiology
Canoutas	Constantine N.	DPM	Podiatry
Enright	Michael	MD	Radiology
Tran	Thanh T.	MD	Internal Medicine
Poinsette	Leslie H.	MD	Dermatology
Roberts*	Stephen M.	MD	Emergency Medicine
Price	Caroline R	MD	Dermatology
Johnstone	Reid F.	MD	Allergy
LeBel	Joseph S.	MD	Gastroenterology
Metherell	James F.	MD	OB/GYN
Welcome	Amy Z.	MD	Internal Medicine
Tran	Daniel H.	MD	Internal Medicine
Howard	Bradley S.	MD	Emergency Medicine
Hodge	Philip J.	MD	Neurosurgery
Jacques	Denise M.	MD	Pediatrics
Schultz	Carolyn G.	MD	Pediatrics
Mirza	Absar A.	MD	Nephrology
LeBel	Laura	MD	OB/GYN
Smith	Rebecca S.	MD	Family Practice
Farley	Harlicia F.	MD	Family Practice
Melba	John E.	MD	Family Practice
Mills, III	James C.	MD	Orthopaedics
Welcome	Brian A.	MD	Ophthalmology
Fuller	Everett P.	MD	OB/GYN
Heldtman	Edward P.	MD	OB/GYN
Moss	John E.	MD	Neonatology
Grant*	Audrey L.	MD	Emergency Medicine
Blakemore	Elizabeth R.	MD	Plastic Surgery
Nichols, Jr.	John E.	MD	OB/GYN
Jetton	Robert L.	MD	Dermatology
Gaffney	Clyde M.	MD	Urology
Merriwether	Wesley G.	MD	Sports Medicine / Occupational Medicine
Hurt	Joe Paul	MD	Pathology
Dunlap	Derek T.	DMD	Oral Surgery
Bush	David J.	MD	Hematology/Oncology
DuBose, III	Robert M.	MD	Internal Medicine
Natarajan	Sundar	MD	Nephrology

PMC.2013.00005599

PET-EX055.0224

RECORD 005971

Culumovic	Patrick J.	MD	Colon and Rectal
Darby	William M.	MD	Pediatrics
Kmonicek	Joseph M.	MD	Cardiology
Surabhi	Satish K.	MD	Cardiology
Lagleva	Rafael L.	MD	Internal Medicine
Ward	William B.	MD	Nephrology
Phillips	Joel C.	MD	Dermatology
Edenfield	William J.	MD	Hematology/Oncology
Agha	Amir M I.	MD	Rheumatology
Bonabon	Marie Rose	MD	Pediatrics
Kavanagh	Joseph A.	MD	Radiology
Shanbhag	Ashish G.	MD	Physical Medicine & Rehab
Ryan	F. Peter	MD	Radiology
Joyce, III	William T.	MD	Radiology
Freedman	Arthur M.	MD	Radiology
Parnes	Neil H.	MD	Radiology
Warren, Jr.	Lawrence N.	MD	Radiology
Newman	Jeffrey M.	MD	Radiology
Blanks, III	Harold P.	MD	Cardiology
Tollison	Ronald M.	MD	Family Practice
Harrill, Jr.	John A.	MD	Radiology
Baghdady	Brian H.	MD	Radiology
Dennis	Hugh M.	MD	Cardiovascular Surgery
Culclasure, Jr.	James W.	MD	Ophthalmology
McKay	John G.	MD	Pediatrics
Selby	William L.	MD	Pathology
Duncan	Rhonda L.	MD	Cardiology
Williams	Timothy H.	MD	Cardiovascular Surgery
Plous	Ronley H.	MD	Pathology
Harp	Richard J.	MD	Radiology
Kallman	David A	MD	Radiology
Adams	Jennifer J.	MD	Radiology
Stoppenhagen	David R.	MD	Radiology
Grubbs	D. Scott	MD	Family Practice
Bryan	Matthew E.	MD	Dermatology
Murphy	Marshall J.	MD	Anesthesiology
Siachos	A. Thomas	MD	Cardiology
Freedman	L. Allen	MD	Anesthesiology
Smith	Christopher H.	MD	Cardiology
Butcher	Tracey E.	MD	Pediatrics
Mages	Roy A.	MD	Pediatrics
Dach	Stephanie	DO	OB/GYN
Jones	Paul R.	MD	Cardiology
Cheek	Patricia L.	MD	Internal Medicine
Greene	Bronwen	MD	Pediatrics
Hunter, IV	James E.	MD	OB/GYN
Anderson III	James L.	MD	Internal Medicine
Reindl LOA	David	MD	Gastroenterology
Cox, Jr.	Jesse T.	MD	Neonatology
Shidhaye	Namrata Madhav	MD	Family Practice
Tolmos	Jorge	MD	General Surgery
Patterson	Christopher J.	MD	Geriatrics

000223

PMC.2013.00005600

PET-EX055.0225

RECORD 005972

Lee	Daniel E.	MD	Orthopaedics
Jolley	Robert Ben	MD	Emergency Medicine
Kountz, Jr.	Paul D.	MD	Radiology
Watts	Thomas J.	DO	Emergency Medicine
Earle, IV	O. Perry	MD	Pediatrics
Wilkins	Thomas L.	MD	Emergency Medicine
Pelino	David E.	DO	Radiology
Rogers	Robert M.	MD	Dermatology
Lehman	E. Lamar	MD	Anesthesiology
Clark	Ashley L.	MD	Pediatrics
Clayton	Lisa T.	MD	Pediatrics
Haswell	James B	MD	Radiology
Mathias	Reed A.	MD	Internal Medicine
Dowling	Kyran	MD	Radiology
Liddle	Katherine J.	MD	Allergy
Hood	Jason A.	MD	OB/GYN
Lance	Tracy L.	MD	Emergency Medicine
Moore	James Lee	DMD	Oral Surgery
Tuggle	Anne S.	MD	Family Practice
Meine	Frederick J. "Trip"	MD	Cardiology
McPherson	Kerisea S.	MD	Internal Medicine
Rhodes	Tiffany L.	MD	OB/GYN
Griffin	David	MD	OB/GYN
White	Janette E.	MD	Ophthalmology
Call	Mark D.	MD	Infectious Diseases
Triepel	Caroline	MD	Orthopaedics
Rahmani	Mojgan	MD	Internal Medicine
Harding	Kurt R.	DO	Family Practice
Edmonds	Phillip C.	MD	Family Practice
Hwang	Jai Wung	MD	Internal Medicine
Pilch*	John F.	MD	Neurology
Tummons	Rebecca C.	MD	Family Practice
Mullen	James W	MD	Emergency Medicine
Fowler, III	James L.	MD	Plastic Surgery
Lynch	E. Michelle	MD	Pediatrics
Clayton	Robert M.	MD	Otolaryngology
Brannon	Heather L.	MD	Family Practice
Raheja	Arvin	MD	OB/GYN
Monson	Mark D.	MD	Radiology
Knox-Frazier	Tonya L.	MD	Pediatrics
Quintero	Luis	MD	Emergency Medicine
Jackson	Mark R.	MD	Vascular
Curran *	Margaret Y.	MD	Rheumatology
Desai	Nayan	MD	Radiology
Moon*	Bryan S.	MD	Orthopaedics
Weikle	Scott C.	DO	Internal Medicine
Cordas	Daniel I.	MD	Orthopaedics
Mattox	T. Fleming	MD	OB/GYN
Parrott, Jr.	John F.	MD	Radiology
Horton	James Kyle	MD	Internal Medicine
Botts*	James G.	MD	Internal Medicine
Curran	Colin P.	MD	Hematology/Oncology

000224

PMC.2013.00005601

PET-EX055.0226

RECORD 005973

George	Zachary H.	MD	Cardiology
Naidu	Raana P.	MD	Family Practice
Johnston	Douglas T.	DO	Allergy
Shelley	Brian W.	MD	Ophthalmology
Grabarczyk	Mark A.	MD	Cardiology
VanPelt	Christopher D.	MD	Orthopaedics
Keith	Rebecca A.	MD	OB/GYN
Brackbill	Stephen P.	MD	Gastroenterology
Daramola	John B.	MD	Internal Medicine
Parke	Charles W.K.	MD	Cardiology
Doherty	Jonathan R.	MD	Anesthesiology
Dobson	Scott	MD	Pediatrics
Moll	Justin S.	MD	Pediatrics
Schwartz	Robert G.	MD	Physical Medicine & Rehab
Bearden, III	James D.	MD	Hematology/Oncology
Corso	Steven W.	MD	Hematology/Oncology
Ludkowski	Michael J.	MD	Radiology
Giep	Bang Nguyen	MD	OB/GYN
Whitney, IV	John B.	MD	Anesthesiology
Borkert	Daniel T.	MD	Family Practice
Giep	Hoang Nguyen	MD	OB/GYN
Tsai	Willy Cheng	MD	Nephrology
Nelson	Eric C.	MD	Hematology/Oncoloby
Kahler	Julie A.	MD	Family Practice
Stone	David G.	MD	Emergency Medicine
Pati	Asim R.	MD	Hematology/Oncology
Lynagh	Adele S.	MD	Anesthesiology
Schentzel	Keith E.	MD	Physical Medicine & Rehab
Abdalla	Mazen A.	MD	Nephrology
McMillan	Marion R.	MD	Anesthesiology
Martin	Jennifer P.	MD	Orthopaedics-Pain Mgmt
Wren	Tonya N.	MD	Family Practice
Allred	Thomas F.	MD	Pediatrics
McGowin, Jr.	Joseph K.	MD	Gastroenterology
Kurkjian	Joseph K.	MD	Radiology
Campaiola	John M.	DO	Urology
Acosta	Jerry L.	MD	Cardiovascular Surgery
Peterson	Christopher M.	MD	Dermatology
Nithya	Ramaswamy	MD	Pediatrics
Stephens	Julie G.	MD	Family Practice
Koch	William S.	MD	Family Practice
Mathis, Jr.	Louis B.	MD	Family Practice
Junker	David A.	MD	Family Practice
Lebedovych	Victor P.	DDS	Oral Surgery
Kumar	Shreeram U.	MD	Pediatrics
Evangelista*	Jason A.	MD	Ophthalmology
Whitney	Laura K.	MD	Pediatrics
Taylor	Carmen	MD	Family Practice
Galvarino	Mario E.	MD	Psychiatry
Doll	Josh R.	MD	Cardiology
Lovelace	Nellie E.	MD	Internal Medicine
Perraut	Thomas C.	MD	Ophthalmology

000225

PMC.2013.00005602

PET-EX055.0227

RECORD 005974

Vaz	Dev G.	MD	Cardiology
Hatch	Richard M.	MD	Emergency Medicine
Brown	Robert Rush	MD	Internal Medicine
Kelly	Jason P.	MD	Radiology
Dike	Uchenna	MD	Internal Medicine
Orick	Veronica L.	MD	Family Practice
Awan	Nasir Jalil	MD	Pulmonary Medicine
Moccia	Roger D.	MD	Vascular
Payne	John F.	MD	OB/GYN
Getz	Steven J.	MD	Anesthesiology
Kuhl	John T.	MD	Dermatology
Swanson	Eric S	MD	Internal Medicine
Hutcheson	Angela C.S.	MD	Dermatology
Bijoor	Santosh M.	MD	Internal Medicine
Yu	Henry T.	MD	Nephrology
Riles	William Lewis	MD	Gastroenterology
Gaines	David I.	MD	Gastroenterology
Anderson	David G.	MD	General Surgery
Jones, Jr.	Stephen M.	MD	Pediatrics
Alt	Brandi K.	DO	OB/GYN
Manfredi	Joseph A.	MD	Cardiology
Chambliss	Thomas V.	MD	Internal Medicine
Bullock	Andrew R.	MD	Urology
Mathias	Gretchen W	MD	Pediatrics
Springle	Kevin A.	MD	Pediatrics
Easterling	Adam R.	MD	Ophthalmology
Harris	Katarina	MD	Pulmonary Medicine
Fanning	Suzanne R.	DO	Hematology/Oncology
Koschnitzki	Kenneth G.	MD	Pediatrics
Manley, Jr.	Philip E.	MD	Pediatrics
Shirley	Brayton R.	MD	Orthopaedics
Randol	Tabitha M.	MD	Pediatrics
Stewart	Allan S.	MD	Cardiovascular Surgery
Princell	Mark H.	MD	Family Practice
Brownlee	Caroline D.	MD	Internal Medicine
Carey	Patrick C.	MD	Geriatrics
Thomas	Gail E.	MD	General Surgery
Warthan	Mandy L.	MD	Dermatology
Argenziano	Michael	MD	Cardiovascular Surgery
MacDonald	Aaron C.	MD	Neurosurgery
Khosrowpour	Saied	MD	Emergency Medicine
Phillips	Stephanie E.	MD	Family Practice
Phillips	Jeffrey M.	MD	Pediatrics
Sarmiento	Cheryl	MD	Internal Medicine
Aragon	Leah Amante	MD	Family Practice
Salaman	Erica G.	DO	Emergency Medicine
Fraley	Paul R.	MD	Emergency Medicine
Mitchell	Troy M.	MD	Emergency Medicine

DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

In accordance with Section 44-7-200(C), Code of Laws of South Carolina, the public is hereby notified that a Certificate of Need application has been accepted for filing and publication November 28, 2008, for the following project(s). After the application is deemed complete, affected persons will be notified that the review cycle has begun. For further information, please contact Mrs. Sarah "Sallie" C. Harrell, Division of Planning and Certification of Need, 2600 Bull St., Columbia, SC 29201 at (803) 545-4200.

Affecting Beaufort County

Acquisition of a da Vinci Surgical system for the purpose of providing robotic surgery services in an existing operating suite at Beaufort Memorial Hospital
Beaufort Memorial Hospital
Beaufort, South Carolina
Project Cost: $1,571,000

Affecting Chesterfield County

Addition of three (3) nursing home beds that will not participate in the Medicaid (Title XIX) program for a total of one hundred twenty (120) nursing home beds
Cheraw Healthcare, Inc.
Cheraw, South Carolina
Project Cost: $6,750

Affecting Greenville County

Renovation for the replacement of an existing 1.0T Magnetic Resonance Imaging (MRI) unit with a leased 3.0T MRI unit to be located on the first floor of Greenville Memorial Hospital within the existing MRI suite; initiation of temporary use of mobile MRI services at the rear of the Memorial Medical Office Building to be terminated upon installation of the new 3.0T MRI unit
Greenville Memorial Hospital
Greenville, South Carolina
Project Cost: $3,200,000

Construction to establish a new fifty-two (52) bed acute care bed hospital through the transfer of fifty (50) acute beds from the bed need generated by ST. FRANCIS downtown and the relocation of two (2) existing beds from ST. FRANCIS downtown; the project includes one (1) Magnetic Resonance Imaging (MRI) unit and one (1) Computed Tomography (CT) unit to be located within the millennium campus on Lauren Road and Innovation Way, Greenville, South Carolina
St Francis Hospital Inc. – ST. FRANCIS millennium
Greenville, South Carolina
Project Cost: $151,054,596

Affecting Horry County

Renovation for the relocation of the existing endoscopy and bronchoscopy suites including the upfit of shelled space on the first floor of the new inpatient tower previously approved in SC-06-04 to accommodate the expansion of endoscopy and bronshoscopy services by adding two (2) additional endoscopy suites and one (1) bronchoscopy suite for a total of four (4) endoscopy suites and two (2) bronchoscopy suites; the vacated endoscopy and bronchoscopy suite space will be renovated for the expansion of offices and other pre/holding areas
Conway Medical Center
Conway, South Carolina
Project Cost: $4,797,752

Construction and renovation for the addition of fifteen (15) psychiatric beds and seven (7) inpatient treatment substance abuse beds for a total of fifty-nine (59) psychiatric beds and fifteen (15) inpatient treatment substance abuse beds
Lighthouse Care Center of Conway
Conway, South Carolina
Project Cost: $7,792,365

Construction of a sixty (60) bed nursing home that will not participate in the Medicaid (Title XIX) Program
Shepherd's Landing Nursing and Rehabilitation Center
Little River, South Carolina
Project Cost: $10,253,416

Affecting Laurens County

Change of licensure of eighteen (18) of the existing sixty-six (66) institutional nursing home beds that do not provide a community service resulting in a total licensed bed capacity of forty-eight (48) institutional nursing home beds and eighteen (18) nursing home beds that will not participate in the Medicaid (Title XIX) Program
Presbyterian Home of South Carolina—Clinton
Clinton, South Carolina
Project Cost: $0

Affecting Pickens County

Establishment of an outpatient Narcotic Treatment Methadone program
Recovery Concepts of the Carolina Upstate, LLC
Easley, South Carolina
Project Cost: $45,582

Affecting Richland County

Addition of a 1.5T Magnetic Resonance Imaging (MRI) unit in collaboration with Pitts Radiology to be located within One Richland Medical Park
Palmetto Health Richland
Columbia, South Carolina
Project Cost: $2,201,532

In accordance with S.C. DHEC Regulation 61-15, the public and affected persons are hereby notified that the review cycle has begun for the following project(s) and a proposed decision will be made within 60 days beginning November 28, 2008. "Affected persons" have 30 days from the above date to submit comments or requests for a public hearing to Mr. Les W. Shelton, Division of Planning and Certification of Need, 2600 Bull Street, Columbia, S.C. 29201. For further information call (803) 545-4200.

Affecting Charleston County

Purchase and installation of a four (4) slice Computed Tomography (CT) scanner
Lowcountry Medical Associates, P.C.
Mt. Pleasant, South Carolina
Project Cost: $621,937.76

Affecting Greenville County

Assumption of the lease of the existing sixty-four (64) slice Computed Tomography (CT) scanner from Innervision, Inc. by Northeast Columbia Diagnostic Imaging
Northeast Columbia Diagnostic Imaging d/b/a Innervision MRI and Imaging, Inc.
Greenville, South Carolina
Project Cost: $1,434,918

Affecting Spartanburg County

Establishment of the Regional Outpatient Center – North Grove, through the acquisition of Suite 1500 at North Grove Diagnostic Center and the relocation of diagnostic imaging equipment and the establishment of Magnetic Resonance Imaging (MRI) services at the Village Hospital
Spartanburg Regional Medical Center – North Grove
Spartanburg, South Carolina
Project Cost: $16,403,067

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PARKER POE
PARKER POE ADAMS & BERNSTEIN LLP
Attorneys and Counselors at Law

Sara H. Tyer
Paralegal
Telephone: 803-255-8000
Direct Fax: 803.255.8017
saratyer@parkerpoe.com

1201 Main Street
Suite 1450
P.O. Box 1509
Columbia, SC 29202-1509
Telephone 803.255.8000
Fax 803.255.8017
www.parkerpoe.com

November 10, 2008

Copied 12/4/08 JAMES

Via Facsimile
Mr. Jody M. Hamm
Director
Freedom of Information Office
SC DHEC
2600 Bull Street
Columbia, SC 29201

Re: ***St. Francis Hospital, Inc. – St. Francis Millennium Construction to establish a 52 bed acute care hospital through the transfer of 50 acute care beds from the bed need generated by St. Francis downtown and the relocation of 2 existing beds from the St. Francis downtown; the project includes 1 MRI unit and 1 CT Scanner to be located within the millennium campus o Laurens Road and Invocation Way, Greenville***

Dear Jody:

Please consider this letter our request pursuant to the Freedom of Information Act for a copy of the Department's entire file in the above matter, to include the application and all submissions attached thereto, requests for additional information and all responses thereto, all notes, memoranda, correspondence and other documents related thereto.

Please give me a call when the material is ready so that I may arrange for our courier to pick up the same. Of course, we agree to pay the Department's usual and customary fees for providing this information. Please call me if you have any questions. Thank you.

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NOV 18 2008
BUREAU OF RADIOACTIVE MATERIALS
SC DHEC

Sincerely,

Sara H. Tyer

SHT:st

RECEIVED
NOV 10 2008
Freedom of Information Office

CHARLESTON, SC
CHARLOTTE, NC
MYRTLE BEACH, SC
RALEIGH, NC
SPARTANBURG, SC

000230

FTAB 1181239v1

PMC.2013.00005607

PET-EX055.0232

cc: Kelly L. Barrett (via facsimile)

PARKER POE

PARKER POE ADAMS & BERNSTEIN L.L.P.
Attorneys and Counselors at Law

1201 Main Street, Suite 1450
Columbia, SC 29201
Telephone: 803.255.8000
Fax: 803.255.8017
www.parkerpoe.com

OTHER OFFICES:
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TO:	COMPANY:	FAX NO.	RECIPIENT'S PHONE NO
Jody M. Hamm	**Freedom of Information Office**	**898-3816**	
Kelly Barrett	**DHEC**	**545-4579**	

FROM: **Sara H. Tyer** DATE: **November 10, 2008**

CLIENT-MATTER:

RE:

COMMENTS:

Total number of pages including cover: 2.

Transmitted by: _____
Time: _____

* *NOTICE* *

THE INFORMATION CONTAINED IN THIS FACSIMILE IS PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS FACSIMILE IN ERROR, PLEASE NOTIFY THE SENDER BY COLLECT TELEPHONE CALL AND RETURN THE ORIGINAL FACSIMILE TO US AT THE ABOVE ADDRESS BY U.S. POSTAL SERVICE AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

Form 3 (12/01)
PPAB 1167671v1

NOV 13 2008
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OF DISEASE

000232

ATTACHMENT N

LETTERS OF SUPPORT

PMC.2013.00005610

PET-EX055.0235

RECORD 005982

GREENVILLE SURGICAL ASSOCIATES, P.A.

GENERAL, LAPAROSCOPIC AND THORACIC SURGERY

H. EARLE RUSSELL, JR., M.D.
BOARD CERTIFIED

JAMES R. YOUNG, M.D.
BOARD CERTIFIED

June 3, 2008

Ms. Beverly Patterson
Director, Bureau if Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am writing to express my support of Bon Secours St. Francis Health System's proposal of a new hospital on Innovation Drive in Greenville, to be known as ST. FRANCIS Millennium.

As a surgeon who has been in practice in the Greenville area, I am very aware of demands on current capabilities- in my specialty and also throughout the continuum of healthcare in our area. I strongly applaud St. Francis for moving forward with the critical planning to help secure needed healthcare resources now in into our community's future.

The proposed new St. Francis facility would bring a number of significant benefits.

In my area of surgery, phenomenal innovations are rapidly redefining conventionally-held expectations: we see continuing advancements in laparoscopic and minimally invasive procedures. The future of this specialty promises an even greater demand for outpatient and short-stay services. I'm pleased to say St. Francis is an active partner in making those visions a reality for out patients.

My colleagues and I also anticipate that an investment in healthcare at this level will attract many top-level medical professionals and nurture a unique environment of healthcare innovation.

The hospital campus itself is being planned as a model of "healing environment" incorporating extensive use of natural light, "green" fences / sound barriers- all based on environmentally-responsible principles of LEED® design.

I fully endorse the St. Francis Millennium project and ask that you and the DHEC Board give full consideration to the positive impact this project brings to out community.

Sincerely,

Hamilton Earle Russell, MD

3 ST. FRANCIS DRIVE, SUITE 480, GREENVILLE, SC 29601 • TELEPHONE (864) 269-0950 • FAX (864) 269-1813

GREENVILLE SURGICAL ASSOCIATES, P.A.

GENERAL, LAPAROSCOPIC AND THORACIC SURGERY

H. EARLE RUSSELL, JR., M.D.
BOARD CERTIFIED

JAMES R. YOUNG, M.D
BOARD CERTIFIED

June 3, 2008

Ms. Beverly Patterson
Director, Bureau if Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St Julian Place, Suite 201
Columbia, SC 29204

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I fully endorse the St. Francis Millennium project and ask that you and the DHEC Board give full consideration to the positive impact this project brings to out community.

Sincerely,

James R. Young

James R Young, MD

3 ST. FRANCIS DRIVE, SUITE 480, GREENVILLE, SC 29601 • TELEPHONE (864) 269-0930 • FAX (864) 269-1813

000235

PMC.2013.00005612

PET-EX055.0237

RECORD 005984

William P. Algary, M.D., F.A.C.C., Retired
Charles D. Ross, M.D., F.A.C.C.
Morris E. Williams, Jr., M.D., F.A.C.C.
Lawrence W. Freeman, M.D., F.A.C.C.
Michael W. Payne, M.D., F.A.C.C.
Gregory W. San, M.D., F.A.C.C.
Douglas S. Head, M.D., F.A.C.C.
Brad M. Simpson, M.D., F.A.C.C.
Ned D. Freeman, M.D., F.A.C.C.
John E. Cebe, M.D., F.A.C.C

UPSTATE CARDIOLOGY, P.A.

www.upstatecardiology.com

Steven D. Johnson, M.D., F.A.C.C.
Jon M. Bittrick, M.D., F.A.C.C.
Barbara A. Morán-Faile, M.D., F.A.C.C.
A. Thomas Siachos, M.D., F.A.C.C.
Christopher H. Smith, M.D., F.A.C.C.
Mark A. Grabarczyk, M.D.
Kathryn M. McFadden, PA-C
Jennifer Ryals, FNP/BC
Amy M. York, PA-C
Michael D. Cade, RN, MSN, FNP-C
Ronald E. Eskew, Administrator

1005 Grove Road • Greenville, SC 29605
Phone 864-235-7665 • Fax 233-5971

727 SE Main Street, Suite 360 • Simpsonville, SC 29681
(864) 235-7665 • Fax 235-5876

702 North A Street • Easley, SC 29640
Phone 864-859-9855 • Fax 859-9807

Wednesday, June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

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As a cardiovascular specialist who has been in practice in the Greenville area, I am very aware of demands on current capabilities – in my specialty and also throughout the continuum of healthcare in our area. I strongly applaud St. Francis for moving forward with the critical planning to help secure needed healthcare resources now and into our community's future.

The proposed new St. Francis facility would bring a number of significant benefits.

In my area of surgery, phenomenal innovations are rapidly redefining conventionally-held expectations; we see continuing advancements in interventional and minimally invasive procedures. The future of this specialty promises an even greater
demand for outpatient and short-stay services. I'm pleased to say that St. Francis is an active partner in making those visions a reality for our patients.

My colleagues and I also anticipate that an investment in healthcare at this level will attract many top-level medical professionals and nurture a unique environment of healthcare innovation.

The hospital campus itself is being planned as a model of "healing environment" incorporating extensive use of natural light, "green" fences / sound barriers --all based on environmentally-responsible principles of LEED® design.

I fully endorse the St. Francis Millennium project and ask that you and the DHEC Board give full consideration to the positive impact this project brings to our community.

Sincerely,

Charles Ross
Charles D. Ross, M.D., F.A.C.C.

000236

PMC.2013.00005613

PET-EX055.0238

RECORD 005985

William P. Algazy, M.D., F.A.C.C., Retired
Charles D. Ross, M.D., F.A.C.C.
Morris E. Williams, Jr., M.D., F.A.C.C.
Lawrence W. Freeman, M.D., F.A.C.C.
Michael W. Payne, M.D., F.A.C.C.
Gregory W. Sun, M.D., F.A.C.C.
Douglas S. Head, M.D., F.A.C.C.
Brad M. Simpson, M.D., F.A.C.C.
Ned D. Freeman, M.D., F.A.C.C.
John E. Cebe, M.D., F.A.C.C.

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(864) 235-7665 • Fax 235-5876

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Phone 864-859-9855 • Fax 859-9807

Wednesday, June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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Sincerely,

Morris E. Williams, Jr., M.D., F.A.C.C.

000237

PMC.2013.00005614

PET-EX055.0239

RECORD 005986

Wilham P. Algary, M.D., F.A.C.C., Retired
Charles D. Ross, M.D., F.A.C.C.
Morris E. Williams, Jr., M.D., F.A.C.C.
Lawrence W. Freeman, M.D., F.A.C.C.
Michael W. Payne, M.D., F.A.C.C.
Gregory W. San, M.D., F.A.C.C.
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Sincerely,

Christopher H. Smith, M.D., F.A.C.C.

000238

PMC.2013.00005615

PET-EX055.0240

RECORD 005987

William P. Algary, M.D., F.A.C.C., Retired
Charles D. Ross, M.D., F.A.C.C
Morris E. Williams, Jr., M.D., F.A.C.C.
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000239

PMC.2013.00005616

PET-EX055.0241

RECORD 005988

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Charles D. Ross, M.D., F.A.C.C.
Morris E. Williams, Jr., M.D., F.A.C.C.
Lawrence W. Freeman, M.D., F.A.C.C.
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Sincerely,

GW San

Gregory W. San, M.D., F.A.C.C.

C00240

PMC.2013.00005617

PET-EX055.0242

RECORD 005989

William P. Algary, M.D., F.A.C.C., Retired
Charles D. Ross, M.D., F.A.C.C.
Morris E. Williams, Jr., M.D., F.A.C.C.
Lawrence W. Freeman, M.D., F.A.C.C.
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Sincerely,

Ned D. Freeman, M.D., F.A.C.C.

000241

PMC.2013.00005618

PET-EX055.0243

RECORD 005990

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harles D. Ross, M.D., F.A.C.C.
Morris E. Williams, Jr., M.D., F.A.C.C.
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Sincerely,

A. Thomas Siachos, M.D., F.A.C.C.

000242

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Morris E. Williams, Jr. M.D., F.A.C.C.
Lawrence W. Freeman, M.D., F.A.C.C.
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Sincerely,

D. Head

Douglas S. Head, M.D., F.A.C.C.

000243

PMC.2013.00005620

PET-EX055.0245

RECORD 005992

William P. Algary, M.D., F.A.C.C., Retired
Charles D. Ross, M.D., F.A.C.C.
Morris E. Williams, Jr., M.D., F.A.C.C.
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Barbara A. Moran-Faile, M.D., F.A.C.C.

000244

PMC.2013.00005621

PET-EX055.0246

RECORD 005993

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Charles D. Ross, M.D., F.A.C.C.
Morris E. Williams, Jr., M.D., F.A.C.C.
Lawrence W. Freeman, M.D., F.A.C.C.
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In my area of surgery, phenomenal innovations are rapidly redefining conventionally-held expectations; we see continuing advancements in interventional and minimally invasive procedures. The future of this specialty promises an even greater demand for outpatient and short-stay services. I'm pleased to say that St. Francis is an active partner in making those visions a reality for our patients.

My colleagues and I also anticipate that an investment in healthcare at this level will attract many top-level medical professionals and nurture a unique environment of healthcare innovation.

The hospital campus itself is being planned as a model of "healing environment" incorporating extensive use of natural light, "green" fences / sound barriers --all based on environmentally-responsible principles of LEED® design.

I fully endorse the St. Francis Millennium project and ask that you and the DHEC Board give full consideration to the positive impact this project brings to our community.

Sincerely,

Michael W. Payne, M.D., F.A.C.C.

000245

PMC.2013.00005622

PET-EX055.0247

RECORD 005994

William F. Algary, M.D., F.A.C.C., Retired
Charles D. Ross, M.D., F.A.C.C.
Morris F. Williams, Jr., M.D., F.A.C.C.
Lawrence W. Freeman, M.D., F.A.C.C.
Michael W. Payne, M.D., F.A.C.C.
Gregory W. San, M.D., F.A.C.C.
Douglas S. Head, M.D., F.A.C.C.
Brad M. Simpson, M.D., F.A.C.C.
Ned D. Freeman, M.D., F.A.C.C.
John E. Cehe, M.D., F.A.C.C.

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Barbara A. Morán-Faile, M.D., F.A.C.C.
A. Thomas Siachos, M.D., F.A.C.C.
Christopher H. Smith, M.D., F.A.C.C.
Mark A. Grabarczyk, M.D.
Kathryn M. McFadden, PA-C
Jennifer Ryals, FNP/BC
Amy M. York, PA-C
Michael D. Cade, RN, MSN, FNP-C
Ronald E. Eskew, Administrator

www.upstatecardiology.com

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727 SE Main Street, Suite 360 • Simpsonville, SC 29681
(864) 235-7665 • Fax 235-5876

702 North A Street • Easley, SC 29640
Phone 864-859-9855 • Fax 859-9807

Wednesday, June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am writing to express my support of Bon Secours St. Francis Health System's proposal of a new hospital on Innovation Drive in Greenville, to be known as ST. FRANCIS Millennium.

As a cardiovascular specialist who has been in practice in the Greenville area, I am very aware of demands on current capabilities – in my specialty and also throughout the continuum of healthcare in our area. I strongly applaud St. Francis for moving forward with the critical planning to help secure needed healthcare resources now and into our community's future.

The proposed new St. Francis facility would bring a number of significant benefits.

In my area of surgery, phenomenal innovations are rapidly redefining conventionally-held expectations; we see continuing advancements in interventional and minimally invasive procedures. The future of this specialty promises an even greater
demand for outpatient and short-stay services. I'm pleased to say that St. Francis is an active partner in making those visions a reality for our patients.

My colleagues and I also anticipate that an investment in healthcare at this level will attract many top-level medical professionals and nurture a unique environment of healthcare innovation.

The hospital campus itself is being planned as a model of "healing environment" incorporating extensive use of natural light, "green" fences / sound barriers --all based on environmentally-responsible principles of LEED® design.

I fully endorse the St. Francis Millennium project and ask that you and the DHEC Board give full consideration to the positive impact this project brings to our community.

Sincerely,

Brad M. Simpson

Brad M. Simpson, M.D.,F.A.C.C.

000246

PMC.2013.00005623

PET-EX055.0248

RECORD 005995

piedmont orthopaedic associates

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Appointments
864-234-9994

Sports Medicine and Arthroscopy
Thomas E. Baumgarten, MD
John H. Taylor, III, MD
John R. Rowell, Jr., MD
John R. Vann, MD

Shoulder, Elbow, and Hand Surgery
W. Arnold Batson, Jr., MD
W. Clark Jernigan, MD

Hip and Knee Replacement Surgery
James E. Jennings, Jr., MD
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Stephen R. Ridgeway, MD

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Spine Surgery
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Physician Assistants
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Michael Lashley, PA-C

Physical Therapists
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Gary S. Schmidt, PT
Ashley R. Snead, PT, ATC
Michele Durham, OT

Administrator
J. Bland Burkhardt, Jr.

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June 4, 2008

Ms. Beverly Patterson
Department of Health and Environmental Control
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:
My name is Dr. Clark Jernigan. I am an orthopaedic surgeon with Piedmont Orthopaedic Associates who has practiced in Greenville since 1986. I have been on the staff at Bon Secours St. Francis Health System since 1986.

During that time, it has been a privilege to work closely with the St. Francis clinical and health system leadership teams. Especially over the past several years, this health system has gained my respect as it continues to make tremendous leaps forward in championing clinical care excellence, providing the most advanced technology, and initiating innovative programs that are based not only from the best medical practices, but also in meeting patient needs.

I enjoy being a part of a healthcare team committed to the highest quality care of patients and residents of our community. I look forward to the opportunity to participate in the expansion of this philosophy of excellence in care delivery through a new facility in Greenville, the proposed St. Francis Millennium.

This hospital will have the latest in medical technology, diagnosis and treatment options available. Its purpose will be to provide area residents with state-of-the-art medical care, offer opportunities for research and allow collaboration with area and national leaders in other health and biotech fields located at or near the Millennium technology development.

Please feel free to contact me if you have any questions.

I thank you and the DHEC support staff for your careful consideration of this project.

Sincerely,

W. Clark Jernigan, M.D.

000247

PMC.2013.00005624

PET-EX055.0249

RECORD 005996



piedmont orthopaedic [illegible]

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June 4, 2008

Ms. Beverly Patterson
Department of Health and Environmental Control
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:
My name is Dr. John Vann. I am an orthopaedic surgeon with Piedmont Orthopedic Associates. I have practiced in Greenville since 1987 and have also been on the medical staff of Bon Secours St. Francis Health System since that time.

During that time, it has been a privilege to work closely with the St. Francis clinical and health system leadership teams. Especially over the past several years, this health system has gained my respect as it continues to make tremendous leaps forward in championing clinical care excellence, providing the most advanced technology, and initiating innovative programs that are based not only from best medical practices but also in meeting patient needs.

As a member of the hospital medical staff, I am committed to giving the highest quality of care to my patients and the residents in our community. We now have an opportunity to expand this philosophy of excellence in care delivery through a new facility in Greenville, the proposed St. Francis Millennium.

This hospital will have the latest in medical technology, diagnosis and treatment options available. Its purpose will be to provide area residents with state-of-the-art medical care, offer opportunities for research and allow collaboration with area and national leaders in other health and biotech fields located in or near the Millennium technology development.

Please feel free to contact me if you have any questions.

Let me thank you and others at DHEC for the time and careful consideration of this project.

Sincerely,

John R. Vann, MD

000248

PMC.2013.00005625

PET-EX055.0250

piedmont orthopaedic associates

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Sports Medicine and Arthroscopy
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John H. Paylor, II, MD
John R. Rowell, Jr., MD
John R Venn, MD

Shoulder, Elbow and Hand Surgery
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W. Clark Jernigan, MD

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June 2, 2008

Ms. Beverly Patterson
Department of Health and Environmental Control
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:
As the practice administrator of Piedmont Orthopaedic Associates in Greenville South Carolina, I want you to know of my support for the proposed St. Francis Millennium hospital. I will take a moment to list several of the reasons for this support:

1. St. Francis has served Greenville and the surrounding community with quality, compassionate care for many years.
2. I believe that the area needs more inpatient capacity due to its rapid growth.
3. A community the size of Greenville needs several strong hospital providers for a healthy, vibrant, medical community.
4. The location of the proposed hospital will be convenient to a large and growing area of Greenville.
5. The millennium area promises to be an incubator for futuristic research, innovation, and implementation of goods and services to enhance this area for future generations. What better contributor than a healthcare institution interested in the total community and its health.

Should you have questions regarding anything in this communication please contact me at your convenience.

Sincerely,

J. Bland Burkhardt Jr.

J. Bland Burkhardt Jr.

000249

PMC.2013.00005626

PET-EX055.0251

RECORD 005998



piedmont orthopaedic associates

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June 2, 2008

Ms. Beverly Patterson
Department of Health and Environmental Control
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:
My name is Dr. Arnold Batson, an orthopaedic surgeon with Piedmont Orthopedic Associates. I have practiced in Greenville since April of 1983 and have been on the medical staff of Bon Secours St. Francis Health System and Greenville Hospital System since that time.

During this time, it has been a privilege to work closely with the St. Francis clinical and health system leadership teams. Especially over the past several years, this health system has gained my respect as it continues to make tremendous leaps forward in championing clinical care excellence, providing the most advanced technology, and initiating innovative programs that are based not only from best medical practices but also in meeting patient needs.

As a member of the hospital medical staff, I am committed to giving the highest quality of care to my patients and the residents in our community. We now have an opportunity to expand this philosophy of excellence in care delivery through a new facility in Greenville, the proposed St. Francis Millennium hospital.

This hospital will have the latest in medical technology, diagnosis and treatment options available. Its purpose will be to provide area residents with state-of-the-art medical care as well as offer opportunities for research and collaboration with area and national health and biotech industries located in or near the Millennium technology development.

Please feel free to contact me if you have any questions.

Let me thank you and others at DHEC for the time and careful consideration of this project.

Sincerely,

W. Arnold Batson, Jr., MD

000250

PMC.2013.00005627

PET-EX055.0252

piedmont orthopaedic associates

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June 2, 2008

Ms. Beverly Patterson
Department of Health and Environmental Control
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:
My name is Dr. Tom Baumgarten. I am an orthopaedic surgeon with Piedmont Orthopedic Associates. I have practiced in Greenville since 1996 and have also been on the medical staff of Bon Secours St. Francis Health System since that time.

During this time, it has been a privilege to work closely with the St. Francis clinical and health system leadership teams. Especially over the past several years, this health system has gained my respect as it continues to make tremendous leaps forward in championing clinical care excellence, providing the most advanced technology, and initiating innovative programs that are based not only from best medical practices but also in meeting patient needs.

As a member of the hospital medical staff, I am committed to giving the highest quality of care to my patients and the residents in our community. We now have an opportunity to expand this philosophy of excellence in care delivery through a new facility in Greenville, the proposed St. Francis Millennium.

This hospital will have the latest in medical technology, diagnosis and treatment options available. Its purpose will be to provide area residents with state-of-the-art medical care, offer opportunities for research and allow collaboration with area and national leaders in other health and biotech fields located in or near the Millennium technology development.

Please feel free to contact me if you have any questions.

Let me thank you and others at DHEC for the time and careful consideration of this project.

Sincerely,

Thomas E. Baumgarten, MD

000251

PMC.2013.00005628

PET-EX055.0253

piedmont orthopaedic associates

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Thomas E. Baumgarten, MD
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June 2, 2008

Ms. Beverly Patterson
Department of Health and Environmental Control
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:
My name is Dr. Breeden Hollis. I am a pain management specialist. I have practiced in Greenville since 1994 and have also been on the medical staff of Bon Secours St. Francis Health System since that time.

During that time, it has been a privilege to work closely with the St. Francis clinical and health system leadership teams. Especially over the past several years, this health system has gained my respect as it continues to make tremendous leaps forward in championing clinical care excellence, providing the most advanced technology, and initiating innovative programs that are based not only from best medical practices but also in meeting patient needs.

As a member of the hospital medical staff, I am committed to giving the highest quality of care to my patients and the residents in our community. We now have an opportunity to expand this philosophy of excellence in care delivery through a new facility in Greenville, the proposed St. Francis Millennium.

This hospital will have the latest in medical technology, diagnosis and treatment options available. Its purpose will be to provide area residents with state-of-the-art medical care, offer opportunities for research and allow collaboration with area and national leaders in other health and biotech fields located in or near the Millennium technology development.

Please feel free to contact me if you have any questions.

Let me thank you and others at DHEC for the time and careful consideration of this project.

Sincerely,

L. Breeden Hollis, Jr., MD

000252

PMC.2013.00005629

PET-EX055.0254

piedmont orthopaedic associates

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Appointments
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Sports Medicine
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Michele Durham, OT

Administrator
J. Bland Burkhardt, Jr.

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June 4, 2008

Ms. Beverly Patterson
Department of Health and Environmental Control
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:
My name is Dr. James Jennings. I am an orthopaedic surgeon with Piedmont Orthopedic Associates. I have practiced in Greenville since 1988 and have also been on the medical staff of Bon Secours St. Francis Health System since that time.

During this time, it has been a privilege to work closely with the St. Francis clinical and health system leadership teams. Especially over the past several years, this health system has gained my respect as it continues to make tremendous leaps forward in championing clinical care excellence, providing the most advanced technology, and initiating innovative programs that are based not only from best medical practices but also in meeting patient needs.

As a member of the hospital medical staff, I am committed to giving the highest quality of care to my patients and the residents in our community. We now have an opportunity to expand this philosophy of excellence in care delivery through a new facility in Greenville, the proposed St. Francis Millennium.

This hospital will have the latest in medical technology, diagnosis and treatment options available. Its purpose will be to provide area residents with state-of-the-art medical care, offer opportunities for research and allow collaboration with area and national leaders in other health and biotech fields located in or near the Millennium technology development.

Please feel free to contact me if you have any questions.

Let me thank you and others at DHEC for the time and careful consideration of this project.

Sincerely,

James E. Jennings, Jr., MD

000253

PMC.2013.00005630

PET-EX055.0255

piedmont orthopaedic associates

Main Office
35 International Drive
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J. Bland Burkhardt, Jr.

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June 2, 2008

Ms. Beverly Patterson
Department of Health and Environmental Control
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:
My name is Dr. Christopher Kavolus. I am a joint replacement specialist with Piedmont Orthopedic Associates. I have practiced in Greenville since 1990 and have also been on the medical staff of Bon Secours St. Francis Health System since that time.

It has been a privilege to work closely with St. Francis as their orthopaedic director alongside clinical and health system leadership teams. Over the past several years, this health system has gained my respect as it continues to make tremendous leaps forward in championing clinical care excellence. It provides the most advanced technology, while exceeding patient needs.

As a member of the hospital medical staff, I am committed to giving the highest quality of care to my patients and the residents our community. We now have an opportunity to expand this philosophy of excellence in care delivery through a new facility in Greenville, the proposed St. Francis Millennium hospital campus.

This hospital will have the latest in medical technology, diagnosis and treatment options available. Its purpose will be to provide area residents with state-of-the-art medical care as well as offer opportunities for research and collaboration with area and national leaders. We already perform the most joint replacements in the state at St. Francis but as you know Greenville is growing dramatically and is expected to continue to do so. The community will require this facility to accommodate its needs just by reviewing our demographics needs.

Please feel free to contact me if you have any questions.

Let me thank you and others at DHEC for the time and careful consideration of this project.

Sincerely,
C N Kavolus MD
Christopher Kavolus, MD

000254

PMC.2013.00005631

PET-EX055.0256

piedmont orthopaedic associates

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Michele Durham, OT

Administrator
J. Bland Burkhardt, Jr.

www.getmovinwithpoa.com

June 2, 2008

Ms. Beverly Patterson
Department of Health and Environmental Control
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:
My name is Dr. Emmett Lucas. I am an orthopaedic surgeon with Piedmont Orthopedic Associates. I have practiced in Greenville since 1995 and have also been on the medical staff of Bon Secours St. Francis Health System since that time.

During that time, it has been a privilege to work closely with the St. Francis clinical and health system leadership teams. Especially over the past several years, this health system has gained my respect as it continues to make tremendous leaps forward in championing clinical care excellence, providing the most advanced technology, and initiating innovative programs that are based not only from best medical practices but also in meeting patient needs.

As a member of the hospital medical staff, I am committed to giving the highest quality of care to my patients and the residents in our community. We now have an opportunity to expand this philosophy of excellence in care delivery through a new facility in Greenville, the proposed St. Francis Millennium.

This hospital will have the latest in medical technology, diagnosis and treatment options available. Its purpose will be to provide area residents with state-of-the-art medical care, offer opportunities for research and allow collaboration with area and national leaders in other health and biotech fields located in or near the Millennium technology development.

Please feel free to contact me if you have any questions.

Let me thank you and others at DHEC for the time and careful consideration of this project.

Sincerely,

S. Emmett Lucas MD

S. Emmett Lucas, III, MD

000255

PMC.2013.00005632

PET-EX055.0257

RECORD 006004

piedmont orthopedic associates

Main Office
35 International Drive
Greenville, SC 29615
P: 864-234-7654
F: 864-675-1657

Grove Office
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P: 864-234-7654
F: 864-675-1657

Appointments
864-234-9994

Sports Medicine and Arthroscopy
Thomas E. Baumgarten, MD
John H. Taylor, III, MD
John R. Rowell, Jr., MD
John R. Vann, MD

Shoulder, Elbow, and Hand Surgery
W. Arnold Batson, Jr., MD
W. Clark Jernigan, MD

Hip and Knee Replacement Surgery
James E. Jennings, Jr., MD
Christopher H. Kavolus, MD
Stephen R. Ridgeway, MD

Foot and Ankle Surgery
Michael E. Tollison, MD

Neuromuscular and Spine Management
L. Breeden Hollis, Jr., MD
Jennifer P. Martin, MD

Spine Surgery
S. Emmett Lucas, II, MD
Christopher D. Van Pelt, MD

Physician Assistants
Amy S. Hunt, PA-C
Michael Lashley, PA-C

Physical Therapists
Donna McGarity, PT
Amy Gibbs, PT
Gary S. Schmidt, PT
Ashley R. Sneed, PT, ATC
Michele Durham, OT

Administrator
J. Bland Burkhardt, Jr.

www.getmovinwithpoa.com

June 2, 2008

Ms. Beverly Patterson
Department of Health and Environmental Control
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:
My name is Dr. Jennifer Martin and I am a pain management specialist with Piedmont Orthopedic Associates. I have practiced in Greenville since August 2006 and have also been on the medical staff of Bon Secours St. Francis Health System since August 2006.

During this time, it has been a privilege to work closely with the St. Francis clinical and health system leadership teams. Especially over the past several years, this health system has gained my respect as it continues to make tremendous leaps forward in championing clinical care excellence, providing the most advanced technology, and initiating innovative programs that are based not only from best medical practices but also in meeting patient needs.

As a member of the hospital medical staff, I am committed to giving the highest quality of care to my patients and the residents our community. We now have an opportunity to expand this philosophy of excellence in care delivery through a new facility in Greenville, the proposed St. Francis Millennium.

This hospital will have the latest in medical technology, diagnosis and treatment options available. Its purpose will be to provide area residents with state-of-the-art medical care, offer opportunities for research and allow collaboration with area and national leaders in other health and biotech fields located in or near the Millennium technology development.

Please feel free to contact me if you have any questions.

Let me thank you and others at DHEC for the time and careful consideration of this project.

Sincerely,

Jennifer P. Martin, MD

000256

PMC.2013.00005633

PET-EX055.0258

piedmont orthopaedic associates

Main Office
35 International Drive
Greenville, SC 29615
P: 864-234-7654
F: 864-675-1657

Grove Office
1050 Grove Road
Greenville, SC 29605
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Appointments
864-234-9994

Sports Medicine
and Arthroscopy
Thomas E. Baumgarten, MD
John H. Paylor, III, MD
John R. Rowell, Jr. MD
John R. Vann, MD

Shoulder, Elbow,
and Hand Surgery
W. Arnold Batson, Jr. MD
W. Clark Jernigan, MD

Hip and Knee
Replacement Surgery
James E. Jennings, Jr. MD
Christopher H. Kavotus, MD
Stephen R. Ridgeway, MD

Foot and Ankle Surgery
Michael E. Tollison, MD

Neuromuscular and
Spine Management
L. Breeden Hollis, Jr. MD
Jennifer P. Martin, MD

Spine Surgery
S. Emmett Lucas, III, MD
Christopher D. Van Pelt, MD

Physician Assistants
Amy S. Hunt, PA-C
Michael Lashley, PA-C

Physical Therapists
Donna McGarity, PT
Amy Gibbs, PT
Gary S. Schmidt, PT
Ashley R. Sneed, PT, ATC
Michele Durham, OT

Administrator
J. Bland Burkhardt, Jr.

www.getmovinwithpoa.com

June 2, 2008

Ms. Beverly Patterson
Department of Health and Environmental Control
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:
My name is Dr. John Paylor. I am an orthopaedic surgeon with Piedmont Orthopedic Associates. I have practiced in Greenville since 1982 and have also been on the medical staff of Bon Secours St. Francis Health System since that time.

During that time, it has been a privilege to work closely with the St. Francis clinical and health system leadership teams. Especially over the past several years, this health system has gained my respect as it continues to make tremendous leaps forward in championing clinical care excellence, providing the most advanced technology, and initiating innovative programs that are based not only from best medical practices but also in meeting patient needs.

As a member of the hospital medical staff, I am committed to giving the highest quality of care to my patients and the residents of our community. We now have an opportunity to expand this philosophy of excellence in care delivery through a new facility in Greenville, the proposed St. Francis Millennium.

This hospital will have the latest in medical technology, diagnosis and treatment options available. Its purpose will be to provide area residents with state-of-the-art medical care, offer opportunities for research and allow collaboration with area and national leaders in other health and biotech fields located in or near the Millennium technology development.

Please feel free to contact me if you have any questions.

Let me thank you and others at DHEC for the time and careful consideration of this project.

Sincerely,

John H. Paylor, III, MD

000257

PMC.2013.00005634

PET-EX055.0259

RECORD 006006



piedmont orthopaedic associates

Main Office
35 International Drive
Greenville, SC 29615
P: 864-234-7654
F: 864-675-1657

Grove Office
1050 Grove Road
Greenville, SC 29605
P: 864-234-7654
F: 864-675-1657

Appointments
864-234-9994

Sports Medicine
and Arthroscopy
Thomas E. Baumgarten, MD
John H. Taylor, III, MD
John R. Rowell, Jr., MD
John R. Vann, MD

Shoulder, Elbow,
and Hand Surgery
W. Arnold Batson, Jr., MD
W. Clark Jernigan, MD

Hip and Knee
Replacement Surgery
James E. Jennings, Jr., MD
Christopher H. Kavolus, MD
Stephen R. Ridgeway, MD

Foot and Ankle Surgery
Michael E. Tollison, MD

Neuromuscular and
Spine Management
L. Breedon Hollis, Jr., MD
Jennifer P. Martin, MD

Spine Surgery
S. Emmett Lucas, III, MD
Christopher D. Van Pelt, MD

Physician Assistants
Amy S. Hunt, PA-C
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Physical Therapists
Donna McGarity, PT
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Ashley R. Sneed, PT, ATC
Michele Durham, OT

Administrator
J. Bland Burkhardt, Jr.

www.getmovinwithpoa.com

May 31, 2008

Ms. Beverly Patterson
Department of Health and Environmental Control
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:
I am an orthopaedic surgeon specializing in joint replacement surgery with Piedmont Orthopedic Associates. I have practiced in Greenville and have been on the medical staff of Bon Secours St. Francis Health System since 2002.

During that time, it has been a privilege to work closely with the St. Francis clinical and health system leadership teams. Especially over the past several years, this health system has gained my respect as it continues to make tremendous leaps forward in championing clinical care excellence, providing the most advanced technology, and initiating innovative programs that are based from not only from best medical practices but also in meeting patient needs.

For instance, consider the Joint Camp Program for knee and hip replacement surgery. Over its 5 years of existence it has grown to serve over 1500 patients yearly with efficient, quality patient care, and consistently excellent Health Grades ratings.

As a member of the hospital medical staff, I am committed to giving the highest quality of care to my patients and the residents our community. We now have an opportunity to expand this philosophy of excellence in care delivery through a new facility in Greenville, the proposed St. Francis Millennium.

This hospital will have the latest in medical technology, diagnosis and treatment options available. Its purpose will be to provide area residents with state-of-the-art medical care, offer opportunities for research and allow collaboration with area and national leaders in other health and biotech fields located in or near the Millennium technology development.

Please feel free to contact me if you have any questions.

Let me thank you and others at DHEC for the time and careful consideration of this project.

Sincerely,

Stephen Ridgeway

Stephen Ridgeway, MD

000258

PMC.2013.00005635

PET-EX055.0260

piedmont orthopaedic associates

Main Office
35 International Drive
Greenville, SC 29615
P: 864-234-7654
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Grove Office
1050 Grove Road
Greenville, SC 29605
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F: 864-675-1657

Appointments
864-234-9994

Sports Medicine
and Arthroscopy
Thomas E. Baumgarten, MD
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John R. Rowell, Jr. MD
John R. Vann, MD

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W. Clark Jernigan, MD

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Stephen R. Ridgeway, MD

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Michael E. Tollison, MD

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Jennifer P. Martin, MD

Spine Surgery
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Christopher D Van Pelt, MD

Physician Assistants
Amy S. Hunt, PA-C
Michael Lashley, PA-C

Physical Therapists
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Amy Gibbs, PT
Gary S. Schmidt, PT
Ashley R. Sneed, PT, ATC
Michele Durham, OT

Administrator
J. Bland Burkhardt, Jr.

www.getmovinwithpoa.com

June 2, 2008

Ms. Beverly Patterson
Department of Health and Environmental Control
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:
I am Dr. John Rowell, an orthopaedic surgeon with Piedmont Orthopedic Associates. I have practiced in Greenville since 1974 and have also been on the medical staff of Bon Secours St. Francis Health System since that time.

As a member of the hospital medical staff, I am committed to giving the highest quality care to my patients and the residents our community. We now have an opportunity to expand this philosophy of excellence in care delivery through a new facility in Greenville, the proposed St. Francis Millennium. I am writing in support of this new facility.

Please feel free to contact me if you have any questions.

Let me thank you and others at DHEC for the time and careful consideration of this project.

Sincerely,

John R. Rowell, Jr., MD

000259

PMC.2013.00005636

PET-EX055.0261

RECORD 006008



piedmont orthopaedic associates

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Appointments
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Sports Medicine
and Arthroscopy
Thomas E. Baumgarten, MD
John H. Taylor, III, MD
John R. Rowell, Jr., MD
John R. Vann, MD

Shoulder, Elbow,
and Hand Surgery
W. Arnold Batson, Jr., MD
W. Clark Jernigan, MD

Hip and Knee
Replacement Surgery
James E. Jennings, Jr., MD
Christopher H. Kavolus, MD
Stephen R. Ridgeway, MD

Foot and Ankle Surgery
Michael E. Tollison, MD

Neuromuscular and
Spine Management
L. Breeden Hollis, Jr., MD
Jennifer P. Martin, MD

Spine Surgery
S. Emmett Lucas, III, MD
Christopher D. Van Pelt, MD

Physician Assistants
Amy S. Hunt, PA-C
Michael Lashley, PA-C

Physical Therapists
Donna McGarity, PT
Amy Gibbs, PT
Gary S. Schmidt, PT
Ashley R. Sneed, PT, ATC
Michele Durham, OT

Administrator
J. Bland Burkhardt, Jr.

www.getmovinwithpoa.com

May 30, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:
My name is Dr. Michael Tollison. I am a foot and ankle orthopaedic surgeon with Piedmont Orthopedic Associates. I have practiced in Greenville since 1993 and have also been on the medical staff of Bon Secours St. Francis Health System since 1993.

During that time, it has been a privilege to work closely with the St. Francis clinical and health system leadership teams. Especially over the past several years, this health system has gained my respect as it continues to make tremendous progress in providing excellent clinical care, utilizing advanced technology and initiating innovative programs for medical practices so that we can best meet our patient's needs.

As a member of the hospital medical staff, I am committed to trying to give the highest quality of care to my patients and the residents of our community. We now have an opportunity to expand this philosophy of excellence in care delivery through a new facility in Greenville, the proposed St. Francis Millennium.

As proposed, this hospital should have the latest in medical technology, diagnosis and treatment options available. Its stated purpose is to provide area residents with state-of-the-art medical care and offer opportunities for research. Its location should allow collaboration with neighboring biotechnical facilities located in or near the Millennium campus.

Please feel free to contact me if you have any questions.

Let me thank you and others at DHEC for the time and careful consideration of this project.

Sincerely,

Michael E. Tollison, MD

000260

piedmont orthopaedic associates

Main Office
35 International Drive
Greenville, SC 29615
P: 864-234-7654
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Appointments
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Sports Medicine
and Arthroscopy
Thomas E. Baumgarten, MD
John H. Paylor, III, MD
John R. Rowell, Jr. MD
John R. Vann, MD

Shoulder, Elbow,
and Hand Surgery
W. Arnold Betson, Jr. MD
W. Clark Jernigan, MD

Hip and Knee
Replacement Surgery
James E. Jennings, Jr. MD
Christopher H. Kavolus, MD
Stephen R. Ridgeway, MD

Foot and Ankle Surgery
Michael E. Tollison, MD

Neuromuscular and
Spine Management
L. Breeden Hollis, Jr. MD
Jennifer P. Martin, MD

Spine Surgery
S. Emmett Lucas, III, MD
Christopher D. Van Pelt, MD

Physician Assistants
Amy S. Hunt, PA-C
Michael Lashley, PA-C

Physical Therapists
Donna McGarity, PT
Amy Gibbs PT
Gary S. Schmidt, PT
Ashley R. Sneed, PT, ATC
Michele Durham, OT

Administrator
J. Bland Burkhardt, Jr.

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June 2, 2008

Ms. Beverly Patterson
Department of Health and Environmental Control
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:
My name is Dr. Chris Van Pelt. I am an orthopaedic surgeon with Piedmont Orthopedic Associates. I have practiced in Greenville since 2006 and have also been on the medical staff of Bon Secours St. Francis Health System since that time.

During that time, it has been a privilege to work closely with the St. Francis clinical and health system leadership teams. Especially over the past several years, this health system has gained my respect as it continues to make tremendous leaps forward in championing clinical care excellence, providing the most advanced technology, and initiating innovative programs that are based not only from best medical practices but also in meeting patient needs.

As a member of the hospital medical staff, I am committed to giving the highest quality of care to my patients and the residents in our community. We now have an opportunity to expand this philosophy of excellence in care delivery through a new facility in Greenville, the proposed St. Francis Millennium.

This hospital will have the latest in medical technology, diagnosis and treatment options available. Its purpose will be to provide area residents with state-of-the-art medical care, offer opportunities for research and allow collaboration with area and national leaders in other health and biotech fields located in or near the Millennium technology development.

Please feel free to contact me if you have any questions.

Let me thank you and others at DHEC for the time and careful consideration of this project.

Sincerely,

Christopher D. Van Pelt, MD

Christopher D. Van Pelt, MD

000261

PMC.2013.00005638

PET-EX055.0263

RECORD 006010

ASSOCIATES IN GENERAL SURGERY, P.A.

K. Benjamin H. Risinger, MD
Tommy L. Bridges, MD

317 Saint Francis Drive • Suite 360
Greenville, South Carolina 29601
FAX: (864) 370-2740
Voice: (864) 232-8118

June 10, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

My name is Killian B. Risinger. I am a surgeon with Associates in General Surgery. I have practiced in Greenville since 1978 and have also been on the medical staff of Bon Secours St. Francis Health System since that time.

During that time, it has been a privilege to work closely with the St. Francis clinical and health system leadership teams. Especially over the past several years, this health system has gained my respect as it continues to make tremendous leaps forward in championing clinical care excellence, providing the most advanced technology, and initiating innovative programs that are based not only from best medical practices but also in meeting patient needs.

As a member of the hospital medical staff, I am committed to giving the highest quality of care to my patients and the residents our community. We now have an opportunity to expand this philosophy of excellence in care delivery through a new facility in Greenville, at the proposed ST. FRANCIS Millennium campus.

This hospital will have the latest in medical technology, diagnostic and treatment options available. Its purpose will be to provide area residents with state-of-the-art medical care, offer opportunities for research and collaboration with area and national leaders located in or near the Millennium technology development center.

Please feel free to contact me if you have any questions.

Let me thank you and others at DHEC for the time and careful consideration of this project.

Sincerely,

Killian B Risinger, M.D.

Killian B. Risinger, MD

000262

PMC.2013.00005639

PET-EX055.0264

BON SECOURS
ST. FRANCIS HEALTH SYSTEM

June 10, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am a physician currently serving with Team Health as a Hospitalist for Bon Secours St. Francis Health System.

During the time that I have been serving in this position, it has been a privilege to work closely with the St. Francis clinical and health system leadership teams. Especially over the past several years, this health system has gained my respect as it continues to make tremendous leaps forward in championing clinical care excellence, providing the most advanced technology, and initiating innovative programs that are based from not only from best medical practices but also in meeting patient needs.

Also in my role with the hospital medical staff, I am committed to giving the highest quality of care to my patients and the residents our community. We now have an opportunity to expand this philosophy of excellence in care delivery through a new facility in Greenville, the proposed ST. FRANCIS millennium.

This hospital will have the latest in medical technology, diagnosis and treatment options available. Its purpose will be to provide area residents with state-of-the-art medical care offer opportunities for research and collaboration with area and national leaders of other health and biotech located in or near the Millennium technology development.

Please feel free to contact me if you have any questions.

Let me thank you and others at South Carolina DHEC for the time and careful consideration of this project.

Sincerely,

Rafael Lagleva, MD

000263

PMC.2013.00005640

PET-EX055.0265

RECORD 006012

BON SECOURS
ST. FRANCIS HEALTH SYSTEM

June 11, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am a physician currently serving with Team Health as a Hospitalist for Bon Secours St. Francis Health System.

During the time that I have been serving in this position, it has been a privilege to work closely with the St. Francis clinical and health system leadership teams. Especially over the past several years, this health system has gained my respect as it continues to make tremendous leaps forward in championing clinical care excellence, providing the most advanced technology, and initiating innovative programs that are based from not only best medical practices but also in meeting patient needs.

Also in my role with the hospital medical staff, I am committed to giving the highest quality of care to my patients and the residents our community. We now have an opportunity to expand this philosophy of excellence in care delivery through a new facility in Greenville, the proposed ST. FRANCIS millennium.

This hospital will have the latest in medical technology, diagnosis and treatment options available. Its purpose will be to provide area residents with state-of-the-art medical care offer opportunities for research and collaboration with area and national leaders of other health and biotech located in or near the Millennium technology development.

Please feel free to contact me if you have any questions.

Let me thank you and others at South Carolina DHEC for the time and careful consideration of this project.

Sincerely,

Thanh Tran, MD

000264

BON SECOURS
ST. FRANCIS HEALTH SYSTEM

June 10, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am a physician currently serving with Team Health as a Hospitalist for Bon Secours St. Francis Health System.

During the time that I have been serving in this position, it has been a privilege to work closely with the St. Francis clinical and health system leadership teams. Especially over the past several years, this health system has gained my respect as it continues to make tremendous leaps forward in championing clinical care excellence, providing the most advanced technology, and initiating innovative programs that are based from not only from best medical practices but also in meeting patient needs.

Also in my role with the hospital medical staff, I am committed to giving the highest quality of care to my patients and the residents our community. We now have an opportunity to expand this philosophy of excellence in care delivery through a new facility in Greenville, the proposed ST. FRANCIS millennium.

This hospital will have the latest in medical technology, diagnosis and treatment options available. Its purpose will be to provide area residents with state-of-the-art medical care offer opportunities for research and collaboration with area and national leaders of other health and biotech located in or near the Millennium technology development.

Please feel free to contact me if you have any questions.

Let me thank you and others at South Carolina DHEC for the time and careful consideration of this project.

Sincerely,

D. Tran, MD

000265

BON SECOURS
ST. FRANCIS HEALTH SYSTEM

June 10, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am a physician currently serving with Team Health as a Hospitalist for Bon Secours St. Francis Health System.

During the time that I have been serving in this position, it has been a privilege to work closely with the St. Francis clinical and health system leadership teams. Especially over the past several years, this health system has gained my respect as it continues to make tremendous leaps forward in championing clinical care excellence, providing the most advanced technology, and initiating innovative programs that are based from not only from best medical practices but also in meeting patient needs.

Also in my role with the hospital medical staff, I am committed to giving the highest quality of care to my patients and the residents our community. We now have an opportunity to expand this philosophy of excellence in care delivery through a new facility in Greenville, the proposed ST. FRANCIS millennium.

This hospital will have the latest in medical technology, diagnosis and treatment options available. Its purpose will be to provide area residents with state-of-the-art medical care offer opportunities for research and collaboration with area and national leaders of other health and biotech located in or near the Millennium technology development.

Please feel free to contact me if you have any questions.

Let me thank you and others at South Carolina DHEC for the time and careful consideration of this project.

Sincerely,

Scott Perlman, MD

000256

PMC.2013.00005643

PET-EX055.0268

RECORD 006015

TEAMHealth
MIDSOUTH

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am an Emergency Medicine physician on the medical staff and in practice with Bon Secours St. Francis Health System.

During the time that I have been on the St. Francis medical staff, it has been a privilege to work closely with many of the St. Francis clinical and health system leadership teams. The St. Francis Health System continues to gain my respect as it takes tremendous leaps forward in championing clinical care excellence, providing the most advanced technology, and initiating innovative programs that are based from not only from best medical practices but also in being responsive to and meeting patient needs.

Also in my role with the hospital medical staff, I am committed to giving the highest quality of care to my patients and the residents our community. We now have an opportunity to expand this philosophy of excellence in care delivery through a new facility in Greenville, the proposed ST. FRANCIS Millennium.

The Millennium health campus will bring the latest in medical technology, diagnosis and treatment options available. Its purpose will be to provide area residents with state-of-the-art medical care plus offer special opportunities for research and collaboration with area and national leaders of other health and biotech located in or near the Millennium technology development.

A healthcare facility of this caliber will undoubtedly attract the very best of medical professionals at every level of healthcare. My colleagues in Emergency Medicine are excited by the possibilities that this facility offers.

For all these reasons, I offer my full and strong endorsement of this project.

Let me thank you and others at South Carolina DHEC for the time and careful consideration of this project.

Sincerely,

Bradley Howard, MD

000267

PMC.2013.00005644

PET-EX055.0269

RECORD 006016

TEAMHealth
MIDSOUTH

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am an Emergency Medicine physician on the medical staff and in practice with Bon Secours St. Francis Health System.

During the time that I have been on the St. Francis medical staff, it has been a privilege to work closely with many of the St. Francis clinical and health system leadership teams. The St. Francis Health System continues to gain my respect as it takes tremendous leaps forward in championing clinical care excellence, providing the most advanced technology, and initiating innovative programs that are based from not only from best medical practices but also in being responsive to and meeting patient needs.

Also in my role with the hospital medical staff, I am committed to giving the highest quality of care to my patients and the residents our community. We now have an opportunity to expand this philosophy of excellence in care delivery through a new facility in Greenville, the proposed ST. FRANCIS Millennium.

The Millennium health campus will bring the latest in medical technology, diagnosis and treatment options available. Its purpose will be to provide area residents with state-of-the-art medical care plus offer special opportunities for research and collaboration with area and national leaders of other health and biotech located in or near the Millennium technology development.

A healthcare facility of this caliber will undoubtedly attract the very best of medical professionals at every level of healthcare. My colleagues in Emergency Medicine are excited by the possibilities that this facility offers.

For all these reasons, I offer my full and strong endorsement of this project.

Let me thank you and others at South Carolina DHEC for the time and careful consideration of this project.

Sincerely,

Adrian Corbette, M.D.

000268

PMC.2013.00005645

PET-EX055.0270

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am an Emergency Medicine physician on the medical staff and in practice with Bon Secours St. Francis Health System.

During the time that I have been on the St. Francis medical staff, it has been a privilege to work closely with many of the St. Francis clinical and health system leadership teams. The St. Francis Health System continues to gain my respect as it takes tremendous leaps forward in championing clinical care excellence, providing the most advanced technology, and initiating innovative programs that are based from not only from best medical practices but also in being responsive to and meeting patient needs.

Also in my role with the hospital medical staff, I am committed to giving the highest quality of care to my patients and the residents our community. We now have an opportunity to expand this philosophy of excellence in care delivery through a new facility in Greenville, the proposed ST. FRANCIS Millennium.

The Millennium health campus will bring the latest in medical technology, diagnosis and treatment options available. Its purpose will be to provide area residents with state-of-the-art medical care plus offer special opportunities for research and collaboration with area and national leaders of other health and biotech located in or near the Millennium technology development.

A healthcare facility of this caliber will undoubtedly attract the very best of medical professionals at every level of healthcare. My colleagues in Emergency Medicine are excited by the possibilities that this facility offers.

For all these reasons, I offer my full and strong endorsement of this project.

Let me thank you and others at South Carolina DHEC for the time and careful consideration of this project.

Sincerely,

Stuart Clarkson, MD

000269

TEAMHealth
MIDSOUTH

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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For all these reasons, I offer my full and strong endorsement of this project.

Let me thank you and others at South Carolina DHEC for the time and careful consideration of this project.

Sincerely,



000270

PMC.2013.00005647

PET-EX055.0272

RECORD 006019

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

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Let me thank you and others at South Carolina DHEC for the time and careful consideration of this project.

Sincerely,

Laura A Byblind MD

000271

TEAMHealth
MIDSOUTH

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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For all these reasons, I offer my full and strong endorsement of this project.

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Sincerely,

DANIEL J. WETENHALL

000272

PMC.2013.00005649

PET-EX055.0274

UPSTATE CAROLINA

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am writing to express my support of Bon Secours St. Francis Health System's proposal of a new hospital on Innovation Drive in Greenville, to be known as ST. FRANCIS Millennium.

As a Radiologist sub-specializing in Nuclear Medicine and practicing at St. Francis, I am very aware of demands on current capabilities – in my specialty and also throughout the continuum of healthcare in our area. I strongly applaud St. Francis for moving forward with the critical planning to help secure needed healthcare resources now and into our community's future.

The proposed new St. Francis facility would bring a number of significant benefits. In my area of medical imaging, phenomenal innovations are rapidly redefining the conventionally-held expectations in diagnosis, treatments and therapeutics. The future of this specialty promises continuing advancements. I'm pleased to say that St. Francis is an active partner in making those visions a reality for our patients.

My colleagues and I also anticipate that an investment in healthcare at this level will attract many top-level medical professionals and nurture a unique environment of healthcare innovation.

The hospital campus itself is being planned as a model of "healing environment" incorporating extensive use of natural light, "green" fences / sound barriers --all based on environmentally-responsible principles of LEED® design.

I fully endorse the St. Francis Millennium project and ask that you and the DHEC Board give full consideration to the positive impact this project brings to our community.

Sincerely,

Paul D. Kountz, Jr., MD
Upstate Carolina Radiology, PA

P. O. Box 4026 • Spartanburg, South Carolina 29305 • Phone (864)560-6522 • Fax (864)560-6757 • www.ucrad.com • www.svidocs.com

000273

PMC.2013.00005650

PET-EX055.0275

RECORD 006022

UPSTATE CAROLINA

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

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Sincerely,

Jennifer J. Adams, MD

Jennifer J. Adams, MD
Upstate Carolina Radiology, PA

P. O. Box 4025 • Spartanburg, South Carolina 29305 • Phone (864)560-6522 • Fax (864)560-6757 • www.ucrad.com • www.svidocs.com

000274

PMC.2013.00005651

PET-EX055.0276

UPSTATE CAROLINA

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am writing to express my support of Bon Secours St. Francis Health System's proposal of a new hospital on Innovation Drive in Greenville, to be known as ST. FRANCIS Millennium.

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I fully endorse the St. Francis Millennium project and ask that you and the DHEC Board give full consideration to the positive impact this project brings to our community.

Sincerely,

Michael J. Enright, MD
Upstate Carolina Radiology, PA

P.O. Box 4026 • Spartanburg, South Carolina 29305 • Phone (864)560-6522 • Fax (864)560-6757 • www.ucrad.com • www.svidocs.com

000275

PMC.2013.00005652

PET-EX055.0277

UPSTATE CAROLINA

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am writing to express my support of Bon Secours St. Francis Health System's proposal of a new hospital on Innovation Drive in Greenville, to be known as ST. FRANCIS Millennium.

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I fully endorse the St. Francis Millennium project and ask that you and the DHEC Board give full consideration to the positive impact this project brings to our community.

Sincerely,

Arthur M. Freedman MD
Upstate Carolina Radiology, PA

000276

P. O. Box 4026 • Spartanburg, South Carolina 29305 • Phone (864)560-6522 • Fax (864)560-6757 • www.ucrad.com • www.svidocs.com

PMC.2013.00005653

PET-EX055.0278

UPSTATE CAROLINA

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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Sincerely,

David A. Kallman, MD
Upstate Carolina Radiology, PA

000277

P. O. Box 4026 • Spartanburg, South Carolina 29305 • Phone (864)560-6522 • Fax (864)560-6757 • www.ucrad.com • www.svidocs.com

PMC.2013.00005654

PET-EX055.0279

RECORD 006026

UPSTATE CAROLINA

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am writing to express my support of Bon Secours St. Francis Health System's proposal of a new hospital on Innovation Drive in Greenville, to be known as ST. FRANCIS Millennium.

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Sincerely,

Joseph A. Kavanagh, MD
Upstate Carolina Radiology, PA

000278

P. O. Box 4026 • Spartanburg, South Carolina 29305 • Phone (864)560-6522 • Fax (864)560-6757 • www.ucrad.com • www.svdocs.com

UPSTATE CAROLINA

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

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I fully endorse the St. Francis Millennium project and ask that you and the DHEC Board give full consideration to the positive impact this project brings to our community.

Sincerely,

Jason P. Kelly, MD
Upstate Carolina Radiology, PA

P. O. Box 4026 • Spartanburg, South Carolina 29305 • Phone (864)560-6522 • Fax (864)560-6757 • www.ucrad.com • www.svidocs.com

000279

PMC.2013.00005656

PET-EX055.0281

UPSTATE CAROLINA

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

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I fully endorse the St. Francis Millennium project and ask that you and the DHEC Board give full consideration to the positive impact this project brings to our community.

Sincerely,

Joseph K. Kurkjian, MD
Upstate Carolina Radiology, PA

000280

P. O. Box 4026 • Spartanburg, South Carolina 29305 • Phone (864)560-6522 • Fax (864)560-6757 • www.ucrad.com • www.svidocs.com

UPSTATE CAROLINA

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am writing to express my support of Bon Secours St. Francis Health System's proposal of a new hospital on Innovation Drive in Greenville, to be known as ST. FRANCIS Millennium.

As a Radiologist sub-specializing in Vascular Surgery and practicing at Southern Vascular Institute, I am very aware of demands on current capabilities – in my specialty and also throughout the continuum of healthcare in our area. I strongly applaud St. Francis for moving forward with the critical planning to help secure needed healthcare resources now and into our community's future.

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I fully endorse the St. Francis Millennium project and ask that you and the DHEC Board give full consideration to the positive impact this project brings to our community.

Sincerely,

Mark R. Jackson, MD
Upstate Carolina Radiology, PA

000281

P. O. Box 4026 • Spartanburg, South Carolina 29305 • Phone (864)560-6522 • Fax (864)560-6757 • www.ucrad.com • www.svidocs.com

UPSTATE CAROLINA

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am writing to express my support of Bon Secours St. Francis Health System's proposal of a new hospital on Innovation Drive in Greenville, to be known as ST. FRANCIS Millennium.

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I fully endorse the St. Francis Millennium project and ask that you and the DHEC Board give full consideration to the positive impact this project brings to our community.

Sincerely,

Neil H. Parnes, MD
Upstate Carolina Radiology, PA

000282

P. O. Box 4026 • Spartanburg, South Carolina 29305 • Phone (864)560-6522 • Fax (864)560-6757 • www.ucrad.com • www.svidocs.com

UPSTATE CAROLINA

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

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Sincerely,

Mark D. Monson

Mark D. Monson, MD
Upstate Carolina Radiology, PA

000283

P. O. Box 4026 • Spartanburg, South Carolina 29305 • Phone (864)560-6522 • Fax (864)560-6757 • www.ucrad.com • www.svidocs.com

UPSTATE CAROLINA

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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Sincerely,

F. Peter Ryan, Jr., MD
Upstate Carolina Radiology, PA

000284

P. O. Box 4026 • Spartanburg, South Carolina 29305 • Phone (864)560-6522 • Fax (864)560-6757 • www.ucrad.com • www.svidocs.com

UPSTATE CAROLINA

S

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

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Sincerely,

David Stoppenhagen, MD
Upstate Carolina Radiology, PA

000285

P. O. Box 4026 • Spartanburg, South Carolina 29305 • Phone (864)560-6522 • Fax (864)560-6757 • www.ucrad.com • www.svidocs.com

UPSTATE CAROLINA

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
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1777 St. Julian Place, Suite 201
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As a Radiologist sub-specializing in Vascular and Interventional Radiology and practicing at Spartanburg Regional Healthcare System, I am very aware of demands on current capabilities – in my specialty and also throughout the continuum of healthcare in our area. I strongly applaud St. Francis for moving forward with the critical planning to help secure needed healthcare resources now and into our community's future.

The proposed new St. Francis facility would bring a number of significant benefits. In my area of medical imaging, phenomenal innovations are rapidly redefining the conventionally-held expectations in diagnosis, treatments and therapeutics. The future of this specialty promises continuing advancements. I'm pleased to say that St. Francis is an active partner in making those visions a reality for our patients.

My colleagues and I also anticipate that an investment in healthcare at this level will attract many top-level medical professionals and nurture a unique environment of healthcare innovation.

The hospital campus itself is being planned as a model of "healing environment" incorporating extensive use of natural light, "green" fences / sound barriers --all based on environmentally-responsible principles of LEED® design.

I fully endorse the St. Francis Millennium project and ask that you and the DHEC Board give full consideration to the positive impact this project brings to our community.

Sincerely,

Richard J. Harp, MD
Upstate Carolina Radiology, PA

000286

P. O. Box 4026 • Spartanburg, South Carolina 29305 • Phone (864)560-6522 • Fax (864)560-6757 • www.ucrad.com • www.svidocs.com

UPSTATE CAROLINA

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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Sincerely,

Michael J. Ludkowski, MD
Upstate Carolina Radiology, PA

000287

P. O. Box 4026 • Spartanburg, South Carolina 29305 • Phone (864)560-6522 • Fax (864)560-6757 • www.ucrad.com • www.svidocs.com

UPSTATE CAROLINA

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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Sincerely,

Lawrence N. Warren, Jr., MD
Upstate Carolina Radiology, PA

000288

P. O. Box 4026 • Spartanburg, South Carolina 29305 • Phone (864)560-6522 • Fax (864)560-6757 • www.ucrad.com • www.svidocs.com

UPSTATE CAROLINA

June 3, 2008

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Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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Sincerely,

William T. Joyce, III, MD
Upstate Carolina Radiology, PA

000289

P. O. Box 4026 • Spartanburg, South Carolina 29305 • Phone (864)560-6522 • Fax (864)560-6757 • www.ucrad.com • www.svidocs.com

PMC.2013.00005666

PET-EX055.0291

UPSTATE CAROLINA

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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Sincerely,

Brian H. Baghdady, MD
Upstate Carolina Radiology, PA

000290

P. O. Box 4026 • Spartanburg, South Carolina 29305 • Phone (864)560-6522 • Fax (864)560-6757 • www.ucrad.com • www.svidocs.com

UPSTATE CAROLINA

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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Sincerely,

John A. Harrill, Jr., M.D

John A. Harrill, Jr. MD
Upstate Carolina Radiology, PA

000291

P. O. Box 4026 • Spartanburg, South Carolina 29305 • Phone (864)560-6522 • Fax (864)560-6757 • www.ucrad.com • www.svidocs.com

PMC.2013.00005668

PET-EX055.0293

RECORD 006040

UPSTATE CAROLINA

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

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Sincerely,

John F. Parrott, MD
Upstate Carolina Radiology, PA

P. O. Box 4026 • Spartanburg, South Carolina 29305 • Phone (864)560-6522 • Fax (864)560-6757 • www.utrad.com • www.svdocs.com

000292

PMC.2013.00005669

PET-EX055.0294

RECORD 006041

UPSTATE CAROLINA

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
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Columbia, SC 29204

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Sincerely,

David E. Pelino, DO
Upstate Carolina Radiology, PA

000293

P. O. Box 4026 • Spartanburg, South Carolina 29305 • Phone (864)560-6522 • Fax (864)560-6757 • www.ucrad.com • www.svidocs.com

PMC.2013.00005670

PET-EX055.0295

RECORD 006042

UPSTATE CAROLINA

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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Sincerely,

Jeffrey M. Newman, MD
Upstate Carolina Radiology, PA

000294

P. O. Box 4026 • Spartanburg, South Carolina 29305 • Phone (864)560-6522 • Fax (864)560-6757 • www.ucrad.com • www.svidocs.com

PMC.2013.00005671

PET-EX055.0296

UPSTATE CAROLINA

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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Sincerely,

Kyran Bowling, MD
Upstate Carolina Radiology, PA

000295

P. O. Box 4026 • Spartanburg, South Carolina 29305 • Phone (864)560-6522 • Fax (864)560-6757 • www.ucrad.com • www.svidocs.com

UPSTATE CAROLINA

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

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As a Radiologist sub-specializing in Vascular Surgery and practicing at Southern Vascular Institute, I am very aware of demands on current capabilities – in my specialty and also throughout the continuum of healthcare in our area. I strongly applaud St. Francis for moving forward with the critical planning to help secure needed healthcare resources now and into our community's future.

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Sincerely,

Roger D. Moccia, MD
Upstate Carolina Radiology, PA

000296

P. O. Box 4026 • Spartanburg, South Carolina 29305 • Phone (864)560-6522 • Fax (864)560-6757 • www.ucrad.com • www.svidocs.com

PMC.2013.00005673

PET-EX055.0298

ASSOCIATES IN GENERAL SURGERY, P.A.

K. Benjamin H. Risinger, MD
Tommy L. Bridges, MD

317 Saint Francis Drive • Suite 360
Greenville, South Carolina 29601
FAX: (864) 370-2740
Voice: (864) 232-8118

June 10, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

My name is Tommy Bridges. I am a surgeon with Associates in General Surgery. I have practiced in Greenville since 1979 and have also been on the medical staff of Bon Secours St. Francis Health System since that time.

During that time, it has been a privilege to work closely with the St. Francis clinical and health system leadership teams. Especially over the past several years, this health system has gained my respect as it continues to make tremendous leaps forward in championing clinical care excellence, providing the most advanced technology, and initiating innovative programs that are based not only from best medical practices but also in meeting patient needs.

As a member of the hospital medical staff, I am committed to giving the highest quality of care to my patients and the residents our community. We now have an opportunity to expand this philosophy of excellence in care delivery through a new facility in Greenville, at the proposed ST. FRANCIS Millennium campus.

This hospital will have the latest in medical technology, diagnostic and treatment options available. Its purpose will be to provide area residents with state-of-the-art medical care, offer opportunities for research and collaboration with area and national leaders located in or near the Millennium technology development center.

Please feel free to contact me if you have any questions.

Let me thank you and others at DHEC for the time and careful consideration of this project.

Sincerely,

Tommy L. Bridges, MD

000297

PMC.2013.00005674

PET-EX055.0299

PALMETTO PULMONARY AND CRITICAL CARE ASSOCIATES, P.A.
3 Saint Francis Drive, Suite 300
Greenville, South Carolina 29601
Phone (864) 233-8063

Richard G. Laurens, Jr., M.D.
Charles V. Mullen, Jr., M.D.
Wayne M. Hollinger, M.D.
Joseph S. Kubiak, Jr., M.D.
Ahmad Boota, M.D.
Nasir J. Awan, M.D.

Cindy M. Steeves, FNP
Lucretia P. Myers, ACNP
Judy Wester, FNP
Lori Weinstein, ACNP
Cynthia Robbins, FNP-C
Sandra Lowe, FNP-BC

June 9, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

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The proposed new St. Francis facility would bring a number of significant benefits.

In my area of pulmonary medicine, phenomenal innovations are rapidly redefining conventionally-held expectations as we see continuing advancements in many areas of our specialty. The future holds great promise for care delivery moving more to outpatient and short-stay services.

I'm pleased to say that St. Francis is an active partner with the physicians in our practice to adopt and achieve these important steps for patient care.

My colleagues and I also anticipate that an investment in healthcare at this level will attract a continuing source of top-level medical professionals and nurture a unique environment of healthcare innovation and "best practices."

I am very excited about the future of pulmonary medicine and look forward to working with St. Francis as they continue to develop the Millennium Health Campus project.

Let me thank you for your diligent review of their proposal and ask that you and the DHEC Board give full consideration to the positive impact this project brings to our community.

Sincerely,

Charles V. Mullen, Jr. MD

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Greenville, South Carolina 29601
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June 9, 2008

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Sincerely,

Nasir J. Awan, MD

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June 9, 2008

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Let me thank you for your diligent review of their proposal and ask that you and the DHEC Board give full consideration to the positive impact this project brings to our community.

Sincerely,

Richard G. Laurens, Jr. MD

000303

PMC.2013.00005680

PET-EX055.0305

PALMETTO PULMONARY AND CRITICAL CARE ASSOCIATES, P.A.
3 Saint Francis Drive, Suite 300
Greenville, South Carolina 29601
Phone (864) 233-8063

Richard G. Laurens, Jr., M.D.
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June 9, 2008

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Sincerely,

Katarina Harris

Katarina Harris, MD

000305

PMC.2013.00005682

PET-EX055.0307

RECORD 006054

PALMETTO PULMONARY AND CRITICAL CARE ASSOCIATES, P.A.
3 Saint Francis Drive, Suite 300
Greenville, South Carolina 29601
Phone (864) 233-8063

Richard G. Laurens, Jr., M.D.
Charles V. Mullen, Jr., M.D.
Wayne M. Hollinger, M.D.
Joseph S. Kubiak, Jr., M.D.
Ahmad Boota, M.D.
Nasir J. Awan, M.D.

Cindy M. Steeves, FNP
Lucretia P. Myers, ACNP
Judy Wester, FNP
Lori Weinstein, ACNP
Cynthia Robbins, FNP-C
Sandra Lowe, FNP-BC

June 9, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am writing to express my strong support of Bon Secours St. Francis Health System's proposal to develop a new hospital and related healthcare facilities on Innovation Drive in Greenville – the ST. FRANCIS Millennium.

As a physician who in practice in the Greenville area, I am very aware of demands on current capabilities – both in my specialty and also throughout the continuum of healthcare in our area. I strongly applaud St. Francis for moving forward with the critical planning to help secure needed healthcare resources now and into our community's future.

The proposed new St. Francis facility would bring a number of significant benefits.

In my area of pulmonary medicine, phenomenal innovations are rapidly redefining conventionally-held expectations as we see continuing advancements in many areas of our specialty. The future holds great promise for care delivery moving more to outpatient and short-stay services.

I'm pleased to say that St. Francis is an active partner with the physicians in our practice to adopt and achieve these important steps for patient care.

My colleagues and I also anticipate that an investment in healthcare at this level will attract a continuing source of top-level medical professionals and nurture a unique environment of healthcare innovation and "best practices."

I am very excited about the future of pulmonary medicine and look forward to working with St. Francis as they continue to develop the Millennium Health Campus project.

Let me thank you for your diligent review of their proposal and ask that you and the DHEC Board give full consideration to the positive impact this project brings to our community.

Sincerely,

Steven M. Tomski

Steven M. Tomski, MD

PALMETTO PULMONARY AND CRITICAL CARE ASSOCIATES, P.A.
3 Saint Francis Drive, Suite 300
Greenville, South Carolina 29601
Phone (864) 233-8063

Richard G. Laurens, Jr., M.D.
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Cindy M. Steeves, FNP
Lucretia P. Myers, ACNP
Judy Wester, FNP
Lori Weinstein, ACNP
Cynthia Robbins, FNP-C
Sandra Lowe, FNP-BC

June 12, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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Let me thank you for your diligent review of their proposal and ask that you and the DHEC Board give full consideration to the positive impact this project brings to our community.

Sincerely,

Wayne M. Hollinger, MD

PALMETTO PULMONARY AND CRITICAL CARE ASSOCIATES, P.A.
3 Saint Francis Drive, Suite 300
Greenville, South Carolina 29601
Phone (864) 233-8063

Richard G. Laurens, Jr., M.D.
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June 12, 2008

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Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
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1777 St. Julian Place, Suite 201
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Let me thank you for your diligent review of their proposal and ask that you and the DHEC Board give full consideration to the positive impact this project brings to our community.

Sincerely,

Ahmad Boota, MD

HOLLY TREE FAMILY PRACTICE, P.A.

Larry A. Berglind, MD
Linda L. Giambalvo, MD
Mark T. White, MD
William J. Taylor, Jr., MD
Kristi R. Williams, RN, MSN-CS

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

Please let me introduce myself, I am Mark White a family physician with Holly Tree Family Practice.

Holly Tree Family Practice is within a few miles of the proposed new site where the Bon Secours St. Francis Health System has secured property and plans to build a new hospital.

I am writing to offer my strong support for the St. Francis proposal.

The St. Francis plan calls for inpatient, outpatient and emergency services at this site. I know that many of the patients in our practice would find this location very beneficial-perhaps even "life-saving"-since this proposed location offers optimal access for and area that is now and projected to continue as one of the highest growth regions in the Upstate.

There is no doubt that this new St. Francis facility will bring not only the most advanced medical technology but also be a place where treating the whole patient and their family is significant in the full range of enhanced health and wellness opportunities.

Let me thank you and your colleagues in advance for the time and careful consideration you give to this project.

Sincerely,

000312

1338 Highway 14 • Simpsonville, South Carolina, 29681 • Telephone (864) 297-7091 • Fax (864) 297-6335

HOLLY TREE FAMILY PRACTICE, P.A.

Larry A. Berglind, MD
Linda L. Giambalvo, MD
Mark T. White, MD
William J. Taylor, Jr., MD
Kristi R. Williams, RN, MSN-CS

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

Please let me introduce myself, I am William J. Taylor, Jr. a family physician with Holly Tree Family Practice.

Holly Tree Family Practice is within a few miles of the proposed new site where the Bon Secours St. Francis Health System has secured property and plans to build a new hospital.

I am writing to offer my strong support for the St. Francis proposal.

The St. Francis plan calls for inpatient, outpatient and emergency services at this site. I know that many of the patients in our practice would find this location very beneficial-perhaps even "life-saving"-since this proposed location offers optimal access for and area that is now and projected to continue as one of the highest growth regions in the Upstate.

There is no doubt that this new St. Francis facility will bring not only the most advanced medical technology but also be a place where treating the whole patient and their family is significant in the full range of enhanced health and wellness opportunities.

Let me thank you and your colleagues in advance for the time and careful consideration you give to this project.

Sincerely,

WJTaylor

1338 Highway 14 • Simpsonville, South Carolina, 29681 • Telephone (864) 297-7091 • Fax (864) 297-6335

HOLLY TREE FAMILY PRACTICE, P.A.

Larry A. Berglind, MD
Linda L. Giambalvo, MD
Mark T. White, MD
William J. Taylor, Jr., MD
Kristi R. Williams, RN, MSN-CS

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

Please let me introduce myself, I am Larry Berglind a family physician with Holly Tree Family Practice.

Holly Tree Family Practice is within a few miles of the proposed new site where the Bon Secours St. Francis Health System has secured property and plans to build a new hospital.

I am writing to offer my strong support for the St. Francis proposal.

The St. Francis plan calls for inpatient, outpatient and emergency services at this site. I know that many of the patients in our practice would find this location very beneficial-perhaps even "life-saving"-since this proposed location offers optimal access for and area that is now and projected to continue as one of the highest growth regions in the Upstate.

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Let me thank you and your colleagues in advance for the time and careful consideration you give to this project.

Sincerely,

000314

1338 Highway 14 • Simpsonville, South Carolina, 29681 • Telephone (864) 297-7091 • Fax (864) 297-6335

PREMIER

Premier Family Medicine

"Putting You and Your Family First!"

Tonya D. Edwards, MD **Heather L. Brannon, MD** **Kathryn Benson, FNP, BC**

June 5, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

Please let me introduce myself, I am Tonya D. Edwards, a family physician with Premier Family Medicine.

Premier Family Medicine is within a few miles of the proposed new site where the Bon Secours St. Francis Health System has secured property and plans to build a new hospital.

I am writing to offer my strong support for the St. Francis proposal.

The St. Francis plan calls for inpatient, outpatient and emergency services at this site. I know that many of the patients in our practice would find this location very beneficial---perhaps even "life-saving" –since this proposed location offers optimal access for an area that is now and projected to continue as one of the highest growth regions in Upstate.

I am especially pleased that this is a new health facility proposed by "St. Francis." St. Francis has a commitment to excellence in patient care that I consistently see reflected in clinical care delivery as well as how the St. Francis staff shows compassion, understanding and response to the patient and family needs.

There is no doubt that this new St. Francis facility will bring not only the most advanced medical technology but also be a place where treating the whole patient and their family is significant in the full range of enhanced health and wellness opportunities.

Let me thank you and your colleagues in advance for the time and careful consideration you give to this project.

Sincerely,

Heather L. Brannon, MD

000315

304 Ashby Park Lane • Greenville, SC 29607 • (864) 286-9050 • Fax (864) 286-6885

PREMIER

Premier Family Medicine

"Putting You and Your Family First!"

Tonya D. Edwards, MD **Heather L. Brannon, MD** **Kathryn Benson, FNP, BC**

June 5, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

Please let me introduce myself, I am Tonya D. Edwards, a family physician with Premier Family Medicine.

Premier Family Medicine is within a few miles of the proposed new site where the Bon Secours St. Francis Health System has secured property and plans to build a new hospital.

I am writing to offer my strong support for the St. Francis proposal.

The St. Francis plan calls for inpatient, outpatient and emergency services at this site. I know that many of the patients in our practice would find this location very beneficial- perhaps even "life-saving" –since this proposed location offers optimal access for an area that is now and projected to continue as one of the highest growth regions in Upstate.

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There is no doubt that this new St. Francis facility will bring not only the most advanced medical technology but also be a place where treating the whole patient and their family is significant in the full range of enhanced health and wellness opportunities.

Let me thank you and your colleagues in advance for the time and careful consideration you give to this project.

Sincerely,

Tonya D. Edwards, MD

000316

304 Ashby Park Lane • Greenville, SC 29607 • (864) 286-9050 • Fax (864) 286-6885

James E B. Wallace, Jr., MD
James L. Bridgeman, Jr., MD
Jim D. Burford, MD
Richard G. Leland, Jr., MD

Milestone Family Medicine

Joseph W. DeRosa, MD
John E. Melba, MD
Laine P. Bennett, MSN, RN, CS, FNP

June 6, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

Milestone Family Medicine is a seven-care giver family practice in Greenville South Carolina. We are located within a few miles of the proposed new site where Bon Secours St. Francis Hospital System plans to build the new hospital.

We are writing to offer our strong support for the St. Francis proposal.

The St. Francis plan calls for comprehensive medical services including inpatient, outpatient and emergency services. The location of the proposed site is on the eastside of Greenville, a population dense area that is projected to continue to be one of the highest growth regions in the upstate. Given these reasons and the fact that many of our patients live on the eastside we feel that this location would be most beneficial and even perhaps "life-saving" in some circumstances.

We are especially pleased this new health care campus is proposed by Saint Francis. Milestone Family Medicine has been serving the upstate for almost twenty years. Our loyalty and confidence in the St. Francis System has grown steadily in this time frame. Saint Francis has always maintained a commitment to excellence in patient care that we have seen reflected in both clinical care delivery as well as the staff's compassion, understanding and response to patient and family needs.

We have no doubt that the new St. Francis facility will be equipped with state of the art medical technology. Based on our conversations with St. Francis administrators and other community leaders we feel that this facility will honor a holistic approach to patient and family needs through a wide range of enhanced health and wellness opportunities.

17 Arborland Way, Greenville, SC 29615 • Phone (864) 297-6010 • Fax (864) 458-7673

It is very rare that we write letters in support of such projects. However, the scope and vision of the millennium project is very much in keeping with our vision of medicine in the future.

We thank you and your colleagues in advance for the time and careful consideration that you give to this project.

Sincerely,

James E.B. Wallace, Jr., MD

James I. Bridgeman, Jr., MD

Richard G. Leland Jr., MD

Joseph W. DeRosa, MD

Jim D. Burford, MD

John E. Melba, MD

Laine P. Bennett, MSN,RN,CS,FNP

Carolyn Baker, Administrator

000318

PMC.2013.00005695

PET-EX055.0320

Paul E. Dillon, Jr., MD
Alberto López, MD
Julie R. McDermott, MD

Simpsonville Family Medicine, P.A.

Angela M. Stoller, FNP
Melanie C. Baron-Alpert, FNP

June 2, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

Please let me introduce myself, I am Paul Dillon, Jr. a family physician with Simpsonville Family Medicine.

Simpsonville Family Medicine is within a few miles of the proposed new site where the Bon Secours St. Francis Health System has secured property and plans to build a new hospital.

I am writing to offer my strong support for the St. Francis proposal.

The St. Francis plan calls for inpatient, outpatient and emergency services at this site. I know that many of the patients in our practice would find this location very beneficial—perhaps even "life-saving" –since this proposed location offers optimal access for an area that is now and projected to continue as one of the highest growth regions in Upstate.

I am especially pleased that this is a new health facility proposed by "St. Francis." St. Francis has a commitment to excellence in patient care that I consistently see reflected in clinical care delivery as well as how the St. Francis staff shows compassion, understanding and response to the patient and family needs.

There is no doubt that this new St. Francis facility will bring not only the most advanced medical technology but also be a place where treating the whole patient and their family is significant in the full range of enhanced health and wellness opportunities.

Let me thank you and your colleagues in advance for the time and careful consideration you give to this project.

Sincerely,

Paul Dillon, Jr., MD

000319

1336 Highway 14, Simpsonville, SC 29681 • Phone (864) 527-8600 • Fax (864) 527-8636

Paul E. Dillon, Jr., MD
Alberto López, MD
Julie R. McDermott, MD

Simpsonville Family Medicine, P.A.

Angela M. Stoller, FNP
Melanie C. Baron-Alpert, FNP

June 2, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

Please let me introduce myself, I am Carmen Taylor a family physician with Simpsonville Family Medicine.

Simpsonville Family Medicine is within a few miles of the proposed new site where the Bon Secours St. Francis Health System has secured property and plans to build a new hospital.

I am writing to offer my strong support for the St. Francis proposal.

The St. Francis plan calls for inpatient, outpatient and emergency services at this site. I know that many of the patients in our practice would find this location very beneficial—perhaps even "life-saving" –since this proposed location offers optimal access for an area that is now and projected to continue as one of the highest growth regions in Upstate.

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Let me thank you and your colleagues in advance for the time and careful consideration you give to this project.

Sincerely,

Carmen Taylor, MD

000320

1336 Highway 14, Simpsonville, SC 29681 • Phone (864) 527-8600 • Fax (864) 527-8636

Paul E. Dillon, Jr., MD
Alberto López, MD
Julie R. McDermott, MD

Simpsonville Family Medicine, P.A.

Angela M. Stoller, FNP
Melanie C. Baron-Alpert, FNP

June 2, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

Please let me introduce myself, I am Alberto Lopez a family physician with Simpsonville Family Medicine.

Simpsonville Family Medicine is within a few miles of the proposed new site where the Bon Secours St. Francis Health System has secured property and plans to build a new hospital.

I am writing to offer my strong support for the St. Francis proposal.

The St. Francis plan calls for inpatient, outpatient and emergency services at this site. I know that many of the patients in our practice would find this location very beneficial—perhaps even "life-saving" –since this proposed location offers optimal access for an area that is now and projected to continue as one of the highest growth regions in Upstate.

I am especially pleased that this is a new health facility proposed by "St. Francis." St. Francis has a commitment to excellence in patient care that I consistently see reflected in clinical care delivery as well as how the St. Francis staff shows compassion, understanding and response to the patient and family needs.

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Let me thank you and your colleagues in advance for the time and careful consideration you give to this project.

Sincerely,

Alberto Lopez, MD

1336 Highway 14, Simpsonville, SC 29681 • Phone (864) 527-8600 • Fax (864) 527-8636

Peace Medical Center
Dr. Nomita Joshi, M.D.
213 East Butler Rd. C-1
Mauldin, S.C. 29662

June 3,2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

Please let me introduce myself, I am Dr. Nomita Joshi a internist with Peace Medical Center.

Peace Medical is within a few miles of the proposed new site where the Bon Secours St. Francis Health System has secured property and plans to build a new hospital.

I am writing to offer my strong support for the St. Francis proposal.

The St. Francis plan calls for inpatient, outpatient and emergency services at this site. I know that many of the patients in our practice would find this location very beneficial—perhaps even "life-saving" –since this proposed location offers optimal access for an area that is now and projected to continue as one of the highest growth regions in Upstate.

I am especially pleased that this is a new health facility proposed by "St. Francis." St. Francis has a commitment to excellence in patient care that I consistently see reflected in clinical care delivery as well as how the St. Francis staff shows compassion, understanding and response to the patient and family needs.

There is no doubt that this new St. Francis facility will bring not only the most advanced medical technology but also be a place where treating the whole patient and their family is significant in the full range of enhanced health and wellness opportunities.

The St. Francis hospital staff is very polite and helpful.

Let me thank you and your colleagues in advance for the time and careful consideration you give to this project.

Sincerely,

NGJh.

Southside Medical Center
3921 S. Hwy 14 Suite A
Greenville, SC 29615
Telephone # (864) 288-2006

June 6, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

Please let me introduce myself, I am a family physician with Southside Medical Center.

Southside Medical Center is within a few miles of the proposed new site where the Bon Secours St. Francis Health System has secured property and plans to build a new hospital.

I am writing to offer my strong support for the St. Francis proposal.

The St. Francis plan calls for inpatient, outpatient and emergency services at this site. I know that many of the patients in our practice would find this location very beneficial—perhaps even "life-saving" –since this proposed location offers optimal access for an area that is now and projected to continue as one of the highest growth regions in Upstate.

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Let me thank you and your colleagues in advance for the time and careful consideration you give to this project.

Sincerely,

Thaer Joudeh, MD

THAER A. JOUDEH MD
Lic # 21696.
DEA # BJ7176642

000323

PMC.2013.00005700

PET-EX055.0325



Center for Adult & Family Medicine

your doctor for life

Cheryl Sarmiento, M.D.
Board Certified, Internal Medicine

Leah Aragon, M.D.
Board Certified, Family Practice

Joanne Daniel-Saunders, M.D.
Board Certified, Internal Medicine

305 Tanner Road
Greenville, SC 29607
864.627.1220
864.627.1221 Fax
website: www.drforlife.com

June 5, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

Please let us introduce our practice Center For Adult and Family Medicine and our doctors, Dr Cheryl Sarmiento (Internal Medicine), Dr Joanne Daniel Saunders (Internal Medicine) and Dr Leah Aragon (Family Medicine).

Center For Adult and Family Medicine is within a few miles of the proposed new site where the Bon Secours St. Francis Health System has secured property and plans to build a new hospital. We are writing to offer our strong support for the St. Francis proposal.

The St. Francis plan calls for inpatient, outpatient and emergency services at this site. We know that many of the patients in our office would find this location very beneficial – perhaps even "life- saving"-since this proposed location offers optimal access for an area that is now and projected to continue as one of the highest growth regions in Upstate.

St. Francis has a commitment to excellence in patient care that we consistently see reflected in clinical care delivery as well as how the St. Francis staff shows compassion, understanding and response to the patient and family needs.

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Let us thank you and your colleagues in advance for the time and careful consideration you give to this project.

Sincerely,

Cheryl Sarmiento
JSaunders
Leah A Aragon

000324

PMC.2013.00005701

PET-EX055.0326

ST. FRANCIS
CARDIOVASCULAR & THORACIC ASSOCIATES
Faculty of Columbia University College of Physicians and Surgeons
Hugh M. Dennis, M.D., Timothy H. Williams, M.D.
& Jerry L. Acosta, M.D.

June 11, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

My name is Jerry Acosta. I am a cardiac surgeon with St. Francis Cardiovascular and Thoracic Associates. I have practiced in Greenville since 1976 and have also been on the medical staff of Bon Secours St. Francis Health System for many years.

During that time, it has been a privilege to work closely with the St. Francis clinical and health system leadership teams. Especially over the past several years, this health system has gained my respect as it continues to make tremendous leaps forward in championing clinical care excellence, providing the most advanced technology, and initiating innovative programs that are based not only from the best medical practices but also in meeting patient needs.

As a member of the hospital medical staff, I am committed to giving the highest quality of care to my patients and the residents of our community. We now have an opportunity to expand this philosophy of excellence in care delivery through a new facility in Greenville, the proposed ST. FRANCIS MILLENNIUM.

This hospital will have the latest in medical technology diagnosis and treatment options available. Its purpose will be to provide area residents with state-of-the-art medical care, and to offer opportunities for research and collaboration with area and national leaders of other health and biotech located in or near the Millennium technology development.

Please feel free to contact me if you have any questions.

Let me thank you and others at DHEC for the time and careful consideration of this project.

Sincerely,

Jerry L. Acosta, M.D.

000325

317 St. Francis Drive, Suite 120 • Greenville, SC 29601 • 864-255-1317 or 1-877-755-1317 • www.stfrancishealth.org

ST. FRANCIS
CARDIOVASCULAR & THORACIC ASSOCIATES
Faculty of Columbia University College of Physicians and Surgeons
Hugh M. Dennis, M.D., Timothy H. Williams, M.D.
& Jerry L. Acosta, M.D.

June 11, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

My name is Timothy Williams. I am a cardiac surgeon with St. Francis Cardiovascular and Thoracic Associates. I have practiced in Greenville since 2004 and have also been on the medical staff of Bon Secours St. Francis Health System since that time.

During that time, it has been a privilege to work closely with the St. Francis clinical and health system leadership teams. Especially over the past several years, this health system has gained my respect as it continues to make tremendous leaps forward in championing clinical care excellence, providing the most advanced technology, and initiating innovative programs that are based not only from the best medical practices but also in meeting patient needs.

As a member of the hospital medical staff, I am committed to giving the highest quality of care to my patients and the residents of our community. We now have an opportunity to expand this philosophy of excellence in care delivery through a new facility in Greenville, the proposed ST. FRANCIS MILLENNIUM.

This hospital will have the latest in medical technology diagnosis and treatment options available. Its purpose will be to provide area residents with state-of-the-art medical care, and to offer opportunities for research and collaboration with area and national leaders of other health and biotech located in or near the Millennium technology development.

Please feel free to contact me if you have any questions.

Let me thank you and others at DHEC for the time and careful consideration of this project.

Sincerely,

Timothy H. Williams, M.D.

000326

317 St. Francis Drive, Suite 120 • Greenville, SC 29601 • 864-255-1317 or 1-877-755-1317 • www.stfrancishealth.org

ST. FRANCIS
CARDIOVASCULAR & THORACIC ASSOCIATES

Faculty of Columbia University College of Physicians and Surgeons

Hugh M. Dennis, M.D., Timothy H. Williams, M.D.
& Jerry L. Acosta, M.D.

June 11, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

My name is Hugh Dennis. I am a cardiac surgeon with St. Francis Cardiovascular and Thoracic Associates. I have practiced in Greenville since 2004 and have also been on the medical staff of Bon Secours St. Francis Health System since that time.

During that time, it has been a privilege to work closely with the St. Francis clinical and health system leadership teams. Especially over the past several years, this health system has gained my respect as it continues to make tremendous leaps forward in championing clinical care excellence, providing the most advanced technology, and initiating innovative programs that are based not only from the best medical practices but also in meeting patient needs. They have received 5-star ratings from HealthGrades in many of their disease and surgical categories.

As a member of the hospital medical staff, I am committed to giving the highest quality of care to my patients and the residents of our community. We now have an opportunity to expand this philosophy of excellence in care delivery through a new facility in Greenville, the proposed ST. FRANCIS MILLENNIUM.

This hospital will have the latest in medical technology diagnosis and treatment options available. Its purpose will be to provide area residents with state-of-the-art medical care, and to offer opportunities for research and collaboration with area and national leaders of other health and biotech located in or near the Millennium technology development.

Please feel free to contact me if you have any questions.

Let me thank you and others at DHEC for the time and careful consideration of this project.

Sincerely,

Hugh M. Dennis, M.D.

317 St. Francis Drive, Suite 120 • Greenville, SC 29601 • 864-255-1317 or 1-877-755-1317 • www.stfrancishealth.org

UPSTATE CAROLINA RADIOLOGY

SV

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am writing to express my support of Bon Secours St. Francis Health System's proposal of a new hospital on Innovation Drive in Greenville, to be known as ST. FRANCIS Millennium.

As a Radiologist sub-specializing in Body Imaging and Musculoskeletal Radiology and practicing at St. Francis, I am very aware of demands on current capabilities – in my specialty and also throughout the continuum of healthcare in our area. I strongly applaud St. Francis for moving forward with the critical planning to help secure needed healthcare resources now and into our community's future.

The proposed new St. Francis facility would bring a number of significant benefits. In my area of medical imaging, phenomenal innovations are rapidly redefining the conventionally-held expectations in diagnosis, treatments and therapeutics. The future of this specialty promises continuing advancements. I'm pleased to say that St. Francis is an active partner in making those visions a reality for our patients.

My colleagues and I also anticipate that an investment in healthcare at this level will attract many top-level medical professionals and nurture a unique environment of healthcare innovation.

The hospital campus itself is being planned as a model of "healing environment" incorporating extensive use of natural light, "green" fences / sound barriers --all based on environmentally-responsible principles of LEED® design.

I fully endorse the St. Francis Millennium project and ask that you and the DHEC Board give full consideration to the positive impact this project brings to our community.

Sincerely,

James B. Haswell, MD
Upstate Carolina Radiology, PA

Jennifer J. Adams, MD	Richard J. Heap, MD	Joseph A. Kavanagh, MD	Mark T. Monson, MD	David B. Stoppenhagen, MD
Brian Dogmoody, MD	John A. Hall II, Jr., MD	Jason P. Kelly, MD	Jeffrey W. Newman, MD	Kristi Waldenmaier, MSN, PMH-C
Kevin Dowling, MD	James B. Haswell, MD	Paul D. Krauz, Jr., MD, PhD	Neil [illegible], MD	[illegible]
Michael J. Enright, MD	Mark P. Jackson, MD, FACS	Joseph K. Kuzydan, MD	John P. Parrish, Jr., MD	
Amanda A. Hale, MSN, FNP-BC, ACNP	Fahim [illegible], II, MD	Michael J. [illegible], MD	David P. Pelfrey, DO	
Anton M. Freedman, MD	David A. Kallman, MD	Roger D. Meade, MD	C. Peter Spain, Jr., MD	

000328

P. O. Box 4026 • Spartanburg, South Carolina 29305 • Phone (864)560-6522 • Fax (864)560-6757 • www.ucrad.com • www.svidocs.com

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am an Emergency Medicine physician on the medical staff and in practice with Bon Secours St. Francis Health System.

During the time that I have been on the St. Francis medical staff, it has been a privilege to work closely with many of the St. Francis clinical and health system leadership teams. The St. Francis Health System continues to gain my respect as it takes tremendous leaps forward in championing clinical care excellence, providing the most advanced technology, and initiating innovative programs that are based from not only from best medical practices but also in being responsive to and meeting patient needs.

Also in my role with the hospital medical staff, I am committed to giving the highest quality of care to my patients and the residents our community. We now have an opportunity to expand this philosophy of excellence in care delivery through a new facility in Greenville, the proposed ST. FRANCIS Millennium.

The Millennium health campus will bring the latest in medical technology, diagnosis and treatment options available. Its purpose will be to provide area residents with state-of-the-art medical care plus offer special opportunities for research and collaboration with area and national leaders of other health and biotech located in or near the Millennium technology development.

A healthcare facility of this caliber will undoubtedly attract the very best of medical professionals at every level of healthcare. My colleagues in Emergency Medicine are excited by the possibilities that this facility offers.

For all these reasons, I offer my full and strong endorsement of this project.

Let me thank you and others at South Carolina DHEC for the time and careful consideration of this project.

Sincerely,

Adrian Coroletto, M.D.

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am an Emergency Medicine physician on the medical staff and in practice with Bon Secours St. Francis Health System.

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For all these reasons, I offer my full and strong endorsement of this project.

Let me thank you and others at South Carolina DHEC for the time and careful consideration of this project.

Sincerely,

Bradley Howard, MD

000330

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am an Emergency Medicine physician on the medical staff and in practice with Bon Secours St. Francis Health System.

During the time that I have been on the St. Francis medical staff, it has been a privilege to work closely with many of the St. Francis clinical and health system leadership teams. The St. Francis Health System continues to gain my respect as it takes tremendous leaps forward in championing clinical care excellence, providing the most advanced technology, and initiating innovative programs that are based from not only from best medical practices but also in being responsive to and meeting patient needs.

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For all these reasons, I offer my full and strong endorsement of this project.

Let me thank you and others at South Carolina DHEC for the time and careful consideration of this project.

Sincerely,

Stuart Clarkson, MD

000331

PMC.2013.00005708

PET-EX055.0333

RECORD 006080

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am an Emergency Medicine physician on the medical staff and in practice with Bon Secours St. Francis Health System.

During the time that I have been on the St. Francis medical staff, it has been a privilege to work closely with many of the St. Francis clinical and health system leadership teams. The St. Francis Health System continues to gain my respect as it takes tremendous leaps forward in championing clinical care excellence, providing the most advanced technology, and initiating innovative programs that are based from not only from best medical practices but also in being responsive to and meeting patient needs.

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A healthcare facility of this caliber will undoubtedly attract the very best of medical professionals at every level of healthcare. My colleagues in Emergency Medicine are excited by the possibilities that this facility offers.

For all these reasons, I offer my full and strong endorsement of this project.

Let me thank you and others at South Carolina DHEC for the time and careful consideration of this project.

Sincerely,

Laurie Byland MD

000332

PMC.2013.00005709

PET-EX055.0334

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

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A healthcare facility of this caliber will undoubtedly attract the very best of medical professionals at every level of healthcare. My colleagues in Emergency Medicine are excited by the possibilities that this facility offers.

For all these reasons, I offer my full and strong endorsement of this project.

Let me thank you and others at South Carolina DHEC for the time and careful consideration of this project.

Sincerely,

DANIEL J. WETENHALL

000333

PMC.2013.00005710

PET-EX055.0335

RECORD 006082

BANYAN SENIOR LIVING

June 11, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
South Carolina DHEC, Division of Planning and Certification of Need
1777 St. Julian Place, Suite 201, Columbia, SC 29204

Dear Ms. Patterson:

I am writing to you to express my strong support of Bon Secours St. Francis Health System's plan to build a new hospital and related health care facilities on Innovation Drive in Greenville –to be known as ST. FRANCIS *Millennium.*

Please allow me to share how critical these health facilities are to the area currently in Development known as The Cascades Verdae, located directly adjacent to Millennium.

The Cascades Verdae is a planned community for active senior living. We are currently constructing 42 single-family homes, 164 apartments, 48 assisted living units, 24 Alzheimer's care units, and 44 skilled nursing units. Upon completion, this community will welcome more than 300 residents.

From the beginning of the Cascades project, convenient access to quality healthcare services was seen as a key, critical element. We envisioned a healthcare partner as one who could integrate seamlessly with the area, who would offer not only traditional healthcare services, but also provide the highest level of wellness and preventative health services.

It is very exciting to us to have Bon Secours St. Francis Health System as that partner. The state-of-the-art facility proposed by St. Francis will bring the latest in diagnostic and therapeutic technology; it will offer vital services in cardiology, orthopedics and importantly, emergency care which could mean "life-saving" minutes and treatments available to our residents here at The Cascades Verdae and our many neighbors in this rapidly expanding corridor.

I whole-heartedly endorse St. Francis in their proposal for the new Millennium hospital. I thank you and your colleagues in advance for your consideration of this unique plan.

Please feel free to contact me if you have any questions.

Sincerely,

Sandra L. Knezevich
Senior Vice President/Chief Operating Officer

000334

PO Box 26867 ■ Greenville, SC 29616-1867 ■ Telephone (864) 322-7178 ■ Fax (864) 292-1478

THE CASCADES
VERDAE

June 11, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
South Carolina DHEC, Division of Planning and Certification of Need
1777 St. Julian Place, Suite 201, Columbia, SC 29204

Dear Ms. Patterson:

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I whole-heartedly endorse St. Francis in their proposal for the new Millennium hospital. I thank you and your colleagues in advance for your consideration of this unique plan.

Please feel free to contact me if you have any questions.

Sincerely,

Richard Finn, MBA, CASP
Executive Director
Cascades Verdae

267 Old Sulphur Springs Road • Greenville, SC 29607
864-233-6367 • 888-220-6037 toll free • www.thecascadesverdae.com

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am an Emergency Medicine physician on the medical staff and in practice with Bon Secours St. Francis Health System.

During the time that I have been on the St. Francis medical staff, it has been a privilege to work closely with many of the St. Francis clinical and health system leadership teams. The St. Francis Health System continues to gain my respect as it takes tremendous leaps forward in championing clinical care excellence, providing the most advanced technology, and initiating innovative programs that are based from not only from best medical practices but also in being responsive to and meeting patient needs.

Also in my role with the hospital medical staff, I am committed to giving the highest quality of care to my patients and the residents our community. We now have an opportunity to expand this philosophy of excellence in care delivery through a new facility in Greenville, the proposed ST. FRANCIS Millennium.

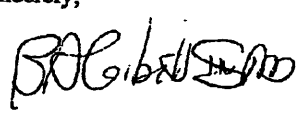
The Millennium health campus will bring the latest in medical technology, diagnosis and treatment options available. Its purpose will be to provide area residents with state-of-the-art medical care plus offer special opportunities for research and collaboration with area and national leaders of other health and biotech located in or near the Millennium technology development.

A healthcare facility of this caliber will undoubtedly attract the very best of medical professionals at every level of healthcare. My colleagues in Emergency Medicine are excited by the possibilities that this facility offers.

For all these reasons, I offer my full and strong endorsement of this project.

Let me thank you and others at South Carolina DHEC for the time and careful consideration of this project.

Sincerely,



000336

PMC.2013.00005713

PET-EX055.0338

House of Representatives

State of South Carolina

Rex Fontaine Rice
District No. 26 - Greenville-
Pickens Counties
P.O. Box 1706
Easley, SC 29641

418-A Blatt Building
Columbia, SC 29211

Tel. (803) 734-3035

Home office:
(864) 306-8300

September 18, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am writing to you to express my support of Bon Secours St. Francis Health System's plan to construct a state-of-the-art medical facility near Millennium Drive in Greenville, to be known as St. Francis Millennium.

The area around the Clemson University International Center for Automotive Research is undergoing remarkable growth in business and technology. The establishment of the CU-ICAR has sparked tremendous economic development opportunities. A hospital offering the latest in health management, diagnosis, and treatment options will further stimulate this growth, and complement the innovative focus of the area. Such a hospital would be an asset that would increase the region's ability to attract new businesses.

As a South Carolina state representative representing Greenville and Pickens counties, I am excited about the potential for new jobs and additional growth made possible by this project. As a local resident, I am looking forward to the time when my family can receive the most technologically advanced medical care available in a new, modern facility.

St. Francis is a leading medical provider, well qualified to establish a hospital so uniquely designed for our area, one that will combine the tradition of high quality care provided by St. Francis with cutting-edge advancements in medicine.

I appreciate your consideration of this project. Please feel free to contact me if you have any questions.

Sincerely,

Rex F. Rice

000337

Adam Taylor
District No. 16 - Laurens-Greenville Counties
550 West Main Street
Laurens, SC 29360
(864) 681-8112
Cell: (864) 981-1737

Committees:
Ways and Means
Economic Development and Natural Resources Subcommittee, Chairman

House of Representatives

State of South Carolina

518-C Blatt Building
Columbia, SC 29211
Tel. (803) 734-2990

Chairman:
Laurens County Legislative Delegation

Assistant Majority Leader

September 10, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am writing to you to express my support of Bon Secours St. Francis Health System's plan to construct a state-of-the-art medical facility near Millennium Drive in Greenville, to be known as ST. FRANCIS millennium.

The area around the Clemson University International Center for Automotive Research is undergoing remarkable growth in business and technology. The establishment of the CU-ICAR has sparked tremendous economic development opportunities. A hospital offering the latest in health management, diagnosis, and treatment options will further stimulate this growth, and complement the innovative focus of the area. Such a hospital would be an asset that would increase the region's ability to attract new businesses.

As a member of the Greenville County Legislative Delegation, I am excited about the potential for new jobs and additional growth made possible by this project. As a local resident, I am looking forward to the time when my family can receive the most technologically advanced medical care available in a new, modern facility.

St. Francis is a leading medical provider, well qualified to establish a hospital so uniquely designed for our area, one that will combine the tradition of high quality care provided by St. Francis with cutting-edge advancements in medicine.

I appreciate your consideration of this project. Please feel free to contact me if you have any questions.

Sincerely,

J. Adam Taylor

JAT/vhr/2008sept10-6

000338

PMC.2013.00005715

PET-EX055.0340

RECORD 006087

The House of Representatives

STATE OF SOUTH CAROLINA
STATE HOUSE
P. O. BOX 11867
Columbia 29211
(803) 734-3144

DANIEL T. COOPER
CHAIRMAN
WAYS AND MEANS COMMITTEE

July 17, 2008

DISTRICT 10
ANDERSON COUNTY

HOME ADDRESS
361 BROWNING ROAD
PIEDMONT, SC 29673
(864) 260-4025
DTC@scstatehouse.net

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am writing to you to express my support of Bon Secours St. Francis Health System's plan to construct a state-of-the-art medical facility near Millennium Drive in Greenville, to be known as ST. FRANCIS millennium.

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As Chairman of the Ways and Means Committee, I am excited about the potential for new jobs and additional growth made possible by this project. As a local resident, I am looking forward to the time when my family can receive the most technologically advanced medical care available in a new, modern facility.

St. Francis is a leading medical provider, well qualified to establish a hospital so uniquely designed for our area, one that will combine the tradition of high quality care provided by St. Francis with cutting-edge advancements in medicine.

I appreciate your consideration of this project. Please feel free to contact me if you have any questions.

Sincerely,

Daniel T. Cooper

Daniel T. Cooper

SENATOR RALPH ANDERSON
SENATORIAL DISTRICT NO.7
GREENVILLE COUNTY

SENATE ADDRESS:
P.O. BOX 142
SUITE 502, GRESSETTE BLDG.
COLUMBIA, S.C. 29202
TEL. (803) 212-6108
FAX. (803) 212-6299
E-MAIL: RA@SCSENATE.ORG



COMMITTEES:
CORRECTIONS & PENOLOGY
EDUCATION
GENERAL
JUDICIARY
MEDICAL AFFAIRS

HOME ADDRESS:
315 ELDER STREET
GREENVILLE, S.C. 29607
TEL. (864) 235-0611

September 2, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am writing to you to express my support of Bon Secours St. Francis Health System's plan to construct a state-of-the-art medical facility near Millennium Drive in Greenville, to be known as ST. FRANCIS millennium.

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As District Number 7 State Senator, I am excited about the potential for new jobs and additional growth made possible by this project. As a local resident, I am looking forward to the time when my family can receive the most technologically advanced medical care available in a new, modern facility.

St. Francis is a leading medical provider, well qualified to establish a hospital so uniquely designed for our area, one that will combine the tradition of high quality care provided by St. Francis with cutting-edge advancements in medicine.

I appreciate your consideration of this project. Please feel free to contact me if you have any questions.

Sincerely,

Ralph Anderson

Ralph Anderson

RA\ks

000340

PMC.2013.00005717

PET-EX055.0342

RECORD 006089

DAVID L. THOMAS
SENATOR, GREENVILLE COUNTY
SENATORIAL DISTRICT NO 8

GREENVILLE ADDRESS:
23 WADE HAMPTON BLVD
GREENVILLE, SC 29609
(864) 271-6371

SENATE ADDRESS:
SUITE 410, GRESSETTE BUILDING
P O BOX 142
COLUMBIA, SC 29202
(803) 212-6240

THE SENATE OF SOUTH CAROLINA

COMMITTEES:
BANKING AND INSURANCE, CHAIRMAN
CORRECTIONS AND PENOLOGY
FINANCE
MEDICAL AFFAIRS

August 19, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, South Carolina 29204

Dear Director Patterson:

I am writing to you to express my support of Bon Secours St. Francis Health System's plan to construct a state-of-the-art medical facility near Millennium Drive in Greenville, to be known as ST. FRANCIS millennium.

The area around the Clemson University International Center for Automotive Research (CU-ICAR) is undergoing remarkable growth in business and technology. The establishment of the CU-ICAR has sparked tremendous economic development opportunities. A hospital offering the latest in health management, diagnosis, and treatment options will further stimulate this growth, and complement the innovative focus of the area. Such a hospital would be an asset that would increase the region's ability to attract new businesses.

As a state senator, I am excited about the potential for new jobs and additional growth made possible by this project. As a local resident, I am looking forward to the time when my family can receive the most technologically advanced medical care available in a new, modern facility.

St. Francis is a leading medical provider, well qualified to establish a hospital so uniquely designed for our area, one that will combine the tradition of high quality care provided by St. Francis with cutting-edge advancements in medicine.

I appreciate your consideration and time of this project. Please feel free to contact me if you have any questions.

Sincerely,

David L. Thomas

Chamber of Commerce
Greater Greenville SC

TOGETHER WE LEAD. TOGETHER WE SUCCEED.

June 4, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am writing to you in sincere support of Bon Secours St. Francis Health System's plan to develop a new hospital/health care facilities on Innovation Drive in Greenville -- to be known as ST. FRANCIS *Millennium.*

The Millennium Campus area of Greenville is a dynamic example of master planning, innovation and design from every perspective. The vision of the late John Hollingsworth, who originally conceived the idea for the area, was to establish a world-class center for technological research which would nurture the creation of collaborative partnerships between diverse industries This vision is currently being realized through development of a campus that will be home to private business and industry in the life sciences, biomedical, pharmaceutical, financial, motor sports, automotive and aerospace related fields and other interested research-focused, technology based-industries.

From the beginning, healthcare services were seen as a key, critical element that could add enormously to this environment. We envisioned a healthcare partner as one who could integrate seamlessly with the area, and provide on-going opportunities for latest in research and collaboration.

It is thrilling to have Bon Secours St. Francis Health System as that partner. They have not only grasped the ideas and concepts of the Millennium campus – but have already moved far beyond our expectations in planning for truly unique contributions that will be offered through their comprehensive plan of health resources and services.

The design of the hospital, in keeping with the overall architectural concept of the area, will include construction that emphasizes natural light, encourages pedestrian use, and conserves energy. It incorporates not only the most advanced "green" technologies to reduce environmental impact, but also many elements important to a healthy lifestyle, such as gardens, walking paths, and areas for meditation.

24 Cleveland Street Greenville, SC 29601
864-242-1050 Fax: 864-282-8509 www.greenvillechamber.org

More importantly, this state-of-the-art facility will bring our community the latest in diagnostic and therapeutic technology. It will offer vital services in emergency care, cardiology and orthopedics translating into "life-saving" minutes and treatments available to one of the fastest growing population corridors in our area.

On behalf of the Greenville Chamber of Commerce, I whole-heartedly endorse St. Francis in their proposal for the new Millennium hospital.

I invite and appreciate your careful consideration of this unique plan. Please feel free to contact me if you have any questions.

Sincerely,

Ben Haskew
President / CEO
Greater Greenville Chamber of Commerce

Chamber of Commerce
Greater Greenville SC

TOGETHER WE LEAD. TOGETHER WE SUCCEED.

June 3, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am writing to you in sincere support of Bon Secours St. Francis Health System's plan to develop new hospital/health care facilities on Innovation Drive in Greenville --to be known as ST. FRANCIS *Millennium.*

The Millennium Campus area of Greenville is a dynamic example of master planning, innovation and design from every perspective. The vision of the late John Hollingsworth, who originally conceived the idea for the area, was to establish a world-class center for technological research that would nurture the creation of collaborative partnerships between diverse industries. This vision is currently being realized through development of a campus that will be home to private business and industry in the life sciences, biomedical, pharmaceutical, financial, motor sports, automotive and aerospace related fields and other interested research-focused, technology-based industries.

From the beginning, healthcare services were seen as a key, critical element that could add enormously to this environment. We envisioned a healthcare partner as one who could integrate seamlessly with the area, and provide ongoing opportunities for research and collaboration.

It is thrilling to have Bon Secours St. Francis Health System as that partner. They have not only grasped the ideas and concepts of the Millennium campus – but have already moved far beyond our expectations in planning for truly unique contributions that will be offered through their comprehensive plan of health resources and services.

The design of the hospital, in keeping with the overall architectural concept of the area, will include construction that emphasizes natural light, encourages pedestrian use, and conserves energy. It incorporates not only the most advanced "green" technologies to reduce environmental impact, but also many elements important to a healthy lifestyle, such as gardens, walking paths, and areas for meditation.

More importantly, this state-of-the-art facility will bring our community the latest in diagnostic and therapeutic technology. It will offer vital services in emergency care, cardiology and orthopedics translating into "life-saving" minutes and treatments available to one of the fastest growing population corridors in our area.

24 Cleveland Street Greenville, SC 29601
864-242-1050 Fax: 864-282-8509 www.greenvillechamber.org

Chamber of Commerce
Greater Greenville SC

TOGETHER WE LEAD. TOGETHER WE SUCCEED.

On behalf of the Greenville Chamber of Commerce, I wholeheartedly endorse St. Francis in their proposal for the new Millennium hospital.

I invite and appreciate your careful consideration of this unique plan. Please feel free to contact me if you have any questions.

Sincerely,

Hank Hyatt

Hank Hyatt
Vice President, Economic Development
Greater Greenville Chamber of Commerce

Harry F. Cato
Chairman

Thomas M. Dantzler
First Vice-Chairman

Michael D. Thompson
Second Vice-Chairman

Labor, Commerce and Industry Committee

Carl L. Anderson
Jimmy Charles Bales
William K. Bowers
Joan B. Brady
Grady A. Brown
Nikki R. Haley
Glenn L. Hamilton

Chip Huggins
David J. Mack
Phillip D. Owens
Robert S. Perry, Jr.
Olin R. Phillips
William E. Sandifer III
Wallace B. Scarborough
McLain R. Toole

Jennifer Parrish Robinson
Chief Staff Counsel

Andrew T. Fiffick
Asst. Staff Counsel

Robyn R. Gainey
Executive Assistant

House of Representatives
P. O. BOX 11867 TELEPHONE: 734-3015
407 Blatt Building
Columbia, SC 29211

July 15, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am writing to you to express my support of Bon Secours St. Francis Health System's plan to construct a state-of-the-art medical facility near Millennium Drive in Greenville, to be known as ST. FRANCIS millennium.

The area around the Clemson University International Center for Automotive Research is undergoing remarkable growth in business and technology. The establishment of the CU-ICAR has sparked tremendous economic development opportunities. A hospital offering the latest in health management, diagnosis, and treatment options will further stimulate this growth, and complement the innovative focus of the area. Such a hospital would be an asset that would increase the region's ability to attract new businesses.

As a legislator from Greenville County, I am excited about the potential for new jobs and additional growth made possible by this project. As a local resident, I am looking forward to the time when my family can receive the most technologically advanced medical care available in a new, modern facility.

St. Francis is a leading medical provider, well qualified to establish a hospital so uniquely designed for our area, one that will combine the tradition of high quality care provided by St. Francis with cutting-edge advancements in medicine.

I appreciate your consideration of this project. Please feel free to contact me if you have any questions.

Sincerely,

Harry

Harry F. Cato

Mauldin
Expect Great Things.

August 19, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
1777 St. Julian Place, Suite 201;
Columbia, SC 29204

Dear Ms. Patterson:

I am writing to endorse Bon Secours St. Francis Health System's plan to develop a new hospital on Innovation Drive in Greenville – the St. Francis *Millennium* Health campus.

The Millennium campus is within city limits of Greenville but this property is immediately adjacent to our city limits of Mauldin. My endorsement of this project is from the perspective of providing the best possible health care for Mauldin residents and we are all very pleased to learn that the St. Francis facility will include a full range of inpatient, outpatient, urgent care, and emergency services.

More importantly, this state-of-the-art facility will bring our community the latest in diagnostic and therapeutic technology. It will offer vital services in emergency care, cardiology, and orthopedics translating into "life-saving" minutes and treatments available to one of the fastest growing population corridors in our state.

With a population of 20,235, Mauldin is the 19th largest city in South Carolina. Our population grew by over 29% from 2000 to 2007 making us the 10th fastest growing city in our state. We are a rapidly growing residential and business center but our nearest hospital is several miles away; and, with traffic can easily be a 25 - 30 minute trip. The Saint Francis development would bring improved health care to all Mauldin residents.

Thank you in advance for the thoughtful consideration that you and your colleagues will give to the St. Francis proposal and its positive impact for our families, and our community.

Sincerely,

Raymond C. Eubanks, III
City Administrator

000348

PMC.2013.00005725

PET-EX055.0350

MIKE FAIR
CHAIRMAN

Corrections & Penology Committee

DAVID JORDAN
DIRECTOR OF RESEARCH

M. SHARON FENNELL
ADMINISTRATIVE ASSISTANT

THE SENATE OF SOUTH CAROLINA
211 GRESSETTE SENATE OFFICE BUILDING
P. O. BOX 142
COLUMBIA, SOUTH CAROLINA 29202
(803) 212-6420
FAX: (803) 212-6299

July 15, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, South Carolina 29204

Dear Ms. Patterson:

I am writing to express my support of Bon Secours St. Francis Health System's plan to construct a state-of-the-art medical facility near Millennium Drive in Greenville, South Carolina to be known as St. Francis Millennium.

The area around the Clemson University International Center for Automotive Research is undergoing remarkable growth in business and technology. The establishment of the CUICAR has sparked tremendous economic development opportunities. A hospital offering the latest in health management, diagnosis, and treatment options will further stimulate this growth, and complement the innovative focus of the area. Such a hospital would be an asset that would increase the region's ability to attract new businesses.

As an elected official, I am excited about the potential for new jobs and additional growth made possible by this project. As a local resident, I am looking forward to the time when my family can receive the most technologically advanced medical care available in a new modern facility.

St. Francis is a leading medical provider, well qualified to establish a hospital so uniquely designed for our area, one that will combine the tradition of high qualify care provided by St. Francis with cutting-edge advancements in medicine.

I appreciate your consideration of this project. Please feel free to contact me if you have any questions.

Sincerely,

Mike Fair
Senator, District 6

Creative Builders, Inc.

200 East Broad Street
Suite 150
Greenville, SC 29601
864.233.1631
f: 864.235.1178

June 12, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

Please accept this letter as my vote of strong support of Bon Secours St. Francis Health System's plan to develop a new hospital/health care campus on Innovation Drive in Greenville --to be known as ST. FRANCIS *Millennium.*

Our business has been fortunate to grow with the Greenville area for **37 years**; and, we continue to see the incredible potential of this region as the Greenville area becomes a magnet city not only in Upstate South Carolina but the entire SouthEast, attracting the relocation of corporate headquarters, innovative new developments such as the Clemson University International Center for Automotive Research plus a preferred choice for many families.

The site that St. Francis is proposing for this new campus is particularly exciting as it will bring access to comprehensive healthcare services into a rapidly expanding corridor of new homes and new corporate development.

Moreover, I can say that our company has worked with Bon Secours St. Francis Health System in partnership on the **Mulberry Court Apartments.** They are truly committed to their involvement and reform of the neighborhood and Greenville community.

Let me offer our appreciation for the work of SC DHEC in this process of review.

Sincerely,

William H. McCauley, III
President

CLEMSON
UNIVERSITY

June 19, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am writing to you in sincere support of Bon Secours St. Francis Health System's plan to develop a new hospital/health care facility on Innovation Drive in Greenville --to be known as ST. FRANCIS *Millennium.*

The CU-ICAR Campus area of Greenville is a dynamic example of master planning, innovation and design from every perspective. The vision of the late John Hollingsworth, who originally conceived the idea for the area, was to establish a world-class center for technological research which would nurture the creation of collaborative partnerships between diverse industries This vision is currently being realized through development of a campus that will be home to private business and industry in the life sciences, biomedical, pharmaceutical, financial, motor sports, automotive and aerospace related fields and other interested research-focused, technology-based industries.

The Clemson University International Center for Automotive Research (CU-ICAR) is a 250-acre "technopolis" where BMW, Michelin, Timken, Sun Microsystems and other corporate partners have joined Clemson to focus on automotive and motorsports research and other transportation issues. Mazda, the first Asian original equipment manufacturer associated with CU-ICAR, is the most recently announced. The campus master plan features five pedestrian-oriented "technology neighborhoods", each to be anchored by a research facility to attract private companies related to the research focus.

From the beginning, healthcare services were seen as a key, critical element that could add enormously to this environment. We envisioned a healthcare partner as one who could integrate seamlessly with the area, and provide on-going opportunities for latest in research and collaboration.

It is thrilling to have Bon Secours St. Francis Health System as that partner. They have not only grasped the ideas and concepts of the CU-ICAR campus – but have already moved far beyond our expectations in planning for truly unique contributions that will be offered through their comprehensive plan of health resources and services.

CU-ICAR
CLEMSON UNIVERSITY INTERNATIONAL CENTER FOR AUTOMOTIVE RESEARCH
5 Research Drive Greenville, SC 29607
864.283.7100 FAX 864.283.7125

000352

PMC.2013.00005729

PET-EX055.0354

The design of the hospital, in keeping with the overall architectural concept of the area, will include construction that emphasizes natural light, encourages pedestrian use, and conserves energy. It incorporates not only the most advanced "green" technologies to reduce environmental impact, but also many elements important to a healthy lifestyle, such as gardens, walking paths, and areas for meditation.

More importantly, this state-of-the-art facility will bring our community the latest in diagnostic and therapeutic technology. It will offer vital services in emergency care, cardiology and orthopedics translating into "life-saving" minutes and treatments available to one of the fastest growing population corridors in our area.

On behalf of CU-ICAR, I whole-heartedly endorse St. Francis in their proposal for the new Millennium hospital.

I invite and appreciate your careful consideration of this unique plan. Please feel free to contact me if you have any questions.

Sincerely,

Robert T. Geolas, Executive Director
CUICAR

CLEMSON
UNIVERSITY

June 19, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

I am writing to you in sincere support of Bon Secours St. Francis Health System's plan to develop a new hospital/health care facility on Innovation Drive in Greenville --to be known as ST. FRANCIS *Millennium.*

This area of Greenville is a dynamic example of planning, innovation and design from every perspective. This innovative vision is currently being realized through the development of a campus that will be home of Clemson University International Center for Automotive Research (CU-ICAR), to private business and industry in the automotive, motor sports, aerospace, life sciences, biomedical, pharmaceutical, financial and other interested research-focused, technology-based industries.

Healthcare services are seen as a key, critical element that could add enormously to this environment. At CU-ICAR, we envision a healthcare partner as one who could integrate seamlessly with the area, and provide on-going opportunities for latest in research and collaboration.

It is thrilling to have Bon Secours St. Francis Health System as that partner. They have not only grasped these ideas and concepts – but have already moved far beyond our expectations in planning for truly unique contributions that will be offered through their comprehensive plan of health resources and services.

The design of the hospital, in keeping with the overall architectural concept of the Campus, will include construction that emphasizes natural light, encourages pedestrian use, and conserves energy. It incorporates not only the most advanced "green" technologies to reduce environmental impact, but also many elements important to a healthy lifestyle, such as gardens, walking paths, and areas for meditation.

CU-ICAR
CLEMSON UNIVERSITY INTERNATIONAL CENTER FOR AUTOMOTIVE RESEARCH
5 Research Drive Greenville, SC 29607
864.283.7100 FAX 864.283.7125

000354

PMC.2013.00005731

PET-EX055.0356

RECORD 006103

More importantly, this state-of-the-art facility will bring our community the latest in diagnostic and therapeutic technology. It will offer vital services in emergency care, cardiology and orthopedics translating into "life-saving" minutes and treatments available to one of the fastest growing population corridors in our area.

On behalf of CU-ICAR, I whole-heartedly endorse St. Francis in their proposal for the new Millennium hospital.

I invite and appreciate your careful consideration of this unique plan. Please feel free to contact me if you have any questions.

Sincerely,

John V. Boyette, Jr.
Director of Real Estate
CU-ICAR

000355

ElliottDavis
Accountants and Business Advisors

200 East Broad Street
P.O. Box 6286
Greenville, SC 29606-6286

Phone 864.242.3370
Fax 864.232.7161

June 18, 2008

Mrs. Beverly Patterson
Director, Bureau of Health Facilities and Services Dept.
Division of Planning and Certification of Need
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Mrs. Patterson:

I am writing you to express my full support for the Bon Secours St. Francis Health Systems plans to develop a new hospital/health care facility on the Millennium Campus in Greenville, South Carolina. I have had the opportunity review the vision and the plans for this initiative, and I am most impressed. I firmly believe that this growing community will be well served by this facility and, in fact, needs such a facility. There are a number of factors or components of this vision that both impress me and lead me to my conclusion to support this project, to include:

- The focus of this project is "health optimization" – which strikes me as an innovative advancement that goes well beyond wellness.
- This is both an innovative project and one which will advance innovation within the health care field, well beyond, I believe, those that it serves directly and even well beyond the Greenville community.
- I believe that this facility will serve at a very high level the needs of our rapidly growing community. Furthermore, the location of this facility is in a prime area for growth.
- This facility will be focused on orthopedics and cardiology and taking such services to a very high level.
- This facility and it programs will track premier talent and will spur research, development and innovation.

- Additionally, I feel that this project will have a positive impact on the overall health care of this community and of the other leading hospitals in this area (to include the Greenville Hospital System and Spartanburg Regional) in that it will attract medical professionals to our communities and advance our focus on becoming a premier magnet for innovative health care.

I enthusiastically support and endorse Bon Secours St. Francis' application for their new millennium hospital. I would invite and appreciate your careful consideration of this unique plan.

Please feel free to contact me if you have any questions.

Sincerely yours,

ELLIOTT DAVIS, LLC

Irvine T. Welling, III
Chairman Emeritus & Shareholder

ITW/ld

000357

PMC.2013.00005734

PET-EX055.0359

Edward and Joan Benton
323 Cherry Hill Road, Greenville SC 29607

Ms. Beverly Patterson
Department of Health and Environmental Control
Columbia, SC 29204

Dear Ms. Patterson:

Please accept this letter of our family's support for the proposed St. Francis hospital to be built at the Clemson University ICAR / Millennium campus in Greenville.

Our family lives just four miles from this proposed facility and we are enthusiastically in support of this new hospital and the healthcare facilities that would be related to this project.

We are blessed with two healthy children who are involved many sports activities, we both stay very active – but we also know that at any time we could need the services and skills of hospital services – especially emergency care—and right now, this could pose a very difficult situation – getting to the nearest hospital currently takes us around 20-30 minutes without any complications from the congestions of traffic.

In contrast, we feel that the new St. Francis facility could literally be a "life-saver" for us and our neighbors. There are at least 15 family residential developments within a radius of 10 miles of this proposed healthcare campus.

I'm very pleased that this is a St. Francis facility – my experiences with St. Francis care have been very positive.

Thank you for taking the perspectives of families into consideration as you review the St. Francis proposal.

Sincerely,

Edward Joan Benton

Ed and Joan Benton

Ms. Beverly Patterson
Department of Health and Environmental Control
Columbia, SC 29204

Dear Ms. Patterson:

Our family is submitting this letter in support of the new hospital proposed by St. Francis Health System that will be located just off Laurens Road in Greenville, S.C.

We live within three miles of the proposed site of this hospital and we are thrilled to learn what may be included at this site.

Our family is rather large by today's standards with five wonderful—*but very active children*— While we are blessed with good health it is so comforting to know that if and when we might need hospital services – especially emergency care—it could be literally minutes away.

Getting to the proposed new St. Francis facility would be easy and quick while travel to the closest emergency department is now at least 20 minutes and probably longer depending on traffic.

In fact, not only our neighborhood but many of the developments within just a few miles of the hospital are very family oriented – and I know that many of these residents
would share our family's eagerness for this hospital.

Let me also say that I feel very good about this new hospital being a St. Francis facility. St. Francis has an excellent reputation in Greenville area for their focus on family care.

Thank you,

Sincerely,

Tracy and David Hiller
316 Cherry Hill Road
Greenville, SC 29601

000359

PMC.2013.00005736

PET-EX055.0361

RECORD 006108

Rebecca Sept 1, 2008

Dear Ms. Patterson,

My name is Rebecca. I am 12 years old and in the 7th grade. I am also a Girl Scout in Troop 398 in Mauldin, South Carolina. Our Girl Scout Troop has learned St. Francis would like to build a hospital very near Mauldin - just off Laurens Road. I think that this is a great idea - it is very important that there are hospitals very near to where people live to provide care for those who are sick or need special attention because of accidents or injuries. My dad has diabetes and our family knows how important it is to have good hospitals close by. Our scout troop is very active - many of us enjoy swimming & my self personally enjoys singing & dancing & it is great to know that we would have a hospital very close with well trained doctors and nurses if we would need it. I remember one time when I was 5 years old. I was at school and we were at recess and me and my friend went into the

000360

PMC.2013.00005737

PET-EX055.0362

Ms. Beverly Patterson
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201; Columbia, SC 29204

Dear Ms. Patterson:

We are writing this letter in support of the new hospital and health campus to possibly be built off Laurens Road by Bon Secours St. Francis Health System.

Both my wife and I are healthy older adults but we are still very active.

We are very excited to learn that St. Francis plans to use their new facility to offer all levels of health care – regular hospital care and emergency services.

This proposed new St. Francis facility would be very convenient for our family to use whether for an emergency or for our regular health services.

With the traffic now extremely congested, time between our house and other full service hospitals can be as much as 20 minutes depending on traffic.

Thank you for your work in considering the proposal for this new facility and how it can benefit the families in our area.

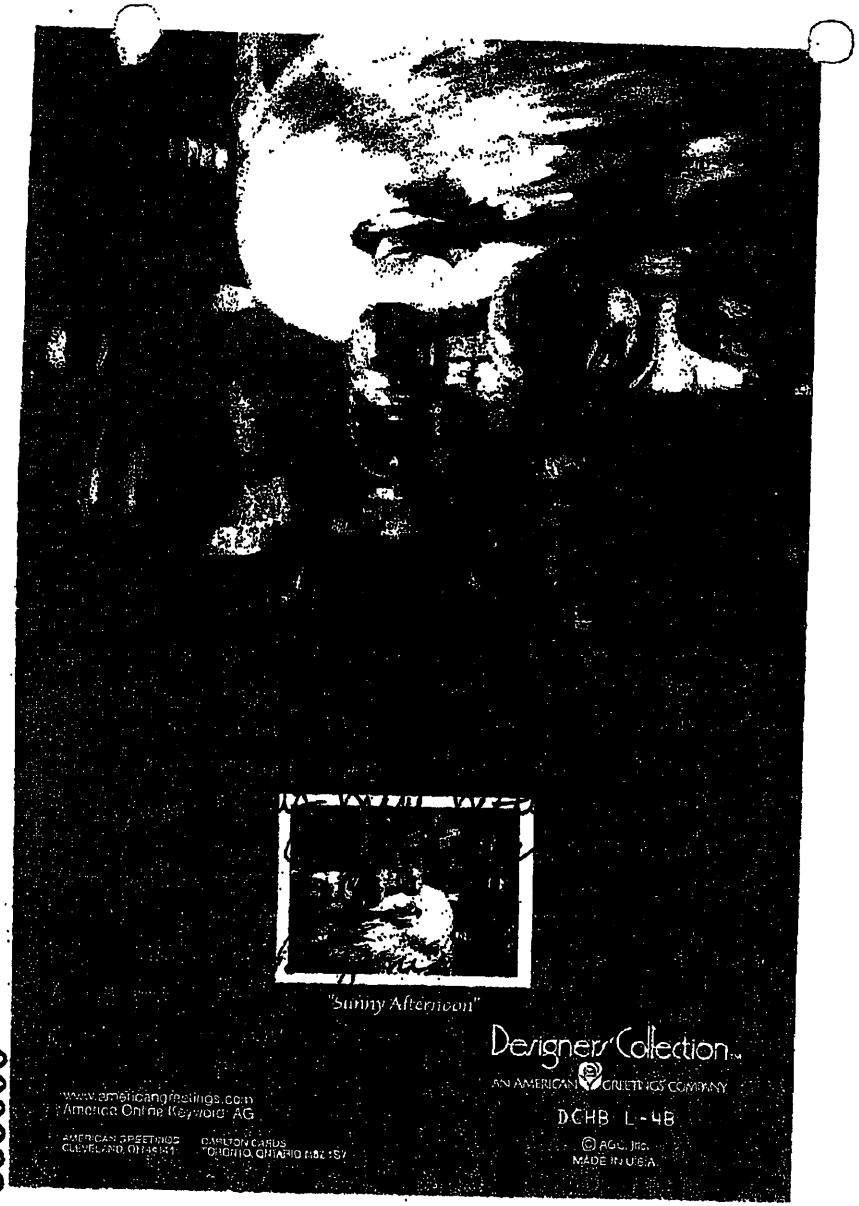
Mr. and Mrs. Glenn Cable
114 Roal Oak Road
Greenville, SC 29607

Glenn Cable
Lynda Cable

000361

PMC.2013.00005738

PET-EX055.0363



000362

Ms. Patterson,

Our family is submitting this letter in support of the new hospital proposed by St. Francis Health System that will be located just off Laurens Road in Greenville, SC. We live about two miles away from the proposed site. I chose to give birth to my three Children @ St. Francis Womens Hospital and as the years passed and more services were added it gave me great comfort to return to the Comfort of a familiar Setting. We rushed our Son to the Emergency room in the middle of our Church Service. We attend First Baptist of Simpsonville and Hillcrest Hospital is just a few miles away, but we prefered to seek help @ St. Francis. His needs were urgent and required immediate Surgery. His Surgon told us that we were lucky we had brought him in because the nearest Surgon for his procedure was only 10 minutes away — in route upon his initial examination. Our Son wouldn't have had a favorable outcome had we taken him Hillcrest due to the Care that he required. Knowing that a

RECORD 006111

PMC.2013.00005739

PET-EX055.0364

Dear Mrs. Patterson,

My Name is Ariana. I am 12 years old and in the 7th grade. I am also a Girl Scout in troop 398 in Mauldin, South Carolina. Our Scout Troop has been to a St. Francis hospital on several occasions working on some of our Troop projects. The staff was very helpful and friendly. It would be exciting to have another St. Francis hospital close by.

Ariana
GS. Troop 398
106 Sunset Dr
Mauldin, SC 29662

000363

PMC.2013.00005740

PET-EX055.0365



~~Dear, MS Patterson,~~

I am in a girl scout troop and from Mauldin, South Carolina. I think that this is a great idea-it is very important that there are places where people like to provide care for those who are sick or injured. Special attention because of accidents or injuries.

By Elise, Troop 398
108 Sunset Dr.
Mauldin, SC 29662

PMC.2013.00005741

PET-EX055.0366

RECORD 006113

June 3, 2008

Ms. Beverly Patterson
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201, Columbia, SC 29204

Dear Ms. Patterson:

We are writing to you to let you know how strongly we support the new hospital and health campus being proposed by St. Francis Health System at the Millenium development in Greenville, SC.

We think that this St. Francis health campus would be very beneficial for our family. We have three adult children with families of their own. We often gather for holidays and in between visits and have grandchildren stay for extended visits and emergencies inevitably arise. Travel time for us to the nearest full service hospital can easily be 20 minutes or more depending on traffic and the area in which we live is getting more and more congested. There are many , many families in our area who either have grandchildren who come or , who are still raising their own children and have a great need for such a facility to be available and convenient for them.

Also, we are less than 5 years away from retirement and even though we are active and aware of the benefits of living a healthy life style it is extremely important to us to have a facility like St. Francis is planning that we can easily access and that will offer a broad range of health and wellness activities and education.

We thank you for considering the proposal for this new facility and how it can benefit the families in our area.

Sincerely,
William J. & Judith P. Shallcham

Wm. J. Shallcham
Judith B. Shallcham

315 Cherry Hill Road
Greenville, SC 29607

June 10, 2008

Ms. Beverly Patterson
Director, Bureau of Health Facilities and Services Development
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Patterson:

Please allow me to introduce myself, my name is Julie Perry and I am currently president of the Parent Teacher Association of J.L. Mann High School in Greenville.

I am submitting this letter in full support for Bon Secours St. Francis Health System's plan to develop a new hospital/health care facilities on Innovation Drive in Greenville, the ST. FRANCIS *Millennium* campus.

I'm very proud of this high school and the wide spectrum of opportunities that it provides for students. We have approximately 1350 students and last year moved into a new building which is located within 1 mile and less than 5 minutes from this proposed health campus..

My endorsement of this project is from several vantage points. First, from the perspective of optimal safety and health of our J.L. Mann students, faculty and families– we are all very pleased to learn that the St. Francis facility will include not only inpatient and outpatient facilities but also comprehensive emergency care services.

J.L. Mann High School hosts the High School Level Special Education Satellite Program for the School District of Greenville County. As a result, we have numerous physically fragile students attending our school. If an emergency occurred, travel to these emergency services would be within 5 minutes – in contrast to the current travel time upwards of 20-30 minutes to reach a well-equipped emergency center.

Additionally, the entire development encompassing the Millennium and ICAR property is being designed as a center for world-class innovation and research. Several of the companies in this development are already reaching out to bring incredibly exciting activities to our students and faculty. We anticipate that the St. Francis Health System will only further these opportunities and interaction.

Please let me thank you in advance for the thoughtful consideration that you and your colleagues will give to the St. Francis proposal and its positive impact for our families, our school and our community.

Sincerely,

Julie Perry

Julie Perry

000366

PMC.2013.00005743

PET-EX055.0368

ATTACHMENT O

PATIENT SAFETY PROGRAM

PMC.2013.00005744

PET-EX055.0369

RECORD 006116

BON SECOURS
ST. FRANCIS HEALTH SYSTEM

2004 Patient Safety Program

Patient Safety PI Plan
Patient Safety PI Dashboard
Patient Safety Supporting Exhibits

000368

PMC.2013.00005745

PET-EX055.0370

RECORD 006117

PATIENT SAFETY PROGRAM FEATURES

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Failure mode, effects, and criticality analysis	
Reporting of results	
To the Patient Safety Program	
To organization staff	
To executive leadership and the governing body	
Definition of terms (Glossary)	

SUPPORTING EXHIBITS

1 Patient Safety PI Dashboard
2 Physician's Order Sheet
3 BSSFHS Performance Improvement Structure
4 Patient Rights and Responsibilities Policy
5 Partners in Safety Brochure
6 Ten Tips to Help Keep You Safe
7 Sentinel Event Policy and RCA Tools
8 Disclosure of Medical Accidents and Unanticipated Adverse Outcomes
9 New Employee Orientation Program Outline
10 Filing of Acute Care Quality Care Report
11 Medication Errors
12 Failure Mode and Effects Analysis (FMEA)

ADDITIONAL RESOURCES

Blood Administration Check Twice
Medication Administration Check Twice

BON SECOURS ST. FRANCIS HEALTH SYSTEM **Universal Policy**	**Policy Number:** 01-0000-UP000210 **Title:** Patient Safety Program **Effective Date:** 7/01 **Revised Date:** 3/04

Patient Safety Plan

Development Strategy

The development of the *Patient Safety Plan* was driven by requisite safety program features, as noted in the plan's table of contents. These safety features are in direct alignment with the 2004 JCAHO recommended "plan outline," as published on the JCAHO's web site at http://www.jcaho.com/accredited+organizations/patient+safety/plan+outline/index.htm . The Bon Secours St. Francis Health System (BSSFHS) is grateful to the JCAHO for their guidance.

The development of this *Patient Safety Plan* was also inspired by the publication of the Institute of Medicine's (IOM) report, *To Err is Human. Building a Safer Health System.* While there has been extensive academic deliberation of IOM's estimation that 44,000 – 98,000 deaths occur annually due to medical error, including 7,000 deaths directly related to medication errors alone, this report made one thing clear: There is irrefutable evidence that inefficient and ineffective assessment and care delivery systems contribute to untoward events of considerable consequence. Moreover, these unanticipated clinical outcomes are often avoidable.

Organizational Impact

The BSSFHS Patient Safety Plan was created through interdisciplinary collaboration and represents thoughts, data, information and resources of the medical staff leadership team, executive leaders, key administrative / clinical directors and the performance improvement staff. It is designed to facilitate cultural change initiatives and provide a unified patient safety performance improvement structure throughout all facilities of the Bon Secours St. Francis Health System.

As it encompasses all patient care activities of our health systems, the plan also impacts all staff across our health system. Each employee is charged with the critical responsibility of applying their education, training and experience to promote a safe environment at our facility. Thus, this patient safety plan has been designated the status of Universal Policy. Compliance, in terms of participation during orientation, reporting near or actual untoward occurrences – and being "part of the solution" is mandatory for all staff who are in contact with our patients.

Mission, Vision and Values

Our Patient Safety Program has been designed specifically to support and promote the mission, vision and values of Bon Secours St. Francis Health System which includes continually measuring and improving patient, employee and visitor safety.

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Our Mission
Bon Secours Health System is to bring compassion to health care and to be good help to those in need, especially the poor and dying. As a system of caregivers, we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church.

Our Values
Respect, Justice, Integrity, Stewardship, Innovation, Compassion, Quality, and Growth

Our Vision
As a regional provider of advanced medical services, we will become the first choice of patients and employees. Guided by the legacy of our founding Sisters, we will offer compassionate care for all and advocate the highest quality of care.

Patient Safety Program Goals

BSSFHS leadership is cognizant that optimal healthcare must be interdisciplinary and collaborative. Accordingly, our leadership teams have implemented a health system wide proactive patient safety system and endorse the following program performance goals:

- Recognition and acknowledgement of risks and unanticipated adverse events;
- Prospective analysis of selected healthcare services before an adverse event occurs, to identify system redesign that will reduce the likelihood of error;
- Integration of patient safety priorities into the new design and redesign of all relevant organization processes, functions and services;
- Identification of *all* potential risks, including risk associated with the 7 National Patient Safety Goals;
- The investigation of underlying factors that contribute to unanticipated adverse events;
- The establishment of a non-punitive organizational culture and climate with a focus on processes and systems and minimization of individual blame or retribution for involvement in a medical/healthcare error;
- The development and use of advanced, yet common-sense measurement methodologies;
- Collaborative and coordinated review / analysis of all measurement findings;
- Initiation of actions to reduce these risks and unanticipated adverse events;
- Reporting internally on risk reduction initiatives and their effectiveness;
- Acting upon all opportunities to improve patient safety;
- Sustaining process and outcome improvements through interdisciplinary teamwork;
- Performing an annual appraisal of the objectives, scope, performance and effectiveness of all patient safety critical success measures. The by-product of our annual appraisal will be the foundation for the following year's patient safety plan and performance goals.

Bon Secours St. Francis Health System is committed to the six principles advocated by the Institute of Medicine's Advisory Commission on Consumer Protection and Quality in the Health Care Industry. Specifically, healthcare at BSSFHS should be:

- Safe – avoiding injuries to patients from the care that is intended to help them

- Effective – providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse)
- Patient-centered – providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions
- Timely – reducing waits and sometimes harmful delays for both those who receive care and those who give care
- Efficient – avoiding waste, in particular waste of equipment, supplies, ideas and energy
- Equitable – providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and socioeconomic status.

Scope

This *Patient Safety Plan* is collaboratively designed and integrated throughout our multi-site health system by the medical staff, nursing and clinical departments, as well as all support service areas. The BSSFHS senior leadership team embraces performance improvement and patient safety and the benefits of top-down quality driven leadership, cross-functional planning with a focus on customer satisfaction and positive clinical outcomes.

Specifically, the scope of the *Patient Safety Plan* encompasses the seven (7) National Patient Safety Goals, the patient safety assessment and improvement activities of the risk management, medication management, clinical nursing, infection control, performance improvement, health information management and management of the environment of care functions. This plan is fully supported by the human resources education and training department. BSSFHS employs the Juran Methodology, comprised of a Six Step Quality Improvement Process in our quest to understand, identify, analyze and improve patient safety. The steps are:

Step	Description
One	Identify a Project
Two	Establish the Project
Three	Diagnose the Cause
Four	Remedy the Cause
Five	Hold the Gains
Six	Replicate Results and Nominate New Projects

Structure Management of the Patient Safety Plan

Board of Directors

The BSSFHS Board of Directors has ultimate responsibility for assuring that the proper mechanisms are in place to promote the highest level of patient/medical safety. The Board plays an active oversight role through the following activities:

- Review and discussion of annual report including a profile of patient/medical safety events and actions taken, proactive safety initiatives, aggregate information regarding key indicators and evaluation of success in impacting those indicators.

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Administration/Executive Management Team

The Chief Executive Officer (CEO) and Executive Management (defined as Strategic Team) oversee operations of the organization. Among other duties, this team supports patient/medical safety by:

- Approving the Patient/Medical Safety Plan and appropriating the resources necessary for its implementation;
- Assuring that an adequate number of staff are trained and competent to provide safe patient care;
- Appropriating resources for adequately maintained equipment and information system functionality to enhance patient safety;
- Determining and responding to personnel, equipment and other resource needs for the safe and optimal operations of the organization;
- Providing direct oversight through participation on the Quality and Patient Safety Council
- Participating in specific patient safety functions/activities; and
- Requiring that managers and staff actively participate in patient and medical safety initiatives as outlined in this plan.

Medical Staff

The medical staff is responsible for:

- Offering their perception of risks and suggestions for systems and process improvements;
- Participating in the organization's patient/medical safety initiatives through representation on the Medical Executive Committee, Quality and Patient Safety Council, Sentinel Event teams, and other teams as appropriate; and
- Participating in the disclosure of medical errors and unanticipated outcomes with patients/families.

[Refer to **Exhibit 2:** ***Physician's Order Sheet***] which outlines our mechanisms to actively address two (2) National Patient Safety Goals. This order sheet has been redesigned with medical staff input to document telephone / verbal order "read backs." The form also lists the abbreviations and acronyms that are NOT to be used in the prescription / ordering process. Lastly, it includes a legend that serves as a reminder of authentication guidelines for verbal orders.

Department Directors/Managers

Each director/manager is responsible for:

- Offering their perception of risks and suggestions for system and process improvements;
- Continuously assessing for potential areas of risk within their department's process;
- Reviewing administrative incident reports for their department to identify potential staffing issues, educational/competency issues, process system hazards and for responding appropriately with corrective action plans;
- Assessing staff competence and providing development opportunities based on performance issues;
- Assigning staff to duties consistent with his/her competencies;

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- Requiring staff to actively participate in patient/medical safety initiatives and allowing sufficient time for participation; and
- Supporting staff who are involved in errors through counseling and the EAP services.

Front-line Employees

Each employee is required to be involved in patient/medical safety. Staff member participation includes:

- Offering his/her perception of risks and suggestions for system and process improvements;
- Attending training related to risk management/patient safety, performance improvement and other related issues;
- Identifying and reporting potential risk issues as well as adverse occurrences;
- Suggesting changes which can enhance safety by informing his/her supervisor or submitting concerns to the Patient Safety Officer.
- Assisting with data collection and analysis as directed;
- Participating in improvement teams as assigned;
- Assisting with implementation of improvement plans; and
- Assisting in evaluation of the effectiveness of process improvement initiatives

Patients / Families

Patients and families, when appropriate, are encouraged to participate in the efforts to support a safer environment. Their role may include but is not limited to:

- Offering their perceptions of risks and suggestions for system and process improvements;
- Complying with hospital policies and procedures as part of the patient's responsibilities;
- Providing accurate information to healthcare providers; and
- Discussing/questioning activities, medications and procedures to facilitate a reduction in errors.

Functional Leaders

Patient Safety Officer

The Patient Safety Officer serves as the co-chair of the Quality and Patient Safety Council, serves as the designated Patient Safety Officer, and coordinates the Patient/Medical Safety function of the organization. Specifically, s/he will ensure that a process exists to:

- Coordinate and manage all patient safety measures represented in the *Patient Safety PI Dashboard* [Refer to **Exhibit 1**: ***2004 Patient Safety PI Dashboard***];
- Arrange routinely scheduled meetings of the Quality and Patient Safety Council, including preparation of meeting minutes;
- Provide aggregate reports to Department Managers regarding patient safety occurrences that happened in their areas;
- Assure adequate and timely communication with patients/families about adverse occurrences resulting in unexpected outcomes;

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- Assure accurate and timely documentation of all investigative information, action plans and follow-up including reporting through established mechanisms (Quality and Patient Safety Council); and
- Prepare reports for the Board of Directors as requested, but no less than annually

Director of Performance Improvement
The Director of Performance Improvement supports the *Patient Safety Plan* by serving as an educator, mentor, internal consultant and facilitator. As the internal expert in performance improvement, s/he advises the Quality and Patient Safety Council on the appropriate data collection and analysis, documentation and on-going performance measures in a timely manner.

Risk Manager
The Risk Manager provides expertise and guidance to support the patient safety program and manages the data collection and analysis of risk management-related performance measures listed in the *Patient Safety PI Dashboard.* S/he is responsible for:
- Monitoring all types of insurable losses incurred by BSSFHS;
- Suggesting ways to:
  - Maximize protection to BSSFHS patients, visitors, and employees
  - Minimize BSSFHS exposure to various types of risk; and
  - Reduce the risk of loss to BSSFHS assets
- Insuring that BSSFHS has adequate commercial insurance coverage and/or a self-insurance program with appropriate levels of self-insured retention to protect the assets of BSSFHS from loss;
- Reporting unusual events to the State of South Carolina or other external agencies, as appropriate; and
- Providing assurance to the BSSFHS Board of Directors that a comprehensive risk management program is in place.

Environmental Safety Officer
The Safety Officer oversees monitoring the physical environment of care to assure compliance with Life/Fire Safety, OSHA, EPA, and other state and federal regulatory standards. S/he also facilitates compliance with the seven Environment of Care management plans required by the JCAHO and manages the data collection and analysis of EC-related performance measures listed in the *Patient Safety PI Dashboard.* These activities are coordinated with patient/medical safety activities as necessary and appropriate.

Infection Control Coordinator
The Infection Control Coordinator is responsible for maintaining a concurrent surveillance program of designated areas, organisms or patient populations and manages the data collection and analysis of IC -related performance measures listed in the *Patient Safety PI Dashboard.*

S/he is involved in data collection and management, problem identification, outbreak investigation, and report preparation. S/he is also responsible for house-wide educational program development and presentation to staff of infection control related topics, including OSHA training on Bloodborne Pathogens and TB Control. The Infection Control Coordinator

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presents a summary of all activities related to patient and staff safety to the Quality and Patient Safety Council.

Quality and Patient Safety Council

The Quality and Patient Safety Council oversees the overall patient safety function and meets monthly to perform the specific activities as defined below:

- Ensures that appropriate actions are taken to provide a safe patient environment.
- Develops and coordinates implementation of the organization-wide *Patient Safety Plan* and supporting policies and procedures
- Evaluates aggregate data and other reports from Patient Safety Sub-committee and PI teams.
- Receives reports of activity from:
  - Patient Safety Team
  - Environment of Care Safety Team
  - Risk Management
  - Infection Control Committee
  - PI Function Teams Committee
- Provides quarterly reports to the Medical Executive Committee and Medical Advisory Committee of the governing board, outlining Patient/Medical Safety initiatives
- Completes an annual evaluation of the organization's Patient/Medical Safety Program to present to the BSSFHS Board of Directors, Strategic Team as well as the clinical and administrative management teams.

Integration and Coordination Mechanisms

[Refer to **Exhibit 1***: Patient Safety PI Dashboard,* which identifies the full scope of hands-on disciplines who have a proactive role in the BSSFHS patient safety communication structure.]

[Refer to **Exhibit 3***: Bon Secours St. Francis Health System Performance Improvement Structure,* which depicts the full organization-wide performance improvement and patient safety communication structure.]

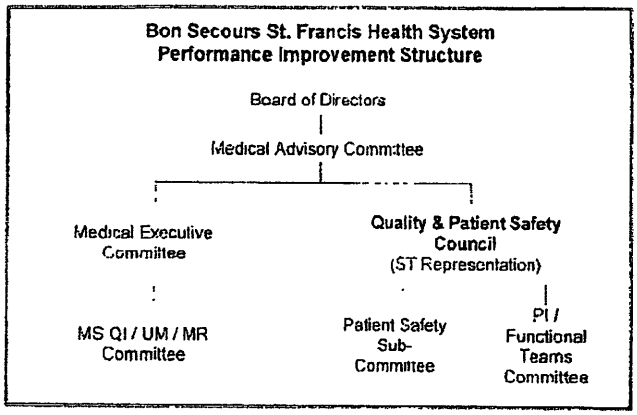
The organizational diagram below, "Bon Secours St. Francis Health System Performance Improvement Structure," presents our Performance Improvement and Patient Safety reporting structure and demonstrates the mechanism for integrating and coordinating patient safety information at the senior leadership levels of BSSFHS. There is Strategic Team leadership representation and support on the Quality and Patient Safety Council.

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Communicating With Patients About Their Safety

Communicating with patients about safety transmits our knowledge. experience and ideas, showcases our proactive risk reduction initiatives and provides opportunities for patients to ask questions and actively participate in their treatment.

Our Patient Safety Program is designed to promote two specific communication strategies to ensure that patients and their families achieve a safe and positive clinical experience. We deploy our education strategies and information sharing strategies in a continual and cohesive manner.

Patient Education Initiatives
It is critically important that our patients and their families receive education throughout the continuum of care during their experience with our organization. Patient safety education begins upon admission: all patients receive our organizational Patient Rights and Responsibilities brochure. This sets the stage for patients to understand the extent of their involvement in our mutual quest for positive clinical outcomes.
[Refer to **Exhibit 4:** ***Patient Rights and Responsibilities Policy***]

Additionally, all patients admitted, regardless of route, are provided a copy of our easy-to-understand Partner in Safety brochure. which reflects multiple common sense strategies for patients and their families to play a role in the provision of safe, effective care.
[Refer to **Exhibit 5:** ***Partners in Safety Brochure***]

Under the direction of our senior leadership, a multi-disciplinary team has developed an innovative patient education bulletin to provide patient safety information, in 10 easy-to-read and understand steps. This poster clearly articulates, in common sense terms, that patient participation in their health care choices can prevent medical errors. This laminated / framed information sheet is posted in all inpatient rooms and strategic locations throughout all emergency and ambulatory care departments.
[Refer to **Exhibit 6:** ***Ten Tips to Help Keep You Safe***]

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Leadership supports and promotes the Patient Safety Program by soliciting feedback from patients on suggestions for improving patient safety. As expected under these circumstances, our staff provides direct and timely information, in a private confidential setting, when discussing such suggestions with the patients and family.

Initiatives to Inform Patients About Their Care

As noted above, all patients are given our Patient Rights and Responsibilities and Partners in Safety brochures upon admission. These informative documents set the stage for establishing a relationship of trust and collaboration that is necessary to effectively discuss care matters with our patients.

Patients (and their families, as appropriate) are continually informed about their care during the assessment, planning and care delivery phases of their treatment, either one-on-one, or as a result of their interdisciplinary care team's interventions.

Additional informational practices include the informed consent process, policies for select operative and invasive procedures, discharge planning and our many procedure- and condition-based patient and family educational programs. Patient and family safety education interventions are documented in the patient's medical record.

Ensuring that patients are informed about care decisions includes the responsibility to apprise patients and their families of unanticipated outcomes. BSSFHS has developed and implemented multiple mechanisms to assure that untoward occurrences are communicated to the patient in an accurate and timely manner. Patients are informed when there is a "near miss" (which *could* have contributed to an untoward event), unintended outcomes in their diagnosis and/or care, and/or when a significant (sentinel) event has occurred, in accordance with our policy definitions for such events. These policy-driven mechanisms are described in detail and have been designated the status of Universal Policy. Compliance is mandatory for all staff who are in contact with our patients.
[Refer to **Exhibit 7:** ***Sentinel Event Policy and RCA Tools***]

[Refer to **Exhibit 8:** ***Disclosure of Medical Accidents and Unanticipated Adverse Outcomes Policy*** which formalizes physician responsibility for discussing patient outcomes, procedures for reporting unusual occurrences, methodologies associated with evaluating and reporting the results of a root cause analysis (RCA), follow-up mechanisms associated with unusual occurrences, and communication and documentation of unanticipated outcomes.]

In brief, upon identification of a medical/health care error, the patient care provider will immediately:

- Perform necessary healthcare interventions to protect and support the patient's clinical condition;
- As appropriate to the occurrence, perform necessary healthcare interventions to contain the risk to others (e.g., immediate removal of contaminated IV fluids from floor stock should it be discovered a contaminated lot of solutions was delivered and stocked);

- Contact the patient's attending physician and other physicians, as appropriate, to report the error, carrying out any physician orders as necessary;
- Preserve any information related to the error, including physical evidence (e.g., removal and preservation of a blood unit for a suspected transfusion reaction, preservation of IV tubing, fluids bags and/or pumps for a patient with a severe drug reaction from an IV medication, preservation of any medication labels for medications administered to the incorrect patient). Preservation of information includes documenting the facts regarding the error to the provider's immediate supervisor, and to the organization using the event reporting system or report to Risk Management.

So that we may learn from untoward events and continually develop new ways and information to share with our patients, summary data and information from the event reporting mechanisms will be aggregated and presented accordingly to the Quality and Patient Safety Council, Medical Staff, Environment of Care and Risk Management Committees who will determine further safety (risk reduction) activities as appropriate.

Staff Education

Patient Safety-related Orientation & Training
All employees are required to attend and participate in organizational and departmental orientation and training programs conducted at the onset of their employment. Upon hire, they are given information about the 7 National Patient Safety Goals, our commitment to safety, incident reporting mechanisms, as well as an overview of our non-punitive culture as related to reporting errors.
[Refer to Exhibit 9: *New Employee Orientation Program Outline*]

Staff are provided with a wealth of patient safety information, including safety initiatives, teams addressing patient safety improvement opportunities and overall feedback on the challenges and accomplishments of BSSFHS patient safety activities. They receive this information from their directors and managers who participate in monthly Department Director Management Meetings. These meetings include education and information updates by the Patient Safety Office and other key program leaders. Educational and informational materials are conveyed to employees during scheduled department staff meetings and may include:

- Key features of our patient safety plan
- Leadership teams, patient safety directives and initiatives
- Mechanisms for staff to report medical / health care errors
- Non-punitive policy on reporting errors
- Mechanisms for staff to offer perceptions and suggestions for improving patient safety
- Department role to support safe patient care
- High priority Environment of Care (Safety) surveillance rounds** findings that have an impact on patient safety.

** We capitalize on the additional opportunity to provide one-on-one staff training during regularly scheduled EC Surveillance Rounds, conducted twice (2x) a year throughout all patient

care departments and once a year in non-patient care areas. Staff question and answer sessions are conducted during our environmental surveillance rounds.

Patient Safety Improvement Activities

Prioritization of Improvement Activities
Improvement initiatives are prioritized to allow for the optimal use of resources. Prioritization includes activities that are high risk, high volume, low volume, problem prone, have high impact on performance, high potential for improvement, support strategic direction, improve patient safety and increase patient / employee satisfaction. Prioritization also includes activities that support the mission/vision of BSSFHS and those that reduce the cost of care, without compromise.

Routine Safety-related Data Collection and Analysis

A. As noted in the Scope section of this policy, the *Patient Safety Plan* encompasses the seven (7) National Patient Safety Goals, the patient safety assessment and improvement activities of the risk management, medication management, clinical nursing, infection control, performance improvement, health information management and management of the environment of care functions. This plan is fully supported by the human resources education and training department. The routine data collection of the seven (7) National Patient Safety Goals and the discipline-specific categories are reflected in the Patient Safety PI Dashboard, comprising 115 volume- and performance-based critical success measures.
[Refer to **Exhibit 1:** ***Patient Safety PI Dashboard***, which identifies the 115 critical success measures of the BSSFHS Patient Safety Plan.]

B. There are numerous analytical processes, performed in sequence, so that the data will be converted into useful information to be shared and acted upon by appropriate health system leadership groups.
   1. The first analysis level is performed by the Patient Safety Sub-Committee member charged with data gathering, based on their expertise. The results of that analysis are then communicated to the Patient Safety Sub-Committee, to draw upon the interdisciplinary judgment of the sub-committee and gain consensus.
   2. The recommendations for action resulting from those analytical discussions are formulated for presentation to the Quality and Patient Safety Council for further analysis and conversion into action plans and/or dissemination to other committees and leadership members of the health system.
   3. This analytical cycle continues, with status reports provided to the key leadership forums, as appropriate.

C. The Structure Management of the Patient Safety Plan section of this policy (Pages 2-6) articulates the roles, responsibilities, scope of patient safety activities, reporting methodologies for the following key patient safety disciplines:
   - Patient Safety Officer
   - Risk Manager (includes incident reporting)
   - Performance Improvement

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- Infection surveillance
- Environmental / safety surveillance
  [Refer to **Exhibit 10:** ***Filing of Acute Care Quality Care Report Policy***]

D. The BSSFHS Medication Errors policy delineates the procedure for reporting errors and details the mechanisms for identifying, reporting, and monitoring medication errors with the intention of improving the medication use process. Medication error data are collected and analyzed through the use of the *Patient Safety PI Dashboard.*
[Refer to **Exhibit 11:** ***Medication Errors***]

E. Data collection and analysis associated with staff and patient perceptions and suggestions for improving patient safety are also reflected in the *Patient Safety PI Dashboard.*

F. *The Sentinel Event Policy and RCA Tools* improves patient care by focusing SFHS attention on the underlying causes of events, facilitating corrective action(s), and reducing the probability of recurrence. This policy also increases staff awareness of Sentinel Events, their causes, and strategies for prevention. Finally, this policy is intended to enhance the public's confidence in BSSFHS. The RCA Tools appended to the policy delineate the mechanisms for data collection and reporting.
[Refer to **Exhibit 7:** ***Sentinel Event Policy and RCA Tools***]

G. Data collection and analysis associated with high-risk processes is performed by the leaders with the most expertise, utilizing the *Patient Safety PI Dashboard,* in collaboration with the Medical Staff. The following is a selected list of the high-risk critical success measure data that are collected and analyzed with the ultimate intention of improving performance by reducing the number of:
   - Medication errors
   - Needle sticks.
   - Falls with serious injuries.
   - Restraint events

H. Data collection for the Failure Mode, Effects and Criticality Analysis is guided by a statistical / analytical instrument of the same name. The legend key on this measurement tool identifies the analysis focal points to proactively understand risk potential.
[Refer to **Exhibit 12:** ***Failure Mode, Effects and Criticality Analysis Form***]

Reporting of Results

Reporting to Leadership

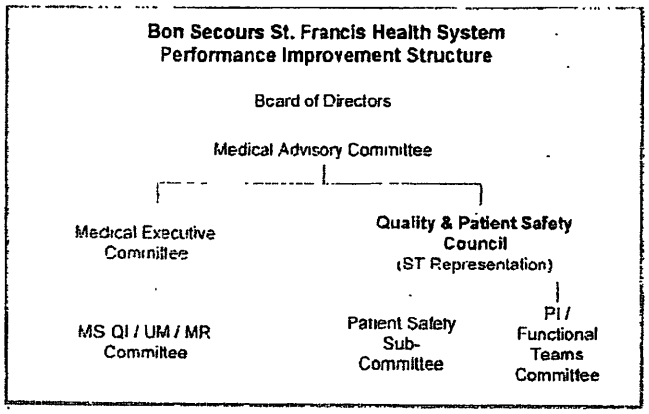
The reporting of findings, conclusions, recommendations, action and follow-up takes place in accordance with the meeting schedules of the patient safety and performance improvement committees / work groups in the organizational diagram presented below. Reports and relevant patient safety information are exchanged vertically and horizontally within this committee structure.

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[Refer to **Exhibit 3***: Bon Secours St. Francis Health System Performance Improvement Structure,* which depicts the full organization-wide performance improvement and patient safety communication structure.]

Reporting to Staff

Staff are provided with a wealth of patient safety information, including safety initiatives, teams addressing patient safety improvement opportunities and overall feedback on the challenges and accomplishments of BSSFHS patient safety activities. They receive this information from their directors and managers who participate in monthly Department Director Management Meetings. These meetings include education and information updates by the Patient Safety Office and other key program leaders.

Definition of Terms (Glossary)

Adverse Events (Incidents): An adverse event or incident is defined as any occurrence that is not consistent with the routine operation of the St. Francis Health System and that potentially may, or actually did, result in injury, harm, or loss to any patient, visitor, student, volunteer, or employee of the St. Francis Health System. Adverse events may result from acts of commission or omission (e.g. administration of the wrong medication, failure to make a timely diagnosis or institute the appropriate therapeutic intervention, adverse reactions or negative outcomes of treatment, etc.). Examples of adverse events include patient falls, medication errors, procedural errors/complications, nosocomial infections, and missing patient events. An adverse event can also be categorized as either a sentinel event or near miss.

Clinical Service: Clinical service refers to clinical services of the St. Francis Health System Medical Staff.

Department: Department refers to departments of the Medical Center (e.g., nursing, pharmacy, clinical laboratory, hospital epidemiology) or Medical Staff Departments (Medicine 1, Surgical 1). Divisions refer to Medical Staff Divisions only.

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Disclosure: Providing information to the patient or the patient's family regarding a sentinel event, or substantive near-miss accident according to the guidelines of the organization's disclosure policy.

Error: An unintended act, either of omission or commission, or an act that does not achieve its intended outcome.

Hazardous Condition: Any set of circumstances (exclusive of the disease or condition for which the patient is being treated) that significantly increases the likelihood of a serious adverse outcome.

Intentional Unsafe Acts: Intentional unsafe acts, as they pertain to patients, are any events that result from: a criminal or reckless act, a purposefully unsafe act; an act related to alcohol or substance abuse, impaired provider/staff; or events involving alleged or suspected patient abuse of any kind. Intentional unsafe acts should be addressed in consultation with Human Resource Specialists.

National Patient Safety Goals: These are a set of evidence-based requirements approved by the Joint Commission's Board of Commissioners that reflect optimal patient safety practices.

Near Miss: A Near Miss is an event or situation that could have resulted in an accident, injury or illness, but did not, either by chance or through timely intervention (e.g., surgical or other procedure almost performed on the wrong patient due to lapses in verification of patient identification but caught at the last minute by chance). Near Misses are learning opportunities and afford the chance to develop preventive strategies and actions. Near Misses are evaluated in the same manner as adverse events that result in actual injury.

Non-Punitive Culture: Encourages personal accountability, provides a safe place to report errors, and seeks to learn from mistakes to improve the overall safety of the system.

Patient Safety Practice: A clearly recognizable process or manner of providing care that has an evidence base demonstrating that it reduces the likelihood of harm due to systems, processes or environments of care.

Performance Improvement Practice: A clearly recognizable process or manner of providing care that has an evidence base demonstrating that it improves outcomes of care.

Personal Accountability: The individual involved in the error (potential or actual) will participate in reporting the error, determining what went wrong, identifying a solution, participating in discussions about the error, and taking an active part in improving the system.

Prevention: A future-oriented process that improves performance and productivity; a philosophy of never-ending improvement.

Punitive or Disciplinary Action: The recording of a reported medical/health care error in an employee's permanent file for use during the evaluation process for promotion, salary increases,

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or references. The requirement of an individual to undergo continuing education, competency training or assessment, or an individual educational plan is not a punitive or disciplinary action.

Redesign: Changing a process to create a more effective or safer environment.

Root Cause Analysis: Root Cause Analysis (RCA) is the process to identify the basic or contributing casual factors that underlie variations in performance associated with adverse events or near misses. Root Cause Analysis will be the form of focused review used for adverse events or near misses requiring analysis because it further refines the implementation and increases the quality and consistency of focused reviews. Root Cause Analyses will be conducted in accordance with the Sentinel Events Policy.

Confidentiality

Confidentiality is essential to a successful Performance Improvement and Patient Safety process. Deliberations of the MSEC and other Medical Staff committees and teams where Performance Improvement and Patient Safety issues are discussed are protected from outside review. Additionally, names of specific individuals (patients, physicians, staff, etc.) are withheld from all reports. Performance Improvement and Patient Safety data and reports are maintained in locked files and secured databases.

Annual Appraisal

The objectives, scope, performance and effectiveness of the Patient Safety Plan is evaluated annually by the Patient Safety Sub-committee and reported Quality and Patient Safety Council, MEC, the Medical Advisory Committee, the Governing Board and all leaders of the organization. This evaluation is based on comparisons of annual goals and objectives for the critical success measures, patient safety program management activities and achievements.

Approval

Quality Council	**Date**
Medical Executive Committee	**Date**
Medical Advisory Committee (Board)	**Date**

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GREENVILLE, SC 29601

SC

BON SECOURS HEALTH SYSTEM

OCT 13 2008
FACILITIES AND

SCDHEC
2600 BULL ST
COLUMBIA, SC 29201-1708

Check No. 0001058426
Check Date 09/11/2008
Check Amount $500.00
Vendor No. 42228

Invoice Date	Invoice Number	Description	Invoice Amount	Discount Amount	Net Amount
09/10/2008	SCD091008	SHEILA POTEAT MILENNIUM CAMPUS CON	$500.00		$500.00
		TOTAL			$500.00

+ PLEASE FOLD ON PERFORATION AND DETACH HERE +

PAGE 1/1

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

BON SECOURS HEALTH SYSTEM

BON SECOURS ST. FRANCIS
ONE ST. FRANCIS DRIVE
GREENVILLE, SC 29601

CHECK NO. 0001058426
SEPTEMBER 11, 2008
64-1276/611

TO THE ORDER OF SCDHEC
2600 BULL ST
COLUMBIA, SC 29201-1708

**********500.00***
VOID AFTER 90 DAYS

PAY EXACTLY **FIVE HUNDRED AND NO/100 DOLLARS**

000385

Bank of America
Atlanta, Dekalb County, GA

AUTHORIZED SIGNATURE

PMC.2013.00005763

PET-EX055.0388

D H E C

PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control

INVOICE FOR SERVICES

Bureau of Financial Management / Sims/Aycock Building
2600 Bull St, Columbia, South Carolina 29201

Invoice No.
PC02342-4

Invoice To:
BON SECOURS ST . FRANCIS HEALTH SYSTEM
ATTN: VALINDA RUTLEDGE
ONE ST. FRANCIS DR
GREENVILLE, SC 29601

Ship To:
S.C. DHEC
Attention: Bureau of Financial Management
2600 Bull Street
Columbia, South Carolina 29201

Date:	Terms:	Department Name	Order Filled By:
10/13/2008	**DUE UPON RECEIPT**	Planning and Programs	STONELJ

Description of Services: BON SECOURS ST. FRANCIS HEALTH SYSTEM CERTIFICATE OF NEED APPLICATION FOR ST. FRANCIS MILLENNIUM NEW CONSTRUCTIO FILING FEE RECEIVED 10/13/08 CHECK # 1058426

Qnty	Unit Description	Loc	Organ.	Fund	Account	Analytical	Unit Price	Amount
1	CON FILING FEE	400	402011	428015	4486701	0000000	$500.00	$500.00
							Total:	$500.00

Payment can be made by credit card by completing the below form or by visiting www.scdhec.com and clicking on Invoice Payment under the Quick Links.

Name as it appears on credit card _____ Telephone Number _____

Mailing Address _____

Master Card / Visa / Discover

Type of card (circle one) _____ Credit Card Number _____

Experation Date _____ Signature _____

000386

Note: Make checks payable to South Carolina Department of Health and Environmental Control, remit to above address to the Attention of: Bureau of Financial Management

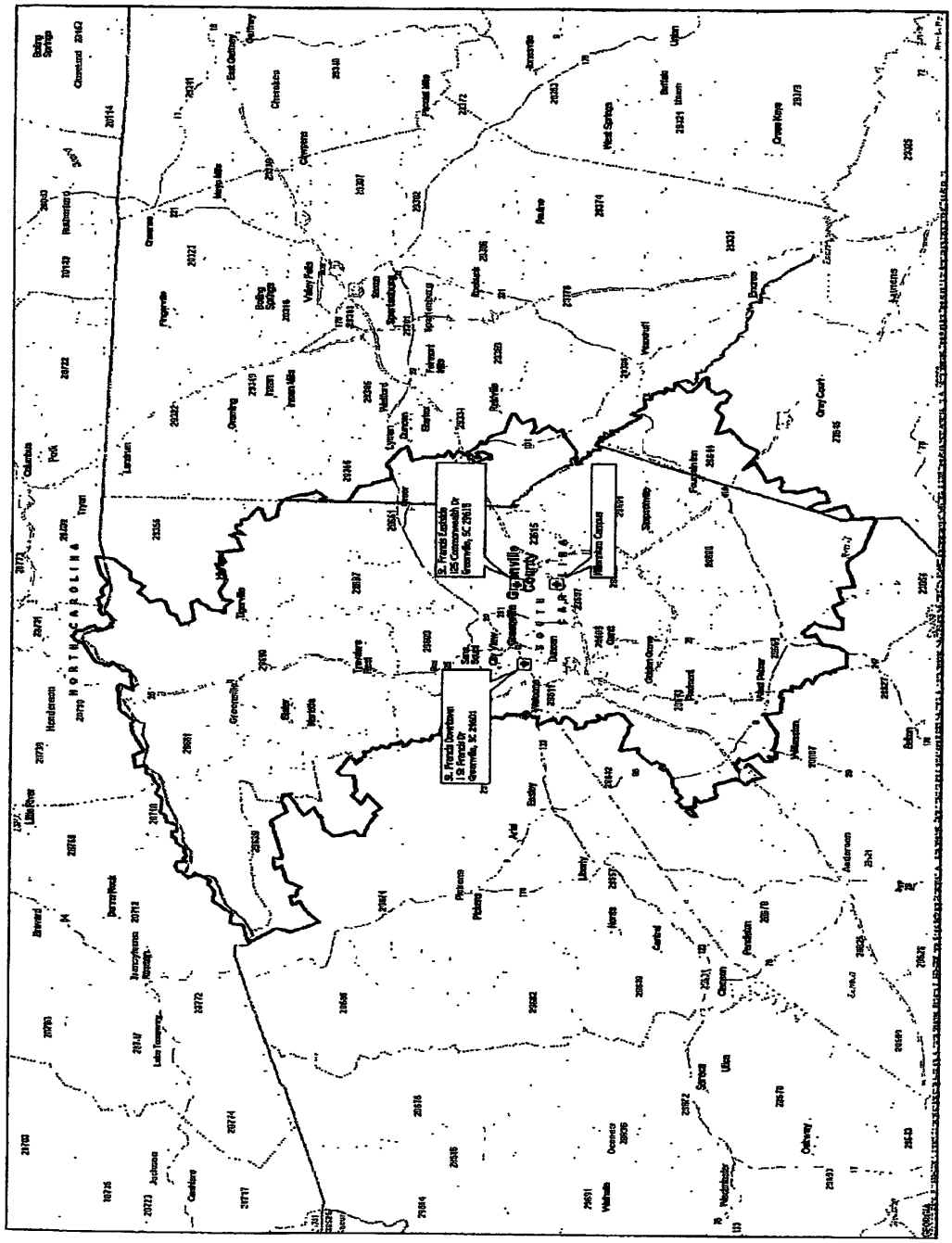
PMC.2013.00005764

PET-EX055.0389

RECORD 006136

ATTACHMENT P

MAP



000388

PMC.2013.00005766

PET-EX055.0391

ATTACHMENT Q

SITE PLAN

PMC.2013.00005767

PET-EX055.0392

RECORD 006139

MILLENIUM CAMPUS CONCEPT DESIGNS

UPDATED

SITE PLAN

RON SECTORS
ST. FRANCIS HEALTH SYSTEM

FreemanWhite

000390

RECORD 006140

PMC.2013.00005768

PET-EX055.0393

ATTACHMENT R

SITE ENTITLEMENT

000391

PMC.2013.00005769

PET-EX055.0394

Millennium Land Cost Allocation

	Square Footage	Allocation	Land Cost
Hospital	230,503	58.3%	$ 1,994,633.1
MOB #1	90,000	22.8%	$ 778,805.4
MOB #2	75,000	19.0%	$ 649,004.5
Total Build Out	395,503	100%	$ 3,422,443.0

Land Cost : Assume $9.142M for 54.316 acres or $168,311/ac X 20.334 ac = $3.422M

RECORD 006142

PMC.2013.00005770

PET-EX055.0395

000392

COPY

STATE OF SOUTH CAROLINA	)	**THIRD AMENDMENT TO**
	)	**CONTRACT FOR PURCHASE AND**
COUNTY OF GREENVILLE	)	**SALE OF PROPERTY**

THIS THIRD AMENDMENT TO CONTRACT FOR PURCHASE AND SALE OF PROPERTY (the "**Third Amendment**") is made and entered into as of the 20th day of September, 2006, by and between BCD OPTION, LLC, a limited liability company organized and existing under the laws of the State of Florida (the "**Seller**"), and BON SECOURS ST. FRANCIS HEALTH SYSTEM, a non-profit corporation organized under the laws of the State of South Carolina, with its principal office located in Greenville, South Carolina (the "**Purchaser**").

STATEMENT OF PURPOSE

Seller and Purchaser entered into that certain Contract for Purchase and Sale of Property (the "**Original Contract**") effective as of December 7, 2005. The Original Contract was amended by that certain First Amendment to Contract for Purchase and Sale of Property dated on or about June 2, 2006, was further amended by that certain Second Amendment to Contract for Purchase and Sale of Property dated on or about August 29, 2006, and was further amended by that certain Letter Agreement dated as of September 15, 2006. The Investigation Period called for in the Original Contract, as amended, terminates on September 20, 2006. The parties have agreed to an extension of the Investigation Period and certain other amendments to the Original Contract.

NOW, THEREFORE, in consideration of the Premises and the mutual promises and agreements hereinafter set forth, Seller and Purchaser agree to further amend the Original Contract as follows:

1. ADDITION OF DAVIS PROPERTY. Section 1 of the Original Contract is amended by adding the following paragraph thereto:

At Purchaser's request, Seller has entered into an agreement to purchase property which is adjacent to the original Property from Richard and Martha Davis (the "**Davis Property**"). A copy of that agreement (the "**Davis Contract**") is attached to this Third Amendment as Exhibit A and made a part hereof. The Property, as that term is defined and used in this Contract, shall be deemed to include the Davis Property, it being agreed by the parties that Purchaser's obligations under this Contract are conditioned upon Seller's conveyance of the Davis Property to Purchaser at Closing. At Seller's option, this condition may be satisfied by having a simultaneous closing at which the owners of the Davis Property convey it directly to the Purchaser. Seller may utilize all or any portion of the Purchase Price received from Purchaser at Closing to pay the purchase price of the Davis Property at such simultaneous closing. Without limiting the foregoing, Section 14 of the Davis Contract and all other conditions of Seller's obligation to purchase the Davis Property are hereby made conditions of Purchaser's obligation to consummate the purchase of the Property. Seller shall deliver to Purchaser copies of any items received by Seller pursuant to Section 7 of the Davis Contract and hereby authorizes Purchaser to exercise Seller's rights under the Davis Contract to investigate and inspect the Davis Property.

Seller will be responsible, at Seller's sole cost and expense, for completing the annexation of the Davis Property into the City of Greenville (with S-1 Service District Zoning) and for completing the road closing of Birdfield Drive called for in said Contract. Seller will provide to Purchaser copies of all documents, plats, and other items filed with any public entities in connection with such annexation, rezoning and road closing. Seller will initiate the preparation and filing of the annexation petition within ten (10) days after the execution of this Third Amendment; and Seller will initiate the road closing procedures promptly after the completion of the annexation and rezoning process. In the event the annexation, rezoning and road closing have not been completed prior to the Closing, Purchaser shall have the right to withhold a portion of the Purchase Price equal to One Million and No 100 Dollars ($1,000,000), and to deposit such withheld amount with Escrow Agent, until such annexation, rezoning and road closing has been completed by Seller.

Seller agrees not to enter into the Post Occupancy Agreement (as defined in the Davis Contract) prior to Purchaser's approval thereof, which approval shall not be unreasonably withheld.

2. PURCHASE PRICE. Section 3 of the Original Contract will be amended by deleting Subsection 3(a) in its entirety, and by substituting the following:

> "(a) The Purchase Price for the Property will be Nine Million Ninety-Two Thousand and no/100 Dollars ($9,092,000)."

3. PAYMENT OF PURCHASE PRICE. Section 4 will be amended by deleting Subsections (b), (c), (d) and (e) in their entirety, and by substituting the following:

> "(b) The balance of the Purchase Price will be payable in full at Closing by wire transfer or other form of immediately available funds."

4. EXTENSION OF INVESTIGATION PERIOD. Section 7(c) of the Original Contract is further amended by deleting the date of September 20, 2006, and by substituting November 28, 2006 in its place, so that the Investigation Period, as that term is defined and used in the Original Contract, shall be deemed to run from the Effective Date of the Original Contract through and including November 28, 2006. Section 7(d) of the Original Contract is further amended by deleting the date of September 20, 2006, and by substituting November 28, 2006 in its place, so that the date to make the additional Earnest Money deposit with the Escrow Agent shall be the close of business on November 28, 2006.

5. CLOSING DATE. Section 5 of the Original Contract shall be amended to read as follows: "The consummation of the sale of the Property (the "Closing") shall take place during the first week of January 2007."

6. CONDITIONS PRECEDENT TO PURCHASER'S OBLIGATIONS REGARDING CLOSING. Section 14 of the Original Contract shall be amended by deleting Subsection (b) in its entirety.

PMC.2013.00005772

PET-EX055.0397

RECORD 006144

7. CLOSING DOCUMENTS. Section 15 of the Original Contract shall be amended by deleting Subsection (b)(i) and by substituting the following:

> "deliver to Seller the balance of the Purchase Price, after crediting the Earnest Money;"

Section 15 shall be further amended by deleting Subsections (b)(ii) and (b)(iii).

8. MISCELLANEOUS. Section 20 of the Original Contract shall be amended by adding the following additional subsections:

> "(l) Prior to the Closing, Seller will remove two buildings located on the Property along with the debris which was identified in a letter from Purchaser's attorney, Michael Lee, dated August 30, 2006.
>
> (m) Seller will obtain a good faith estimate (including a 10% contingency) from two (2) reputable Greenville utility contractors of the cost for relocating the sanitary sewer line which has been constructed on Lot 2 by the City of Greenville, as identified on Exhibit B. The designated new location would be generally along the rights of way of Laurens Road and Innovation Drive. The estimates will be obtained using a relocation drawing prepared by Freeland & Associates, Inc., the design engineers for the sewer system, and will be provided to Purchaser prior to Closing. Purchaser shall have the right to obtain its own estimate of such relocation cost if Purchaser disagrees with Seller's estimates. The estimated relocation cost agreed upon by Purchaser and Seller will be deducted from the Purchase Price payable at Closing. Thereafter, Purchaser will have the option of relocating the sewer line as stated above, but will not be obligated to do so. Seller represents to Purchaser that it has not given to any public authority an easement for the sewer line built by Seller across Lot 2.

8. NO OTHER AMENDMENTS. Except as specifically amended above in this Third Amendment, all terms and provisions of the Original Contract, as previously amended, are hereby confirmed and ratified by Seller and Buyer.

(SIGNATURES TO FOLLOW)

IN WITNESS WHEREOF, the parties hereto have caused this Third Amendment to Contract for Purchase and Sale of Property to be executed and sealed as of the day and year first above written.

WITNESSES:

SELLER:

BCD OPTION, LLC, a Florida limited liability company

By: _____
Name: Clifford D. Rosen
Title: Manager

Date of execution: September 20, 2006

WITNESSES:

BUYER:

BON SECOURS ST. FRANCIS HEALTH SYSTEM, INC., a South Carolina non-profit corporation

By: _____
Name: _____
Title: _____

Date of execution: _____, 2006

000396

PMC.2013.00005774

PET-EX055.0399

IN WITNESS WHEREOF, the parties hereto have caused this Third Amendment to Contract for Purchase and Sale of Property to be executed and sealed as of the day and year first above written.

WITNESS:

SELLER:

BCD OPTION, LLC, a Florida limited liability company

By: _____
Name: Clifford D. Rosen
Title: Manager

Dated of execution: _____, 2006

WITNESS:

BUYER:

BON SECOURS ST. FRANCIS HEALTH SYSTEM, INC., a South Carolina non-profit corporation

By: _____
Name: Valinda Rutledge
Title: CEO

Dated of execution: September 20, 2006

000397

PMC.2013.00005775

PET-EX055.0400

EXHIBIT A

CONTRACT FOR PURCHASE AND SALE OF PROPERTY WITH RICHARD AND MARTHA DAVIS

000398

PMC.2013.00005776

PET-EX055.0401

STATE OF SOUTH CAROLINA

COUNTY OF GREENVILLE

CONTRACT FOR PURCHASE AND SALE OF PROPERTY

THIS CONTRACT FOR PURCHASE AND SALE OF PROPERTY (the "Contract") is made and entered into as of the 29 day of August, 2006 (the "Effective Date"), by and between Richard M. Davis and Martha F. Davis (collectively, the "Seller"), and BCD Option, LLC, a limited liability company organized and existing under the laws of the State of Florida (the "Purchaser").

STATEMENT OF PURPOSE

Seller is the owner of a parcel of land in Greenville County, South Carolina, together with any and all improvements, easements, and/or other intangible rights appurtenant thereto. Seller agrees to sell, convey, assign, transfer and deliver to Purchaser, and Purchaser agrees to purchase, acquire and take from Seller, the Property (as hereinafter defined) subject to the terms, conditions and provisions set forth in this Contract. The sale shall include all of Seller's right, title and interest in and to the Property.

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

1. Description of Property. Seller agrees to sell to Purchaser and Purchaser agrees to purchase from Seller the real property described below:

(a) all that certain piece, parcel or tract of land located in Greenville County, South Carolina, shown and depicted on a plat or drawing attached hereto as Exhibit A and shown thereon as a portion of a lot designated in the Greenville County Tax Maps as lot M010030101900, said portion consisting of approximately 0.619 acres (hereinafter referred to as the "Land");

(b) all rights, privileges, and easements appurtenant to the Land, including all water and air rights, mineral rights, rights of way, roadways, parking areas, roadbeds, drainage rights, alleyways or other appurtenances used in connection with the Land and any after-acquired title or reversion relating thereto;

(c) any improvements and fixtures now located on the Land (collectively, the "Improvements");

All of the property, rights and privileges described above are hereinafter collectively called the "Property".

2. Earnest Money. Within five (5) days after execution of this Contract, Purchaser will deliver to Purchaser's title insurance agency, WCSR Title, LLC ("Escrow Agent"), an earnest money deposit in the amount of Five Thousand and no/100 Dollars ($5,000.00) (the "Earnest Money"). The Earnest Money (and any interest earned thereon) shall be held and applied in accordance with the terms of this Agreement).

3. Purchase Price.

(a) Determination of Purchase Price. The purchase price for the Property will be Two Hundred Fifty Thousand and no/100 Dollars ($250,000.00) (the "Purchase Price").

(b) The Purchase Price is payable as provided in Paragraph 4 below.

4. Payment of Purchase Price. The Purchase Price shall be paid as indicated below:

(a) The Earnest Money will be applied against the Purchase Price at Closing.

(b) The balance of the Purchase Price as such amount is determined according to the terms and conditions of this Contract shall be paid by Purchaser to Seller in cash or other immediately available funds at the Closing described in Paragraph 5 below.

5. Closing and Closing Date. The consummation of the sale of the Property (the "Closing") shall take place at such time as Purchaser shall select upon at least five (5) days' prior written notice to Seller at a mutually convenient time and location but in no event later than February 15, 2007 (the "Closing Date").

6. Survey. Purchaser shall have the right (but not the obligation) to cause a registered land surveyor or licensed engineer to prepare a new survey (such new survey being hereinafter referred to the "Survey") of the Property for the purposes of determining the exact legal description and acreage of the Land. The Survey may also indicate the location of any and all buildings, improvements, specific easements, roadway rights-of-way (public or private), railroad rights-of-way, officially designated flood plain areas, floodway fringe areas and wetland areas, any existing building setback lines and other matters affecting the Property in a manner reasonably acceptable to Purchaser and Purchaser's counsel. Notwithstanding the depiction or description of the Land attached as Exhibit A, the Survey shall be used for the description of the Land contained in the deed of conveyance and all other documents related to this transaction that require legal descriptions, and for the exact acreage of the Property for purposes of the calculation of the Purchase Price. The cost of such Survey shall be borne by Purchaser.

7. Purchaser's Inspection and Review Rights.

(a) In order to aid Purchaser in its due diligence, Seller will provide copies of the following items, if and to the extent they are in Seller's possession. These will be provided within ten (10) days after the Effective Date of this Contract:

(i) Copies of all Survey, plats, maps, easements, drawings depicting the Property to be conveyed, title insurance commitments, title insurance policies, or other title information;

(ii) Building permits, curb cut permits, driveway permits, utility agreements, environmental permits and reports (including but not limited to any Phase I environmental reports pertaining to the Property); and

(iii) Any leases, options, service agreements, or contractual obligations of any kind affecting the Property.

The documents and information described in items (i) through (iii) above are hereinafter sometimes collectively referred to as the "Inspection Documents."

(b) From the Effective Date of this Contract until such time as this Contract is either settled or terminated, Purchaser, Purchaser's authorized agents and employees, as well as others authorized by Purchaser, shall have full and complete access to the Property and shall be entitled to enter upon the Property and make such surveying, architectural, engineering, site planning, soil, subsurface, environmental (including without limitation a "Phase I and Phase II" environmental audit report), water drainage, studies respecting availability of all utilities, and other investigations, studies, tests and measurements (collectively, the "Investigations") as Purchaser deems necessary or advisable; provided, however, none of the Investigations so conducted will result in any material adverse change to the physical characteristics of the Property. The Investigations shall NOT include the right to enter the Seller's residence or to interfere with Seller's use of the residence and right to privacy. Purchaser agrees to indemnify and hold Seller harmless from and against any and all claims, costs, expenses, and liabilities, including reasonable attorneys' fees, arising out of or by reason of the Investigations of Purchaser or Purchaser's agents prior to settlement or other termination of this Contract.

(c) If the results of any such Investigations or the review of the Inspection Documents are unacceptable to Purchaser, in its sole and exclusive discretion, then and in such event Purchaser shall have the unqualified right at any time until December 15, 2006 (the "Investigation Period") to terminate this Contract by giving written notice thereof to Seller and receive a full refund of the Earnest Money, whereupon the parties thereto shall have no further rights, obligations or liabilities with respect to each other under this Contract.

If Purchaser does not elect to terminate this Contract by December 15, 2006, as stated above, then the Earnest Money (i.e., Five Thousand and no/100 Dollars ($5,000.00) plus interest) shall thereafter be non-refundable, unless Seller shall violate this Contract by refusing to consummate the sale, or unless said amount shall be refundable because of a title defect as stated under Section 8.

8. Title to the Property.

(a) At the Closing, Seller shall deliver to Purchaser a general warranty deed in form and content satisfactory to Purchaser and Purchaser's counsel conveying to Purchaser a good, indefeasible, fee simple, marketable and insurable title to the Land and Improvements, said title to be insurable both as to fee and marketability at regular rates by such title insurer of national recognition as Purchaser shall select (the "Title Company"), without exception, except as to those matters specifically approved pursuant to subsection 8(b) below. The policy of title insurance issued by the Title Company shall provide full coverage against mechanics' or materialmen's liens, have full survey coverage and shall contain such other special endorsements as Purchaser's counsel may reasonably require. The Land and the Improvements shall be conveyed by Seller to Purchaser free and clear of all liens, encumbrances, claims, rights-of-way, easements, leases, restrictions and restrictive covenants except as provided herein.

(b) Purchaser may obtain a commitment for an owner's title insurance policy (the "Commitment"), by which commitment the Title Company agrees to insure fee simple title to the Property in an amount equal to the Purchase Price of the Property. Purchaser shall have seven (7) days (the "Title Investigation Period") to review the Commitment, along with the Survey, and submit to Seller written notice of any title exceptions indicated in the Commitment or on the Survey which are not acceptable to Purchaser (the "Notice of Title Defects"). Purchaser's failure to deliver any such Notice of Title Defects shall be deemed to establish Purchaser's satisfaction with the status of title as of the Effective Date except for any liens or encumbrances which are to be satisfied in connection with the Closing of this Contract. In the event Seller shall not have corrected such exceptions to Purchaser's reasonable satisfaction prior to the Closing, the Purchaser may (i) waive its objections and consummate the Closing without a reduction in the Purchase Price; or (ii) terminate this Contract, in which event this

Contract shall be void, all Earnest Money shall be promptly refunded to Purchaser and neither party shall have any further obligations hereunder.

9. Closing Costs. Except as otherwise expressly set forth herein, Purchaser shall pay for all costs and expenses of the consummation of this transaction, including but not limited to, deed recording fees, the fees and costs of Seller's counsel up to $5,000.00, the expense of filing the deed of conveyance, the cost of the Survey, the title insurance premium for coverage provided by the Title Company, and the fees and costs of Purchaser's counsel.

10. Tax Proration. Seller shall pay estimated ad valorem taxes on the Property for the year in which Closing occurs for that portion of the calendar year through the day before the Closing Date (based on a ratio equal to the number of actual days from January 1 of the year in which Closing occurs through the day before the Closing date divided by 365), and Purchaser shall be responsible for the remaining portion of such estimated ad valorem property taxes. In the event either the tax assessment or tax rate is not known at the time of the Closing, the parties shall prorate at Closing on the basis of the last known values and rates and adjust the prorations after such information becomes available.

11. Insurance Policies. Between the Effective Date of this Contract and the Closing, and through any post closing occupancy period, as hereinafter described, Seller shall keep any and all insurance policies affecting the Property in full force and effect.

12. Brokerage Commission. Seller and Purchaser represent and warrant each to the other that they have not dealt with any broker or realtor in connection with this transaction. Each party agrees to indemnify and hold harmless the other from and against any and all claims, suits, liabilities, judgments, demands or the cost and expense thereof including reasonable attorney's 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.

13. Representations and Warranties of Seller. In addition to any other warranties or representations set forth herein, Seller hereby makes the following representations and warranties to Purchaser, each of which shall be deemed material:

(a) Seller is the owner of good, marketable and insurable fee simple title to the Property.

(b) Seller has entered into no agreement, oral or written, affecting the Property, and neither Seller nor the Property is subject to any claim, demand, suit, unfiled lien, proceeding or litigation of any kind, which would in any way be binding upon Purchaser or limit Purchaser's full use and enjoyment of the Property.

(c) At the time of Closing, Seller will sign an Affidavit confirming that the representations made above continue to be accurate as of the date of Closing.

(d) To Seller's knowledge, there are no pending, threatened or contemplated condemnation actions involving all or any portion of the Property and Seller has received no notice of any such action.

(e) From the Effective Date until the Closing, Seller shall:

(i) perform all of its obligations under any contracts respecting the Property and promptly notify Purchaser of any default thereunder; and

(ii) refrain from entering into any contract or commitment or from incurring any expenditure or obligation affecting the Property or the title thereto which would extend beyond the Closing or involve payments that would not be paid in full prior to the Closing without the prior written consent of Purchaser.

(f) All representations and warranties of Seller contained in this Contract or any document or exhibit required to be executed by Seller pursuant to this Contract are true and correct as of the Contract Date and shall be true and correct at the Closing as though such representations and warranties were made at such time.

14. Conditions Precedent to Purchaser's Obligations Regarding Closing. In addition to any other conditions set forth in this Contract, Purchaser's obligation to consummate the purchase of the Property is expressly contingent upon the following provisions and agreements any of which may be waived by written notice from Purchaser to Seller:

(a) Seller shall have complied with and otherwise performed each of the covenants and obligations of Seller set forth in this Contract.

(b) All representations and warranties of Seller as set forth in this Contract shall be in all respects true and correct as of the date of Closing.

(c) Neither Seller nor any agent of Seller shall have received any notices from any city, county or any governmental authority of any taking of the Property, or any portion thereof, by eminent domain or similar proceeding, and no such taking or other condemnation of the Property, or any portion thereof, shall be threatened or contemplated by any such governmental authority.

(d) At Purchaser's request, Seller will cooperate with Purchaser in seeking to have the Property annexed into the City of Greenville with an S-1 zoning designation and to seek closure of the road formerly used for access to the Property from Laurens Road. This cooperation will include signing applications and petitions prepared by Purchaser for such purposes. If either the effort to annex into the City or to close the road shall be unsuccessful, and the parties learn of such unsuccessful outcome after the end of the Investigation Period, then Purchaser will have the right to terminate the Contract, but Seller will be entitled to retain the Earnest Money. In no event will Purchase cause the annexation into the City to be finalized prior to expiration of the Investigation Period.

Except as specifically provided in Subsection (d) above, in the event any conditions precedent set forth in this Contract are not satisfied on or before Closing, and if Purchaser does not waive any such unsatisfied conditions precedent, Purchaser may, in addition to any other rights or remedies set forth in this Contract, terminate this Contract by giving written notice thereof to Seller, the Earnest Money shall be returned in full to Purchaser, and the parties hereto, unless otherwise provided herein, shall thereafter have no further rights, obligations or liabilities to each other hereunder.

15. Seller's Environmental Representations, Warranties, and Indemnity. Seller represents and warrants to Purchaser and its successors and assigns as follows:

(a) To the best of Seller's knowledge, the Property and its existing and prior uses comply and have at all times complied with any applicable federal, state, county or local statutes, laws,

regulations, rules, ordinances, codes, licenses and permits of all governmental authorities relating to environmental matters.

(b) To the best of Seller's knowledge, no hazardous material has been released into the environment, or deposited, discharged, placed or disposed of at, on or near the Property, nor has the Property been used at any time by any person as a landfill or a waste disposal site.

(c) There are no monitoring wells on the Property for monitoring hazardous leachate or other hazardous substances or releases.

(d) There are no subsurface (underground) tanks situated on the Property.

16. Closing Documents.

(a) At Closing, the Seller shall deliver to Purchaser the following:

(i) a duly executed general warranty deed conveying good, fee simple and marketable title to the Property, subject to easements and other matters of record or visible on the Property;

(ii) a duly executed lien affidavit warranting and holding Purchaser and the Title Company harmless against unpaid laborers' and materialmen's liens;

(iii) an executed Post-Occupancy Agreement, together with a security deposit, in accordance with the terms of Paragraph 18; and

(iv) such documents as Purchaser's counsel or the Title Company may reasonably request to evidence Seller's authority to execute and perform under this Contract and to execute and deliver all documents conveying the Property to Purchaser.

(b) At Closing, Purchaser shall deliver to Seller the following:

(i) the balance of the Purchase Price due;

(ii) an executed Post-Occupancy Agreement in accordance with the terms of Paragraph 18; and

(iii) such documents as may be reasonably requested by Seller or Seller's counsel.

17. Default and Remedies.

(a) In the event Seller defaults or fails to perform any of the conditions or obligations of Seller under this Contract, Purchaser shall have the right to enforce an action in equity for specific performance, or to terminate the agreement and receive an immediate refund of all Earnest Money, and/or to exercise such other rights and remedies as shall be available at law or in equity.

(b) In the event that all terms and conditions precedent to Purchaser's performance under this Contract have been satisfied or waived, and Purchaser refuses or is unable to consummate the purchase of the Property in accordance with the terms of this Contract, then Seller, as Seller's sole and exclusive remedy, shall be entitled to declare this Contract canceled and to retain the Earnest Money as full liquidated damages.

(c) The amounts hereinabove identified as liquidated damages have been agreed upon by Seller and Purchaser after due deliberation and discussion, and the same constitute good faith estimates of the damages of the party which would be entitled thereto pursuant to this Contract, the respective parties' actual damages being difficult, if not impossible, to ascertain.

18. Post-Occupancy Agreement. Purchaser shall permit Seller to remain in occupancy of the Property after the consummation of the Closing at no cost to Seller in accordance with a post-occupancy agreement to be executed and delivered by Seller and Purchaser at Closing (the "Post Occupancy Agreement"), which post-occupancy agreement will include the following terms and provisions:

(a) Seller shall be entitled to occupancy of the Property for a period of six (6) months from the Closing Date (the "Term");

(b) Seller shall maintain the Property in the same condition as of the Closing Date, ordinary wear and tear excepted;

(c) Seller shall vacate the Property on or before the expiration of the Term without request or demand from Purchaser; and

(g) The Post Occupancy Agreement shall include such other terms and provisions customarily found in residential leases.

19. Miscellaneous.

(a) All the warranties, representations and indemnities contained herein shall survive the Closing and the delivery of the deed and other documents.

(b) Any notice required or permitted to be given under this Contract shall be in writing and shall be deemed to have been given when deposited in the United States mail, registered or certified mail, postage prepaid, return receipt requested, or when deposited with a nationally recognized overnight courier service (i.e. Federal Express, Airborne, etc.) for next day delivery, and addressed to each party as set forth under their signatures hereto. Either party may, from time to time, by notice as herein provided, designate a different address to which notice to it shall be sent. For purposes of this subparagraph, the addresses for notice are as follows:

Seller: Richard M. Davis and Martha F. Davis
50 Birdfield Drive
Greenville, South Carolina 29607

Purchaser: BCD Option, LLC
Attn: Clifford Rosen
124 Verdae Boulevard, Suite 501
Greenville, South Carolina 29607

(c) This Contract shall be governed by and construed in accordance with the laws of the State of South Carolina. Time is of the essence.

(d) This Contract and the Exhibits hereto contain the entire understanding and agreement by and between the parties with respect to the subject matter hereof and all prior or contemporaneous oral or written agreements or instruments are merged herein and no amendment to this Contract shall be effective unless the same is in writing and signed by the parties hereto.

(e) This Contract shall be binding upon and shall inure to the benefit of the parties hereto and their respective heirs, successors, executors, administrators and assigns.

(f) The captions and headings throughout this 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.

[signatures on following page]

IN WITNESS WHEREOF, the parties hereto have caused this Contract for Purchase and Sale of Property to be executed and sealed as of the day and year first above written.

WITNESSES:

Cynthia L. Wells

Date: 8/29/06

SELLER:

X Richard M. Davis
Richard M. Davis

X Martha F. Davis
Martha F. Davis

PURCHASER:

BCD Option, LLC, a Florida Limited Liability Company

By: Clifford Rosen
Title: Manager

Date: August 25, 2006

Exhibit A

DESCRIPTION OF THE LAND

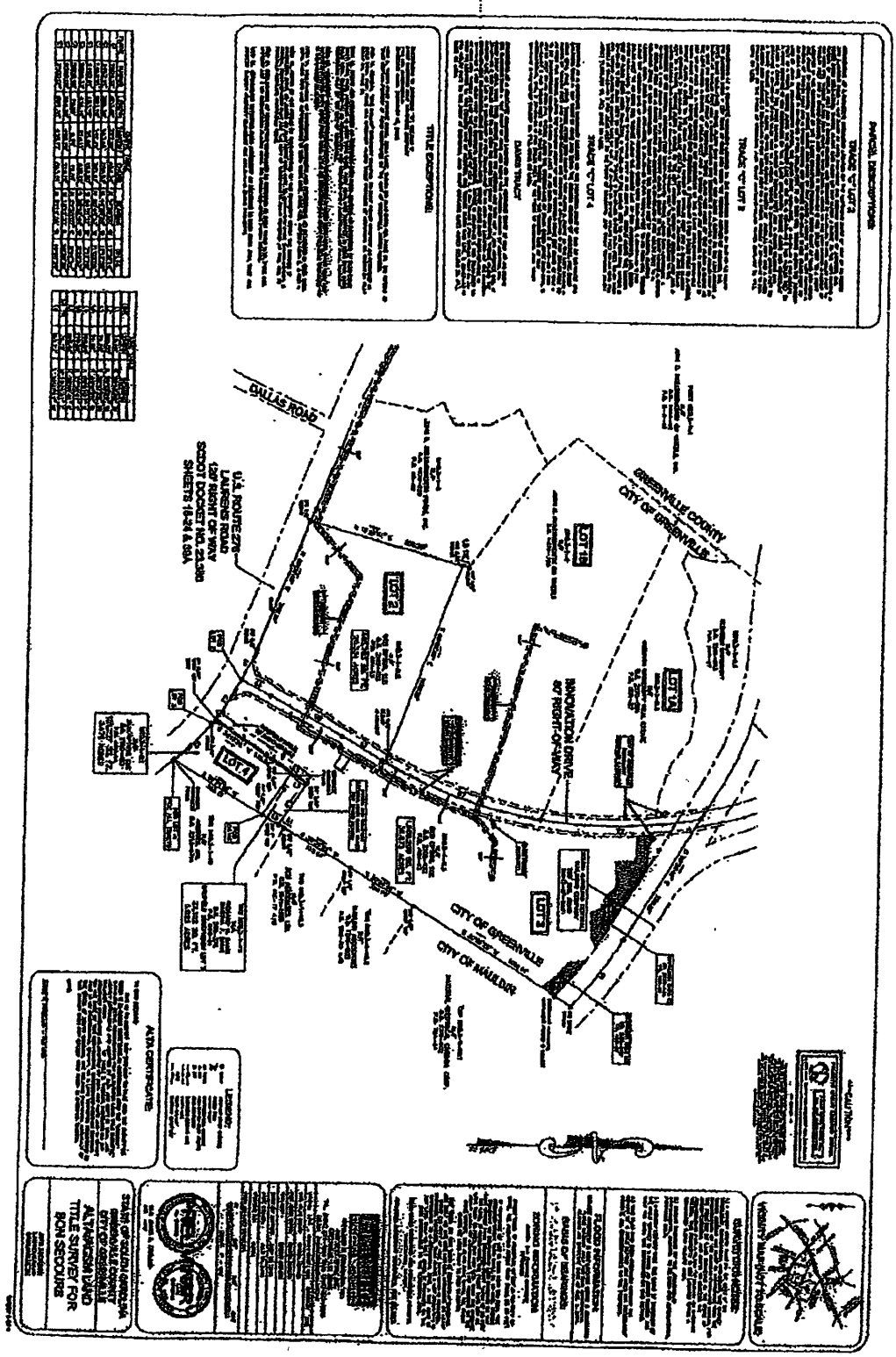
EXHIBIT B

SURVEY WITH SEWER LINES

EXHIBIT B

SURVEY

000410


DALLAS ROAD
U.S. ROUTE 276
LAURENS ROAD
(291 RIGHT-OF-WAY
SCDOT DOCKET NO. 23.390
SHEETS 18-24 & 29A
GREENVILLE COUNTY
CITY OF GREENVILLE
INNOVATION DRIVE
(67 RIGHT-OF-WAY)
LOT 1A
LOT 1B
LOT 2
LOT 3
LOT 4
CITY OF GREENVILLE
CITY OF MAULDIN
ALTA CERTIFICATE
ALTA/ACSM LAND
TITLE SURVEY FOR
RON SEGOURS

000411

COPY

STATE OF SOUTH CAROLINA	)	**FOURTH AMENDMENT TO CONTRACT FOR PURCHASE AND SALE OF PROPERTY AND TERMINATION OF AGREEMENT TO DONATE REAL PROPERTY**
	)	
COUNTY OF GREENVILLE	)	

THIS FOURTH AMENDMENT TO CONTRACT FOR PURCHASE AND SALE OF PROPERTY AND TERMINATION OF AGREEMENT TO DONATE REAL PROPERTY (this "**Fourth Amendment**") is made and entered into as of the 28th day of November, 2006, by and between BCD OPTION, LLC, a limited liability company organized and existing under the laws of the State of Florida (the "**Seller**"), BON SECOURS ST. FRANCIS HEALTH SYSTEM, INC., a non-profit corporation organized under the laws of the State of South Carolina, with its principal office located in Greenville, South Carolina (the "**Purchaser**"), and BON SECOURS ST. FRANCIS HEALTH SYSTEM FOUNDATION, INC., a non-profit corporation organized under the laws of the State of South Carolina, with its principal office located in Greenville, South Carolina (the "**Foundation**").

STATEMENT OF PURPOSE

Seller and Purchaser entered into that certain Contract for Purchase and Sale of Property effective as of December 7, 2005 (the "**Original Contract**"), pursuant to which Seller agreed to sell, and Purchase agreement to purchase, three parcels of land located in Greenville, South Carolina containing approximately 34.381 acres. The Original Contract was amended by that certain First Amendment to Contract for Purchase and Sale of Property dated on or about June 2, 2006, was further amended by that certain Second Amendment to Contract for Purchase and Sale of Property dated on or about August 29, 2006, was further amended by that certain Letter Agreement dated as of September 15, 2006, and was further amended by that certain Third Amendment to Contract for Purchase and Sale of Property dated on or about September 20, 2006, to also include the "Davis Property" containing approximately .619 acres.

Seller, as donor, and Foundation, as donee, entered into that certain Agreement to Donate Real Property effective as of December 7, 2005 (the "**Donation Agreement**"), pursuant to which Sell agreed to donate, and Foundation agreed to accept, a parcel of land located in Greenville, South Carolina containing approximately 19.316 acres.

The parties have agreed to further amend the Original Contract so as to consolidate the Original Contract and the Donation Agreement and to terminate the Donation Agreement.

NOW, THEREFORE, in consideration of the Premises and the mutual promises and agreements hereinafter set forth, Seller and Purchaser agree as follows:

1. DESCRIPTION OF SUBJECT PROPERTY. Section 1 of the Original Contract is hereby amended by deleting subsection 1(a) in its entirety and inserting the following in lieu thereof:

"(a) that certain piece, parcel or tract of land located in Greenville County, South Carolina, consisting of approximately 54.316 acres, shown and

depicted on a drawing entitled "Summary Plat for John D. Hollingsworth on Wheels, Inc. and BCD Option" and designated thereon as Lots 2, 3 and 4, Birdfield Drive and Birdfield Subdivision Lot 7. A copy of said drawing is attached hereto as Exhibit A and by this reference made a part hereof (hereinafter referred to as the "Land");"

2. REPRESENTATIONS AND WARRANTIES OF SELLER. Section 13 of the Original Contract is hereby amended by adding the following subsection:

"(l) To the best of Seller's knowledge, there are no underground storage tanks located on or under the Property and there have been no releases from underground storage tanks or related pipes or structures on or under the Property."

3. MISCELLANEOUS. Section 20 of the Original Contract is hereby amended by deleting subsection 20(d) in its entirety and inserting the following in lieu thereof:

"(d) Purchaser shall have the right to assign this Contract to an organization described in Section 170(b)(1)(A) of the Internal Revenue Code or in Section 1.170A-9 of the Treasury Regulations or to a single member limited liability company all of the membership interests of which are owned by such an organization and which is a "disregarded entity" within the meaning of Treasury Regulation Section 301.7701-2(c)(2) and Treasury Regulation Section 301.7701-3(b)(1)(ii), whereupon Purchaser shall be relieved of liability for the performance of Purchaser's duties and obligations under this Contract."

Section 20 of the Original Contract is hereby further amended by deleting subsection 20(m) in its entirety and inserting the following in lieu thereof:

"(m) Seller and Purchaser agree that the estimated cost (including a 10% contingency) for relocating the sanitary sewer line located on Lot 2 as depicted on Exhibit B is $222,342.78 and that such amount shall be deducted from the Purchase Price payable at Closing. Thereafter, Purchaser will have the option of relocating said sewer line, but will not be obligated to do so. Seller represents to Purchaser that it has not given to any public authority an easement for the sewer line across Lot 2."

Section 20 of the Original Contract is hereby further amended by adding the following subsection (n):

"(n) Purchaser acknowledges that it is Seller's position that the fair market value of the Property exceeds the Purchase

Price and that Seller intends to claim a tax deduction for the difference between the value of the Property and the Purchase Price. Purchaser agrees to execute and deliver to Seller at Closing an acknowledgement of the terms of the transaction described herein, and to execute at or after Closing, as chosen by Seller, Part IV of IRS Form 8283, prepared by Seller, provided such Form 8283 is in substantially similar form as provided to and approved by Purchaser (such approval not to be unreasonably withheld) prior to Closing. Purchaser will not confirm, makes no representation and will not otherwise take any position regarding or with respect to the fair market value attributed to the Property, or the tax consequences of this transaction. Seller will be solely responsible to defend any tax deduction that it may choose to claim as a result of the transaction, and to defend, indemnify and hold Purchaser harmless from any and all claims or damages in connection therewith. Seller will make no claim against Purchaser for compensation of any kind should the tax deduction be disallowed.

4. EXPIRATION OF INVESTIGATION PERIOD. Purchaser acknowledges that the Investigation Period (as defined in the Original Contract) has expired and that the Earnest Money (as defined in the Original Contract) is nonrefundable except as expressly provided in the Original Contract.

5. TERMINATION OF DONATION AGREEMENT. Seller and Foundation hereby terminate the Donation Agreement.

6. NO OTHER AMENDMENTS. Except as specifically amended above in this Fourth Amendment, all terms and provisions of the Original Contract, as previously amended, are hereby confirmed and ratified by Seller and Purchaser.

(SIGNATURES TO FOLLOW)

IN WITNESS WHEREOF, the parties hereto have caused this Fourth Amendment to Contract for Purchase and Sale of Property to be executed and sealed as of the day and year first above written.

WITNESS:

SELLER:

BCD OPTION, LLC, a Florida limited liability company

By: _____
Name: Clifford D. Rosen
Title: Manager

Dated of execution: November 28, 2006

ATI-2250866v2

000415

PMC.2013.00005793

PET-EX055.0418

WITNESS:

PURCHASER:

BON SECOURS ST. FRANCIS HEALTH SYSTEM, INC., a South Carolina non-profit corporation

By: V Rutledge
Name: Valinda Rutledge
Title: CEO

Dated of execution: November 28, 2006

ATI-2250866v2

000416

PMC.2013.00005794

PET-EX055.0419

WITNESS:

FOUNDATION:

BON SECOURS ST. FRANCIS HEALTH SYSTEM FOUNDATION, INC., a South Carolina non-profit corporation

By: _____

Name: Valinda Rutledge

Title: CEO, BSSFHS

Dated of execution: November 28, 2006

ATI-2250866v2

000417

PMC.2013.00005795

PET-EX055.0420

EXHIBIT "A"

LEGAL DESCRIPTION OF PROPERTY

ALL THOSE CERTAIN PIECES, PARCELS OR LOTS OF LAND LYING AND BEING SITUATE IN THE CITY OF GREENVILLE, COUNTY OF GREENVILLE, STATE OF SOUTH CAROLINA AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

LOT 2

COMMENCING AT A CONCRETE MONUMENT LOCATED ON THE NORTHERN RIGHT OF WAY OF US ROUTE 276 (LAURENS ROAD - 120' RIGHT OF WAY) AND BEING THE COMMON CORNER OF ACCOTEX, INC. (DEED BOOK 2213-1714); THENCE ALONG SAID RIGHT OF WAY ALONG A CURVE TO THE LEFT HAVING A RADIUS OF 1462.91 FEET AND A CHORD BEARING AND DISTANCE N 44-36-56 W FOR 285.93 FEET TO AN IRON PIN; THENCE ALONG SAID RIGHT OF WAY ALONG A CURVE TO THE LEFT HAVING A RADIUS OF 1462.91 FEET AND A CHORD BEARING AND DISTANCE OF N 53-32-37 W FOR 169.43 FEET TO AN IRON PIN LOCATED ON THE EASTERN RIGHT-OF-WAY OF INNOVATION DRIVE; THENCE ALONG A CURVE TO THE LEFT HAVING A RADIUS OF 1462.91 FEET AND A CHORD BEARING AND DISTANCE OF N 61-19-16 W FOR 227.40 FEET TO AN IRON PIN LOCATED ON THE WESTERN RIGHT-OF-WAY OF INNOVATION DRIVE AND BEING THE POINT OF BEGINNING. THENCE CONTINUING ALONG SAID RIGHT OF WAY OF US ROUTE 276 (LAURENS ROAD) ALONG A CURVE TO THE LEFT HAVING A RADIUS OF 1462.91 FEET AND A CHORD BEARING AND DISTANCE N 67-06-42 W FOR 68.07 FEET TO AN IRON PIN; THENCE N 68-08-05 W FOR 745.36 FEET TO AN IRON PIN; THENCE ALONG THE COMMON LINE OF JOHN D. HOLLINGSWORTH FUNDS, INC. (DEED BOOK 1938-728), N 15-24-41 E FOR 856.75 FEET TO A POINT; THENCE ALONG THE COMMON LINE OF LOT 1B, S 69-08-45 E FOR 1094.77 FEET TO AN IRON PIN LOCATED ON THE WESTERN RIGHT-OF-WAY OF INNOVATION DRIVE (80' RIGHT-OF-WAY); THENCE ALONG SAID RIGHT-OF-WAY ALONG A CURVE TO THE RIGHT HAVING A RADIUS OF 2460.00 FEET AND A CHORD BEARING AND DISTANCE OF S 29-59-35 W FOR 13.03 FEET TO AN IRON PIN; THENCE S 30-08-41 W FOR 299.65 FEET TO AN IRON PIN; THENCE S 36-47-17 W FOR 101.02 FEET TO AN IRON PIN; THENCE ALONG A CURVE TO THE LEFT HAVING A RADIUS OF 10,050.33 FEET AND A CHORD BEARING AND DISTANCE OF S 28-35-48 W FOR 250.05 FEET TO AN IRON PIN; THENCE S 34-00-19 W FOR 100.09 FEET TO AN IRON PIN; THENCE S 27-38-46 W FOR 73.63 FEET TO AN IRON PIN; THENCE S 73-57-11 W FOR 73.30 FEET TO THE POINT OF BEGINNING. SAID TRACT CONTAINS 19.316 ACRES (841,416 SQ. FT.), MORE OR LESS.

LOT 3

COMMENCING AT A CONCRETE MONUMENT LOCATED ON THE NORTHERN RIGHT OF WAY OF US ROUTE 276 (LAURENS ROAD - 120' RIGHT OF WAY) AND BEING THE COMMON CORNER OF ACCOTEX, INC. (DEED BOOK 2213-1714); THENCE ALONG SAID RIGHT OF WAY ALONG A CURVE TO THE LEFT HAVING A RADIUS OF 1462.91 FEET AND A CHORD BEARING AND DISTANCE N 44-36-56 W FOR 285.93 FEET TO AN IRON PIN BEING THE POINT OF BEGINNING. THENCE ALONG SAID RIGHT OF WAY ALONG A CURVE TO THE LEFT HAVING A RADIUS OF 1462.91 FEET AND A CHORD BEARING AND DISTANCE N 53-32-37 W FOR 169.43 FEET TO AN IRON PIN LOCATED ON THE EASTERN RIGHT-OF-WAY OF INNOVATION DRIVE; THENCE ALONG THE EASTERN RIGHT-OF-WAY OF INNOVATION DRIVE, N 19-38-48 W FOR 94.39 FEET TO AN IRON PIN; THENCE N 26-14-19 E FOR 122.12 FEET TO AN IRON PIN; THENCE ALONG A CURVE TO THE RIGHT HAVING A RADIUS OF 9959.32 FEET AND A CHORD BEARING AND DISTANCE OF N 28-53-44 E FOR 434.38 FEET TO AN IRON PIN; THENCE N 30-05-19 E FOR 291.55 FEET TO AN IRON PIN; THENCE ALONG

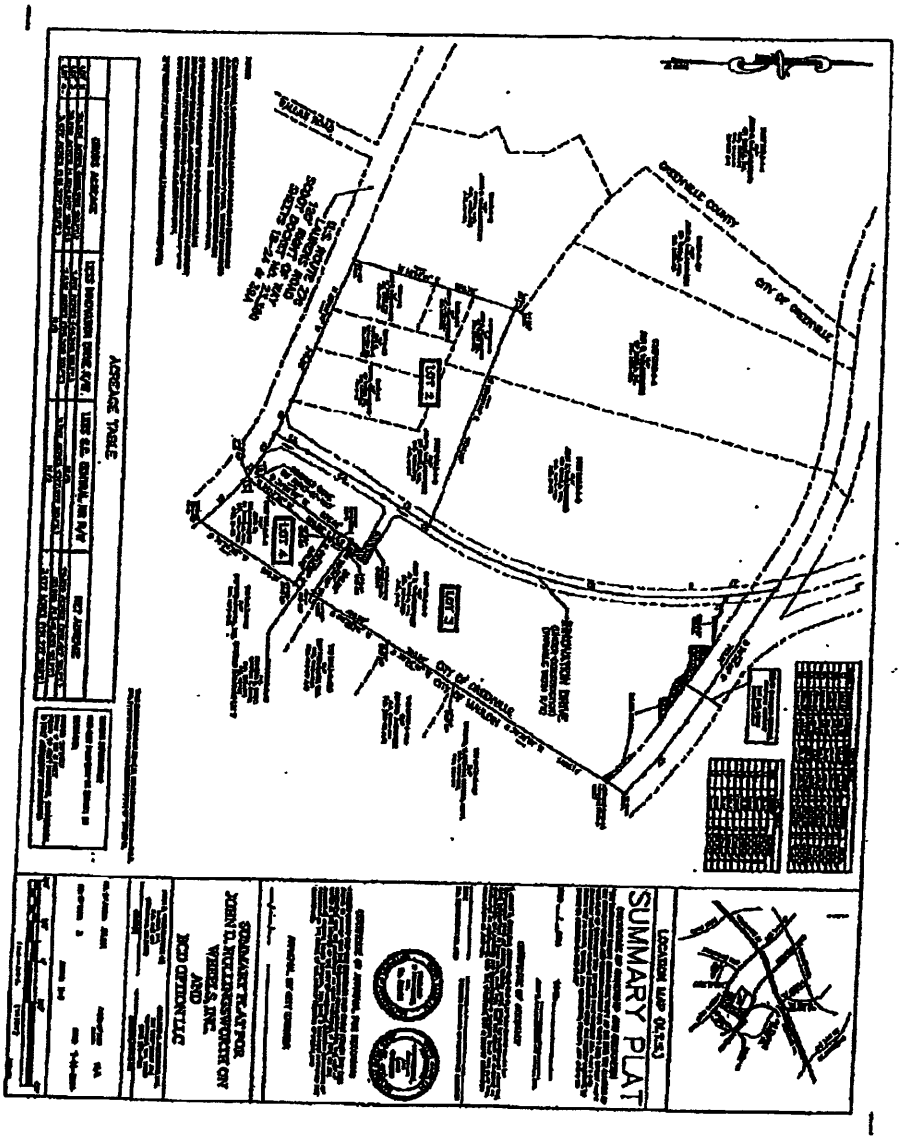
A CURVE TO THE LEFT HAVING A RADIUS OF 2540.00 FEET AND A CHORD BEARING AND DISTANCE OF N 09-27-20 E FOR 1723.35 FEET TO A NAIL LOCATED IN THE CENTERLINE OF SOUTH CAROLINA CENTRAL RAILROAD COMPANY 200' RAILROAD RIGHT-OF-WAY; THENCE ALONG SAID CENTERLINE, S 58-28-46 E FOR 714.72 FEET TO A POINT; THENCE ALONG A CURVE TO THE RIGHT HAVING A RADIUS OF 1904.32 FEET AND A CHORD BEARING AND DISTANCE S 51-55-00 E FOR 452.74 FEET TO A RAILROAD SPIKE IN SAID CENTERLINE; THENCE ALONG THE COMMON LINE OF NATIONAL ELECTRIC CARBON, CORP. (DEED BOOK 1316-502), S 30-36-29 W FOR 1020.14 FEET TO AN IRON PIN; THENCE ALONG THE COMMON LINE OF MAULDIN ASSOCIATES (DEED BOOK 1548-585), S 30-34-48 W FOR 399.99 FEET TO AN IRON PIN; THENCE ALONG THE COMMON LINE OF BCM ASSOCIATES, LTD. (DEED BOOK 1641-1958), S 30-36-02 W FOR 410.66 FEET TO AN IRON PIN; THENCE ALONG THE COMMON LINE OF ACCOTEX, INC. (DEED BOOK 2213, PAGE 1714), S 29-44-32 W FOR 35.24 FEET TO AN IRON PIN; THENCE ALONG THE COMMON LINE OF DAVIS (DEED BOOK 592-376), N 58-30-59 W FOR 265.05 FEET TO AN IRON PIN; THENCE S 32-47-26 W FOR 79.99 FEET TO AN IRON PIN; THENCE S 34-17-26 W FOR 19.94 FEET TO AN IRON PIN; THENCE ALONG THE COMMON LINE OF LOT 4, S 34-17-26 W FOR 479.88 FEET TO AN IRON PIN; THENCE S 06-23-49 E FOR 38.35 FEET TO THE POINT OF BEGINNING. SAID TRACT CONTAINS 34.389 ACRES (1,497,092 SQ. FT.), MORE OR LESS.

LOT 4

BEGINNING AT A CONCRETE MONUMENT LOCATED ON THE NORTHERN RIGHT OF WAY OF US ROUTE 276 (LAURENS ROAD – 120' RIGHT OF WAY) AND BEING THE COMMON CORNER OF ACCOTEX, INC. (DEED BOOK 2213, PAGE 1714); THENCE ALONG SAID RIGHT OF WAY ALONG A CURVE TO THE LEFT HAVING A RADIUS OF 1462.91 FEET AND A CHORD BEARING AND DISTANCE N 44-36-56 W FOR 285.93 FEET TO AN IRON PIN; THENCE ALONG THE EASTERN RIGHT OF WAY OF BIRDFIELD DRIVE (50' RIGHT OF WAY – TO BE ABANDONED)N 06-23-49 W FOR 38.35 FEET TO AN IRON PIN; THENCE N 34-17-26 E FOR 479.88 FEET TO AN IRON PIN; THENCE ALONG THE COMMON LINE OF DAVIS (DEED BOOK 592-376), S 55-43-07 E FOR 268.95 FEET TO AN IRON PIN; THENCE ALONG THE COMMON LINE OF DAY INTERNATIONAL, INC., S 30-34-28 W FOR 565.21 FEET TO THE POINT OF BEGINNING. SAID TRACT CONTAINS 3.472 ACRES (151,227 SQ. FT.), MORE OR LESS.

000419

EXHIBIT A



000420

ATTACHMENT S

UTILITY LETTERS

000421

PMC.2013.00005799

PET-EX055.0424

UTILITY AVAILABILITY LETTER

[Letterhead of Municipality or Other Entity Supplying Utility]

To: Bon Secours St. Francis Health System,
Any Lender providing financing secured by the Property, and Owner

Re: Land and improvements owned by BCD Option, LLC ("Owner") located in the City of Greenville, Greenville County, South Carolina within the Millennium Campus (the "Property"). (Tax map identification numbers: M010.03-01-009.01, M010.03-01-009.02 and M010.03-01-009.03)

Gentlemen and Ladies:

We are pleased to confirm to you that we will provide [presently provide] Water / Sewer service to the Property.

This utility presently has facilities in place [on or at the boundaries of the Property] [in the public right of way of As Various Property Lines adjacent to the Property] sufficient to provide such service.

No tap on charges or other extraordinary fees or charges are due in connection with our providing such service [except: Standard Installation] charges

PLEASE DESCRIBE ANY OTHER OBLIGATIONS REGARDING PROVISION OF THE SERVICE (I.E., PAYING FOR A LINE EXTENSION, ETC.)

Date: 1/31/06

(signature)

Name: David Linch
Title: Director / Chief Business

ATI-2208575v1

Piedmont Natural Gas

February 1, 2006

Mr. Richard M. Rosenblatt
Jones Day
1420 Peachtree Street, N.E. Suite 800
Atlanta, Georgia 30309-3053

RE: Tract of land located on Laurens Road, within the Millennium Campus, in the City of Greenville, South Carolina, consisting of approx. 34.381 acres as depicted on drawing entitled "Summary Plat for John D. Hollingsworth on Wheels, Inc. and BCD Option, LLC" Tax Map Nos. M010.03-01-009-01
M010.03-01-009-02
M010.03-01-009-03

Dear Mr. Rosenblatt,

This letter is to confirm the availability of natural gas to the above referenced project. Piedmont Natural Gas will provide gas service at no charge to the customer.

If we can be of further assistance, please contact me at (864) 235-5844 extension 3016.

Thank you,

BW

Bruce Wood
Commercial Representative

000423

Duke Power
A Duke Energy Company

DUKE POWER
526 South Church Street
P.O. Box 1006
Charlotte, NC 28201-1006

January 25, 2006

Mr. Richard Rosenblatt
1420 Peachtree Street, N.E. - Suite 800
Atlanta, Georgia 30309

RE: Millenium Campus - Lots Nos 2, 3, and 4 - Map Numbers M010.03-01-009.01, .02, & .03 - Greenville, South Carolina

Dear Mr. Rosenblatt:

This letter confirms that Duke Power Company can provide electric service to the proposed site at the location described above. Please call us at 1-800-653-5307 when your construction plans are complete so we can expedite installation of facilities to meet electrical requirements.

We look forward to serving you!

Sincerely,

Lori Phillips
Customer Account Services

000424

Greenville Water System

COMMISSIONERS OF PUBLIC WORKS
OF THE CITY OF GREENVILLE, S. C.

COMMISSIONERS	OFFICERS
VARDRY RAMSEUR, Chairman	LYNDON B. STOVALL, General Manager
JAMES M. SHOEMAKER, JR., Vice-Chairman	W. FRANK ESKRIDGE, Manager of Engineering and Operations
PHILLIP A. KILGORE	DERRICK J. BROWN, Manager of Administration and Finance
KNOX H. WHITE, Mayor-Ex-Officio	C. CAMERON FERGUSON, Manager of Water Resources
DEB SOFIELD, Commissioner Ex-Officio	MICHAEL D. SHARPLESS, Manager of Capital Programs

January 27, 2006

Mr. Richard M. Rosenblatt
Jones Day
1420 Peachtree Street, N.E. Suite 800
Atlanta, Georgia 30309-3053

RE: Water Availability
Tax Map No. M010.03-01-009.01, 9.02 & 9.03
Laurens Road & Innovation Drive

Dear Mr. Rosenblatt:

The Greenville Water System owns and maintains a 16-inch water line along Laurens Road and a 12-inch water line along Innovation Drive which is currently available to serve tax map numbers referenced above in accordance with the Rules and Regulations of the Greenville Water System.

A map depicting the existing water lines in these areas has been enclosed for your convenience.

Sincerely,
GREENVILLE WATER SYSTEM

Murray W. Dodd, P.E.
Director of Engineering

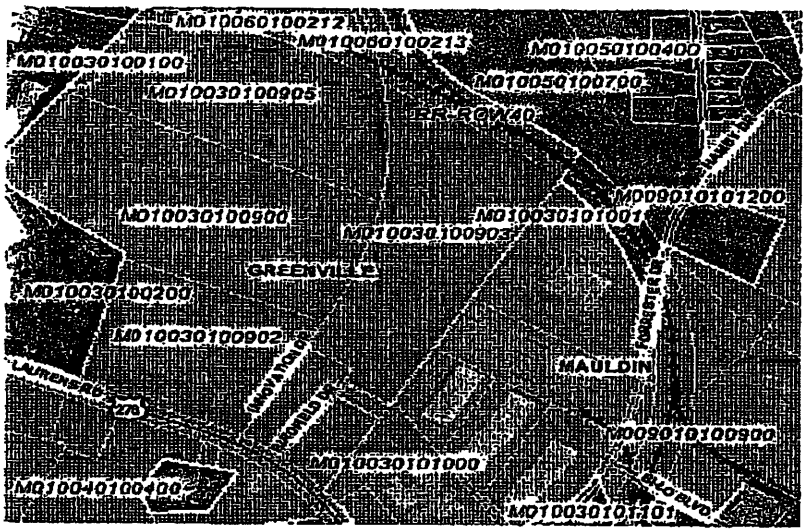
MWD/kr
Enclosure

000425

PMC.2013.00005803

PET-EX055.0428

RECORD 006175



000426

PMC.2013.00005804

PET-EX055.0429

RECORD 006176

city of
greenville

Direct Dial: 864-467-4593
E-Mail lindsay@greatergreenville.com

Office of the City Engineer

February 5, 2008

Mary Hassett
Senior Vice President, Strategic Initiatives
Bon Secours St. Francis Health System
One St. Francis Drive
Greenville, SC 29601

Re: City Of Greenville Sanitary Sewer Availability
Tax Map No. M010.03-01-009.01, 9.02 & 9.03
Laurens Road and Innovation Drive

Dear Ms. Hassett:

The City of Greenville owns and maintains a sanitary sewer line running through the property of tax map no. M10.3-1-9.2 on Laurens Road and running alongside the property of tax map no. M10.3-1-9.3 on Innovation Drive.

The aforementioned main(s) have reserve capacity for your project and were installed for the future development of the ICAR and Millennium Campus development.

A map depicting the existing sewer line in these areas has been enclosed for your convenience.

Sincerely,

Philip R. Lindsay, P.E.
Engineering Services Manager

PRL/pg
ENCLOSURE

000427

P.O. Box 2207· 206 South Main Street · Greenville, S.C. 29602 · P 864-467-4400 · F 864-467-5754
www.greatergreenville.com

000428

RECORD 006178

PMC.2013.0005806

PET-EX055.0431

ATTACHMENT T

BOARD APPROVAL

PMC.2013.00005807

PET-EX055.0432

RECORD 006179

BON SECOURS ST. FRANCIS HEALTH SYSTEM, INC.
ST. FRANCIS HOSPITAL, INC.
BOARD OF DIRECTORS

RESOLUTION

RESOLVED, that the Board of Directors, upon motion made and duly seconded, unanimously recommends to the Bon Secours Health System Board Finance Committee and Board of Directors the approval to support Phase I Millennium Campus Development and filing of the certificate of need application with SC DHEC.

4/14/08

RECEIVED
OCT 14 2008
CON

CERTIFICATE OF NEED APPLICATION

OF

TRIDENT MEDICAL CENTER, LLC
MONCKS CORNER, SOUTH CAROLINA

FOR THE CONSTRUCTION OF A
NEW FIFTY (50) BED HOSPITAL

Submitted To:

South Carolina Department of Health and
Environmental Control
Division of Certification of Need
1777 St. Julian Place
Columbia, South Carolina 29201

AUG 13 2013

000001

Petitioner's
Trial Exhibit
056

PMC.2013.00008167

PET-EX056

(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, an estimate from a vendor is acceptable.**

The total project costs are as follows:

A.	**Land Cost**		**$ 3,200,000**
B.	**Construction Cost**		**$ 60,228,876**
C.	**Architect's Fee**		**$ 4,009,477**
D.	**Equipment Costs**		**$ 27,149,815**
	Equipment & FFE	$22,699,815	
	Information Systems	$ 3,800,000	
	Telecommunications	$ 650,000	
E.	**Financing Cost During Construction**		**$ 7,357,778**
F.	**Other Costs:**		**$13,054,054**
	Overhead	$ 1,287,389	
	DHEC CON Fees:		
	Filing Fee	$ 500	
	Application Fee	$ 7,000	
	Issuance Fee	$ 7,500	
	Professional Fees (est.)	$ 75,000	
	Contingency (11.5% of A – E)	$11,676,665	
G.	**Total Project Cost**		**$115,000,000**

See **Exhibit 4** for construction cost estimate.

Equipment cost estimates, including a list of equipment and furniture for the project, are attached hereto at **Exhibit 5**.

APPLICATION FOR CERTIFICATION OF NEED
FOR A HEALTH FACILITY OR SERVICE

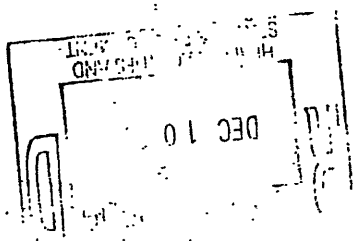
Contact Person:
Ms. Shannon Cantwell
Regulatory Affairs Specialist
Roper St. Francis Healthcare
125 Doughty Street Ste. 760
Charleston, South Carolina 29403
843.789.1754 phone
843.720.8355 fax

The Applicant hereby certifies that the information contained in this Application, including all assurances and attachments, is correct to the best of her knowledge and belief.

Signature: Shannon Cantwell

Date: 12-09-08

Forward to:
Bureau of Health Facilities and Services Development
SC Department of Health and Environmental Control
2600 Bull Street, Columbia, SC 29201



000001

Petitioner's Trial Exhibit
057

PMC.2013.00006449

PET-EX057

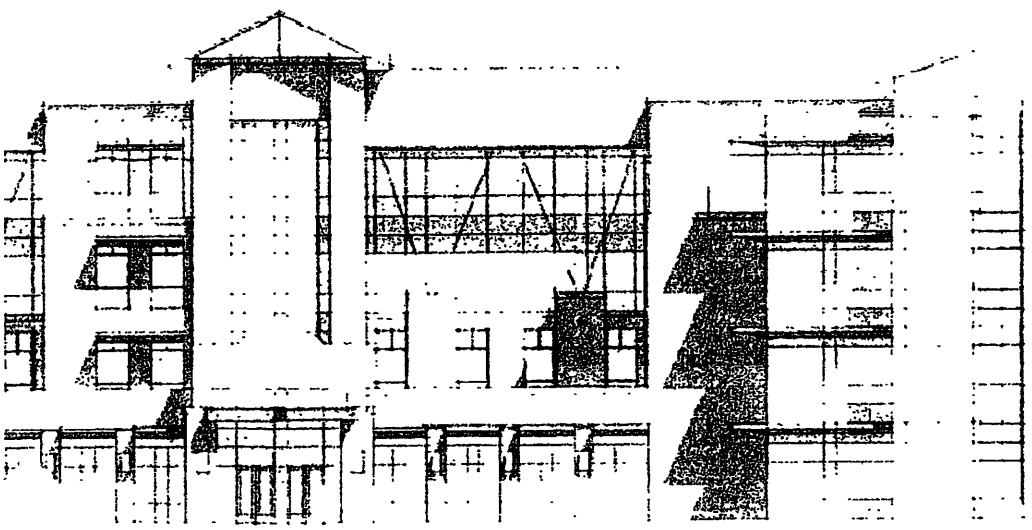
PART A – QUESTIONNAIRE	
9. Construction and Site	
A. Type of Construction New	B. Number of Buildings 1 C. Number of Stories 2
D. Size of the Site in Acres 16.5 acres	E. Square Footage of Facility 138,750 gross s.f. 144,000 with canopies and loading dock
F. Anticipated Date of Beginning Construction Within 15 months of CON Issuance	G. Anticipated Date of Licensing or Project Completion Within 36 months of CON Issuance
10. Zoning of Construction Site Carnes Crossroads Town Center (CC-TC)	
11. Costs (Provide Estimated Cost Statement from Either the Architect or Engineer)	
A. Site Cost $8,192,083 Land $2,062,500 (125K/acre) Pro Rated Closing $ 24,272 Site work $6,105,311	B. Construction Cost $57,876,525
C. Professional Fees $6,962,226	D. Equipment Costs $22,296,158 Medical Equipment $13,691,910 Furnishings $ 1,956,027 IT $ 4,990,642 Signage $ 447,873 Pyxis (Leased)[3] $ 1,209,706
E. Financing Cost During Construction $6,700,000	F. Project Contingency $7,459,218
G. Misc./ Other $3,491,909 Misc. $1,201,909 Consultant $ 20,000 Bond Issue $1,800,000 Pre-Open $ 470,000	H. Total Project Cost $112,978,119
I. Construction and Equipment Cost Per Square Foot $578 ($80,172,683 / 138,750)	

[3] DHEC requires the purchase price for leased items per Section 103.25

GEORGETOWN
HOSPITAL SYSTEM

Certificate of Need Application for

Construction of a Replacement Georgetown Memorial Hospital



Petitioner's
Trial Exhibit
058

Part A - Questionnaire (Page 3)	
9. Construction and Site:	
A. Type of Construction: **New Construction**	B. Number of Buildings: **One**
	C. Number of Stories: **4 Stories**
D. Size of the Site in Acres: **65 Acres**	E. Square Footage of Facility: **275,000 Gross Square Feet**
F. Anticipated Date of Beginning Construction: **May 2009**	G. Anticipated Date of Licensing or Project Completion. **April 2011**
10. Zoning of Construction Site: **In Process. Re-zoning will be complete by September 2008.**	
11. Costs (Provide Estimated Cost Statement from Either the Architect or Engineer)	
A. Land Cost: **$3,350,000**	B. Construction Cost: **$90,000,000**
C. Architect's Fee: **$6,300,000**	D. Equipment Costs 1) Fixed Equipment: **$22,568,481** 2) Moveable Equipment: **N/A**
E. Financing Cost During Construction: **N/A**	
F. Other Costs: • Professional Fees: **$2,773,519** • Reimbursable Costs: **$1,800,000** • Owner Contingency: **$6,450,000** • Other Fees: **$21,405,000** • **Total Other Costs: $32,428,519**	G. Total Project Cost: **$154,647,000**
H. Construction and Equipment Cost 1) Per Square Foot: Construction & Equipment: **$409**; Construction Only: **$327** 2) Per Bed: **$907,810**	

PMC.2013.00002434

PET-EX058.0008

RECORD 006186

PALMETTO HEALTH

October 20, 2006

Mr. Joel C. Grice
Director
Bureau of Health Facilities and Services Development
SC Department of Health and Environmental Control
2600 Bull Street
Columbia, SC 29201

Dear Mr. Grice:

Palmetto Health enthusiastically submits for your review and consideration a Certificate of Need application for the establishment of a new community hospital, consisting of 76 general acute care beds transferred from Palmetto Health Baptist. The proposed hospital, Palmetto Health Baptist Parkridge, will be located in the rapidly growing Northwest suburbs of Columbia at the intersection of Interstate 26, Lake Murray Boulevard, and Parkridge Drive, adjacent to our existing medical office building and ambulatory surgery facility.

Attached is check number 61820 in the amount of $500.00 for the application filing fee.

Should you have any questions regarding the application, please contact me at (803) 296-3340.

Sincerely,

Cameron Crow

Cameron M. Crow
Director of Planning

000001

RECEIVED
OCT 20 2006
HEALTH FACILITIES AND SERVICES DEVELOPMENT

Post Office Box 2266
Columbia, SC 29202-2266 PHONE: (803) 296-2100 palmettohealth.org

Petitioner's Trial Exhibit
059

PMC.2013.00004403

PET-EX059

PART A - QUESTIONNAIRE (Page 4)

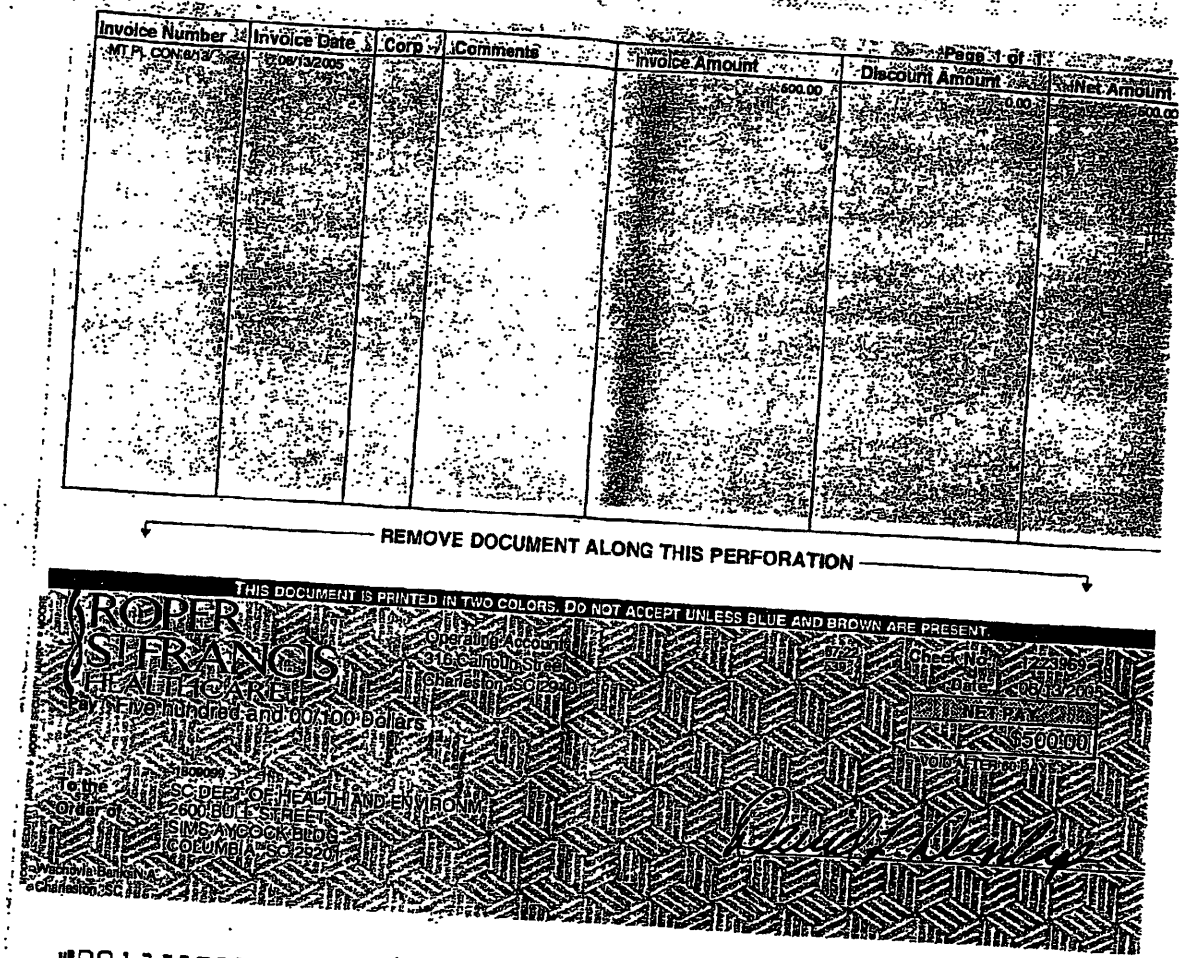
9. Construction and Site	
A. Type of Construction Institutional	B. Number of Buildings 1 C. Number of Stories 4
D. Size of the Site in Acres 24.2 acres	E. Square Footage of the Facility 186,163 SF
F. Anticipated Date of Beginning Construction March 2008	G. Anticipated Date of Licensing or Project Completion October 2009
10. Zoning of Construction Site PUD-LS "Town Center" (like C-3)	
11. Costs (Provide Estimated Cost Statement from Either the Architect or Engineer)	
A. Land Cost $5,300,000	B. Construction Cost $63,914,938
C. Architect's Fees $3,853,859 E. Financing Cost $0	D. Equipment Costs $16,643,495 Furnishings $3,689,796 Communications/IT $3,823,000
F. Other Costs Roadwork $2,284,363	G. Total Project Cost $99,509,451

000007

PMC.2013.00004410

PET-EX059.0008

RECORD 006188



Invoice Number	Invoice Date	Corp	Comments	Invoice Amount	Discount Amount	Net Amount
MT PI CON 6/3/2005	6/08/13/2005			500.00	0.00	500.00

Page 1 of 1

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND BROWN ARE PRESENT.

ROPER ST FRANCIS HEALTHCARE

Operating Account
316 Calhoun Street
Charleston, SC 29401

Check No. 4965
Date 06/13/2005

Pay Five hundred and 00/100 Dollars

NET PAY
$500.00

VOID AFTER 90 DAYS

To the Order of
SC DEPT OF HEALTH AND ENVIRONM
600 BULL STREET
SIMS-AYCOCK BLDG
COLUMBIA SC 29201

Wachovia Bank, N.A.
Charleston, SC

⑈00122396⑈ ⑆053207766⑆ 2001003446134⑈

RECEIVED
JUN 15 2005
HEALTH FACILITIES AND SERVICES DEVELOPMENT

000001

Petitioner's Trial Exhibit
060

PMC.2013.00006956

PET-EX060

PART A – QUESTIONNAIRE	
9. Construction and Site	
A. Type of Construction New	B. Number of Buildings 2 (including adjacent Medical Office Building) C. Number of Stories 3
D. Size of the Site in Acres 54.60 acres highland 24.09 acres wetland 78.69 total acres	E. Square Footage of Facility 200,368 hospital 6,966 leased space in MOB 207,334 total sq. ft.
F. Anticipated Date of Beginning Construction January 2007	G. Anticipated Date of Licensing or Project Completion January 2009
10. Zoning of Construction Site Planned Development, CPI-8 Parcel	
11. Costs [4] (Provide Estimated Cost Statement from Either the Architect or Engineer)	
A. Site Cost $16,024,300	B. Construction Cost $53,113,284
C. Professional Fees $ 8,071,000	D. Equipment Costs (Medical & IT) $27,451,002
E. Financing Cost During Construction $ 5,400,000	F. Project Contingency $ 6,320,000
G. Misc./ Other $ 6,856,000	H. Total Project Cost $123,235,586
H. Construction and Equipment Cost 1) Per Square Foot $389 ($80,564,286 / 207,334 gross sq. ft.)	

[4] Related costs for the hospital services to be housed in the Medical Office Building (6,966 sq. ft.) are included; however, a separate exemption request will be submitted to DHEC at the appropriate time to construct the 60,000 sq. ft. MOB.

APPLICATION

Petitioner's
Trial Exhibit
061

PART A – QUESTIONNAIRE (Page 3)

9. Construction and Site: **This project involves construction of a replacement facility located at the intersection of Mathis Ferry Road and Von Kolnitz Road in Mt. Pleasant, South Carolina.**

A. Type of Construction: **Type I (IBC)**	B. Number of Buildings: 1
Brick and Metal Studs with Steel Structure.	C. Number of Stories 5
D. Size of the Site in Acres: **The hospital campus is approximately 55 acres.**	E. Square Footage of Facility: **Total approximate square footage of East Cooper Regional Medical Center is 125,671 square feet. New construction of the replacement facility is 298,407 square feet.**
F. Anticipated Date of Beginning Construction: **October 2006**	G. Anticipated Date of Licensing or Project Completion: **January 2009**
10. Zoning of Construction Site: **Office and Institutional.**	
11. Costs (Provide Estimated Cost Statement from Either the Architect or Engineer): **See Attachment D for Cost Estimate Letter.**	
A. Land Cost: **$6,000,000**	B. Construction Cost: **$81,048,375**
C. Architect's Fee: **$ 9,571,331**	D. Equipment Costs 1. Fixed Equipment: **$14,054,947** 2. Moveable Equipment: **$31,229,961**
E. Financing Cost During Construction: **$9,061,971**	
F. Other Costs: $ 3,645,767; [See pg. 14 A] $ 5,000,000 contingency	Total Project Cost: $ **159,612,353**
Construction and Equipment Costs 1). Per Square Foot: **$423** 2). Per Bed: **$842,222**	

PMC.2013.00002914

PET-EX061.0008

RECORD 006192

SPARTANBURG
Regional Healthcare System

June 1, 2005

Mr. Joel Grice, Director
Health Facilities and Services Development
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, South Carolina 29204

Dear Mr. Grice:

I am writing on behalf of Spartanburg Regional Healthcare System to request Certificate of Need review of the enclosed application for the construction of a forty-eight bed satellite hospital, known as The Village Health Centre, on the Village at Pelham campus in Greer, South Carolina. There are no additional beds requested, as the forty-eight beds will be transferred from the existing bed inventory at Spartanburg Regional Medical Center and are currently not in operation.

Enclosed are two copies of the application as well as the application fee. Please contact me at (864) 560-6110 if you have any questions regarding the project.

Thank you for your consideration of this project.

Sincerely,

Cheves S. Steck

Cheves Sherard Steck
Planning Facilitator

Enclosures



101 East Wood Street • Spartanburg, South Carolina 29303 • 864-560-6000 Fax 864-560-6001

Petitioner's Trial Exhibit
062

PMC.2013.00004992

PET-EX062

PART A - QUESTIONNAIRE (Page 3)	
9. Construction and Site	
A. Type of Construction Type I Construction for the Inpatient facility, Type III or IV for the Ancillary Support building and non-combustible construction for the Central Energy Plant	**B. Number of Buildings** 3 (Inpatient facility, Ancillary Support building, Central Energy Plant)
	C. Number of Stories 2
D. Size of the Site in Acres 34.21 acres	**E. Square Footage of Facility** 119,500 sf (85,600 sf Inpatient facility, 28,400 sf Ancillary Support Building 5,500 sf Central Energy Plant)
F. Anticipated Date of Beginning Construction October 2006	**G. Anticipated Date of Licensing or Project Completion** October 2008
10. Zoning of Construction Site OD (Office and Institutional)	
11. Costs (Provide Estimated Cost Statement from Either the Architect or Engineer)	
A. Land Cost $1,892,079	**B. Construction Cost** $ 28,339,004
C. Architect's and Other Professional Fees $ 3,800,000	**D. Equipment Costs** **1) Fixed Equipment** $ 5,787,008
E. Financing Cost During Construction $0	**2) Movable Equipment** (including furniture) $ 8,876,094
F. Other Costs $ 3,197,894	**G. Total Project Cost** $ 51,892,079
H. Construction and Equipment Cost **1) Per Square Foot** $ 360 **2) Per Bed** $ 895,877	

PMC.2013.00004999

PET-EX062.0008

RECORD 006194

GREENVILLE HOSPITAL SYSTEM®
Healthcare to a Higher Standard

January 11, 2005

Mr. Joel Grice, Director
Health Facilities and Services Development
Department of Health and Environmental Control
1777 St. Julian Place, Suite 201
Columbia, South Carolina 29204

Dear Mr. Grice:

I am writing on behalf of the Greenville Hospital System to request Certificate of Need review of the enclosed application for the construction of a 68-bed replacement facility for the existing Allen Bennett Memorial Hospital (ABMH). Attached are two copies of the application as well as the application fee. Please contact me at 864-455-5197 if you should have any questions regarding this project.

Thank you for your consideration of this project.

Sincerely,

Chris Sullivan
Director of Strategic Planning

Attachments

701 Grove Road Greenville, SC 29605-5601 864-455-7000

Petitioner's Trial Exhibit 063

PMC.2013.00004221

PET-EX063

RECORD 006195

PART A - QUESTIONNAIRE (Page 3)	
9. Construction and Site	
A. Type of Construction Hospital Grade Construction	**B. Number of Buildings** 1
	C. Number of Stories 2
D. Size of the Site in Acres 10 acres	**E. Square Footage of Facility** Approximately 136,000 gross square feet
F. Anticipated Date of Beginning Construction October 2005	**G. Anticipated Date of Licensing or Project Completion** November 2007
10. Zoning of Construction Site OD – Office and Institutional	
11. Costs (Provide Estimated Cost Statement from Either the Architect or Engineer)	
A. Land Cost $ 1,500,000 (10 acres x $150,000 per acre. See *Attachment 3* for a letter from Caldwell Banker re: value of land)	**B. Construction Cost** $ 37,000,000
C. Architect's Fee $ 2,470,000	**D. Equipment Costs** **1) Fixed Equipment** $ 500,000
E. Financing Cost During Construction	**2) Movable Equipment** $ 5,045,000
F. Other Costs $ 1,985,000	**G. Total Project Cost** $ 48,500,000
H. Construction and Equipment Cost **1) Per Square Foot** $ 313.57 **2) Per Bed** $627,132	

PMC.2013.00004226

PET-EX063.0006

RECORD 006196

Fort Mill Medical Center
Waccamaw Community Hospital
Historical Financial Performance

	2003	2004	2005	2006	2007
Gross IP Revenue	$ 52,084,332	$ 73,528,915	$ 90,430,498	$ 108,104,400	$ 126,867,513
Gross OP Revenue	$ 22,377,423	$ 35,894,068	$ 57,032,352	$ 75,659,913	$ 88,869,422
Total Gross Patient Revenue	$ 74,461,755	$ 109,422,983	$ 147,462,850	$ 183,764,313	$ 215,736,935
Contractual Allowance	$ 39,438,226	$ 58,870,537	$ 83,617,068	$ 103,913,416	$ 124,925,570
Net Patient Revenue	$ 35,023,529	$ 50,552,446	$ 63,845,782	$ 79,850,897	$ 90,811,365
Total Operating Expenses	$ 41,008,587	$ 49,731,374	$ 61,374,044	$ 75,685,850	$ 88,040,060
Operating Income	**$ (5,985,058)**	**$ 821,072**	**$ 2,471,738**	**$ 4,165,047**	**$ 2,771,305**

Source: Medicare Cost Reports.
Note: 2008 data is not available.

PET-EX064

Petitioner's Trial Exhibit
064

Fort Mill Medical Center
Georgetown Memorial Hospital
Historical Financial Performance

	2002	2003	2004	2005	2006	2007
Gross IP Revenue	$ 122,277,494	$ 113,003,506	$ 126,934,220	$ 143,231,207	$ 132,504,480	$ 132,863,065
Gross OP Revenue	$ 67,595,219	$ 71,265,039	$ 81,449,637	$ 95,619,446	$ 106,636,339	$ 119,555,893
Total Gross Patient Revenue	$ 189,872,713	$ 184,268,545	$ 208,383,857	$ 238,850,653	$ 239,140,819	$ 252,418,958
Contractual Allowance	$ 93,866,734	$ 97,213,539	$ 113,638,606	$ 137,489,497	$ 141,057,485	$ 152,213,043
Net Patient Revenue	$ 96,005,979	$ 87,055,006	$ 94,745,251	$ 101,361,156	$ 98,083,334	$ 100,205,915
Total Operating Expenses	$ 100,854,446	$ 92,439,145	$ 98,305,407	$ 102,783,585	$ 96,740,298	$ 100,826,149
Operating Income	**$ (4,848,467)**	**$ (5,384,139)**	**$ (3,560,156)**	**$ (1,422,429)**	**$ 1,343,036**	**$ (620,234)**

Source: Medicare Cost Reports.
Note. 2008 data is not available.

EXHIBIT
113-2

PET-EX064.0002

Fort Mill Medical Center
Waccamaw Community Hospital and Georgetown Memorial Hospital
2002-2007 Operating Income

	2002	2003	2004	2005	2006	2007
Waccamaw Community Hospital		$ (5,985,058)	$ 821,072	$ 2,471,738	$ 4,165,047	$ 2,771,305
Georgetown Memorial Hospital	$ (4,848,467)	$ (5,384,139)	$ (3,560,156)	$ (1,422,429)	$ 1,343,036	$ (620,234)

Source: Medicare Cost Reports.
Note: 2008 data is not available.

EXHIBIT
113-3

PET-EX064.0003

Fort Mill Medical Center
Waccamaw Community Hospital and Georgetown Memorial Hospital
2002-2007 Operating Income

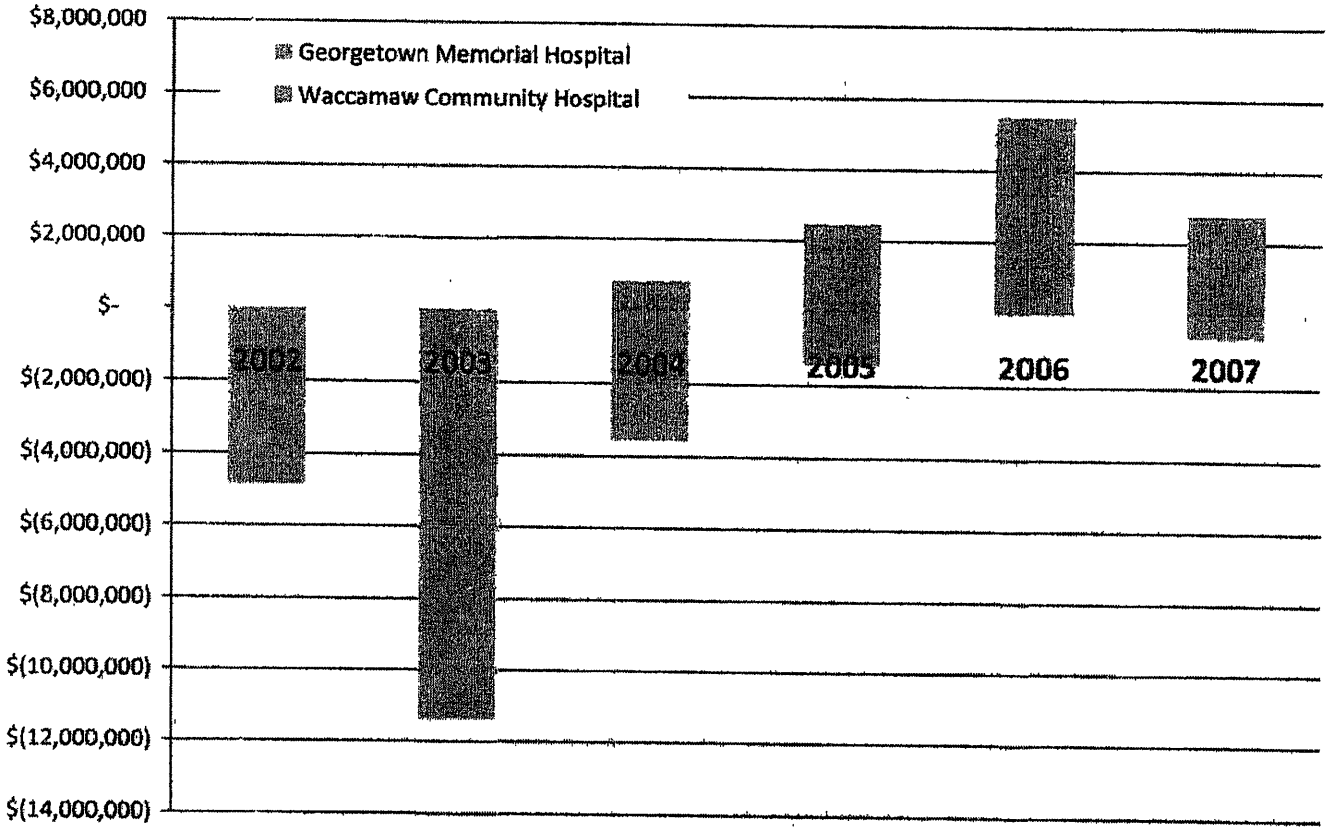


EXHIBIT
113-4

PET-EX064.0004

Fort Mill Medical Center
Georgetown Memorial Hospital
Historical Utilization

	2002	2003	2004	2005	2006	2007	2008
Beds	142	142	131	131	131	131	131
Admissions	9,026	7,452	7,382	7,768	7,016	6,241	6,029
Patient Days	42,050	35,458	35,810	37,694	32,852	29,488	26,561
ADC	115	97	98	103	90	81	73
Occupancy	81.1%	68.4%	74.9%	78.8%	68.7%	61.7%	55.5%

Source: JARs.

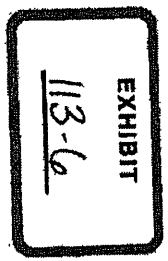
EXHIBIT
113-5

PET-EX064.0005

Fort Mill Medical Center
Waccamaw Community Hospital
Historical Utilization

	2003	2004	2005	2006	2007	2008
Beds	40	54	82	82	82	124
Admissions	2,992	4,188	5,108	5,567	5,992	6,261
Patient Days	11,125	16,044	19,039	21,880	25,055	26,085
ADC	30	44	52	60	69	71
Occupancy	76.2%	81.4%	63.6%	73.1%	83.7%	57.6%

Source: JARs.
Note: Excludes Rehab.



Fort Mill Medical Center
Waccamaw Community Hospital and Georgetown Memorial Hospital
2002-2008 Average Daily Census

ADC	2002	2003	2004	2005	2006	2007	2008
Waccamaw Community Hospital		30	44	52	60	69	71
Georgetown Memorial Hospital	115	97	98	103	90	81	73
	115	128	142	155	150	149	144

Source JARs.

EXHIBIT
113-7

PET-EX064.0007

Fort Mill Medical Center
Waccamaw Community Hospital and Georgetown Memorial Hospital
2002-2008 Average Daily Census

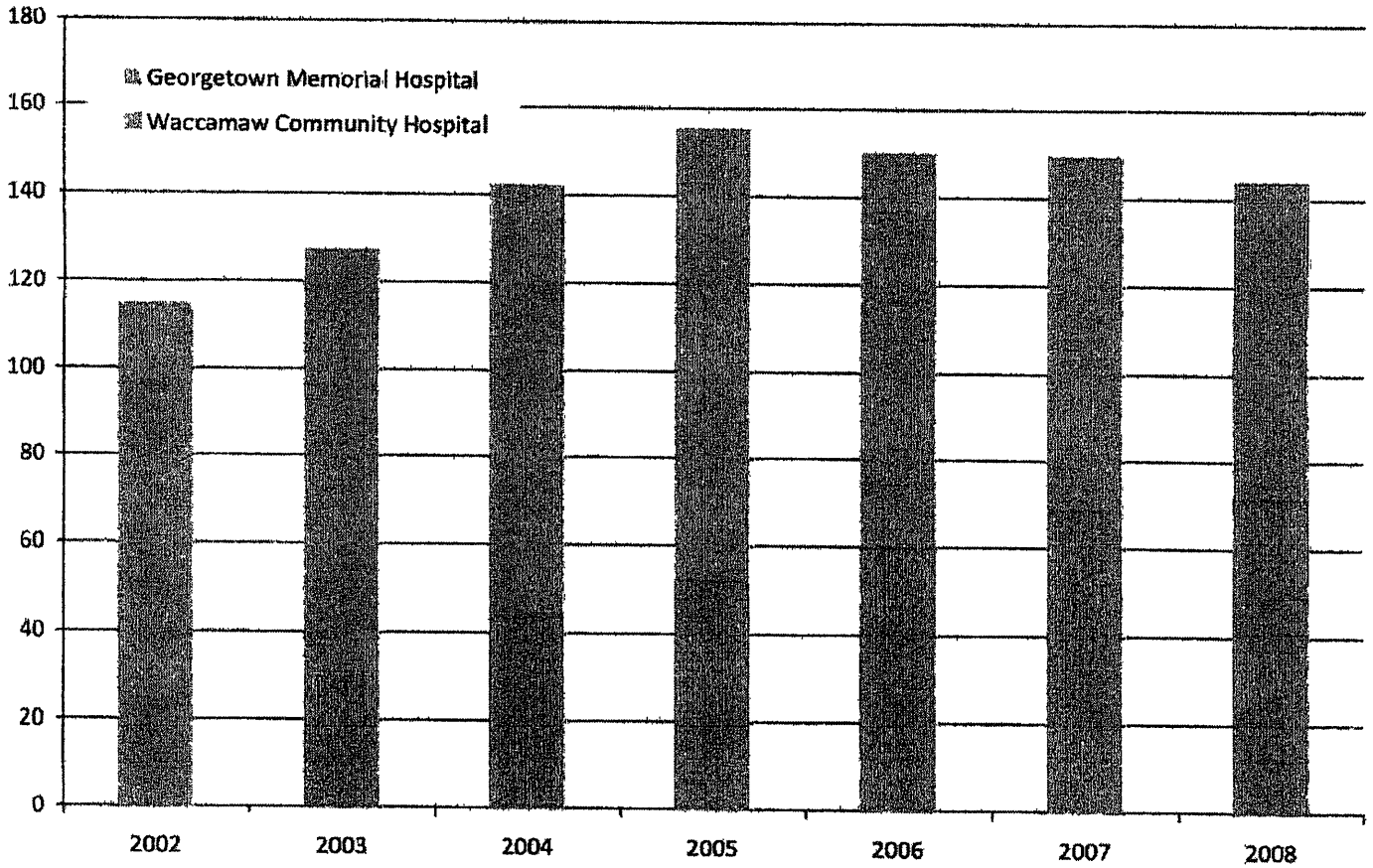


EXHIBIT
113-B

PET-EX064.0008

rhr

rockhillradiology

James E. Reinhardt, Jr., M.D. Geoffrey T. Gilleland, M.D.
Howard F. Snyder, M.D. Peter A. Stangas, M.D.
Edward. D. McKinney, Jr., M.D. Lawrence P. Soderstrom, M.D.
Bruce A. Leonard, M.D. Robert Reuter, M.D.
Mark R. Matthews, M.D.

September 29, 2010

South Carolina Department of Health and Environmental Control
P O Box 8594
Columbia, SC 29202-8594

Ms Brant,

I would like to offer my support and endorsement of Piedmont Medical Center's bid for construction and development of Fort Mill Medical Center. It will bring a superior hospital with a larger number of beds and state of the art technology to the area. The proposed medical center site is geographically most advantageous for the citizens of Fort Mill and will anchor a much needed commercial development site.

The quality of healthcare offered at Piedmont Medical Center will be duplicated at the Fort Mill Medical Center. I as well as my family have been the recipient both of in patient and out patient care at Piedmont Medical Center and have experienced highly compassionate and professional care at the facility.

The unique advantage of generated tax revenue should not be under emphasized. In this time of economic down turn and shrinking tax revenues, York county cannot afford additional tax revenue losses. My wife works for the local school district and there is concern over reports that lower tax revenues in the coming years could result in further job losses in the education community.

As a physician who lives and practices in York county, my concern for the state of healthcare in York county is personal. I believe the Piedmont Medical proposal for Fort Mill Medical Center not only will offer the best hospital for the town of Fort Mill but will also enhance the level of healthcare for all citizens of York county. A cooperative healthcare network between Fort Mill and Rock Hill can most aggressively advance the growth and maturation of the medial sub specialty community within upstate South Carolina. This is not a long term goal of the competing healthcare institutions from North Carolina.

Sincerely
Edward D. McKinney, M.D.

Petitioner's Trial Exhibit
066

Place your completed form in an envelope and mail to the DHEC address on the other side of this card.

Dear Ms. Beverly Brandt,

1) PMC has been a long time provider of primary health care to York County and its citizens. Will permit much needed coverage to Fort Mill

2) Citizens benefit to York county by employment & tax revenue

3) Enhancements compounded by local MDs

Sincerely,

ONLY ONE

FORT MILL MEDICAL CENTER

Name ROBERT REUTER

Title DR

Address 16017 RIVERPOINTE DR

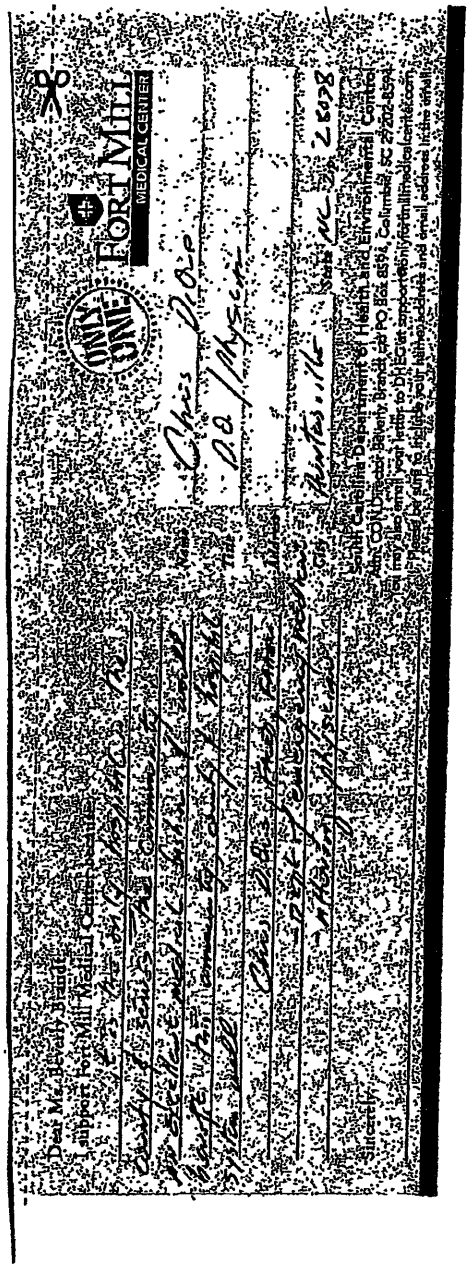
City CHARLOTTE State NC Zip 28278

You may also email your letter to DHEC at support@onlyfortmillmedicalcenter.com. Please be sure to include your name, address and email address in the email.

RECORD 006206

Pied.MD.LTR.0002

PET-EX066.0002



Pied.MD.LTR.0003

PET-EX066.0003

Dear Ms. Beverly Brandt,

I support Piedmont's proposal for Fort Mill Medical Center because:

- We need to keep it in York County
- We need to add more jobs in the community
- We need to generate more tax revenue
- We need a third and fourth hospital that continues to give excellent service.

Signature: Joseph W. Zdenek

ONLY ONE

FORT MILL MEDICAL CENTER

Name: Joseph W. Zdenek

Title: Dr.

Address: 752 Herrell St.

City: Rock Hill

State: SC

Zip: 29730

Dear Ms. Beverly Brandt,

HAVING WITNESSED FIRST HAND, THE commitment to both Rock Hill and York County I support Fort Mill Medical Center with ENTHUSIASM. Fort Mill needs this hospital for the health of both my patients and the community. Thank you.

Sincerely,

DAVID B SAUER MD

ONLY ONE

FORT MILL MEDICAL CENTER

Name DAVID B. SAUER

Title MD

Address 502 SIXTH BAXTER CROSSING

City FORT MILL State SC Zip 29708

You may also email your letter to DHEC at support@onlyfortmillmedicalcenter.com. Please be sure to include your name, address and email address in the email.

RECORD 006209

Pied.MD.LTR.0005

PET-EX066.0005

Gmail by Google

Only Fort Mill Medical Center <onlyfortmillmedicalcenter@gmail.com>

Letter of support for Piedmont Medical Center's proposal to build the Fort Mill Medical Center

1 message

Geoffrey Gilleland <geoff_gilleland@hotmail.com> Wed, Sep 29, 2010 at 4:52 PM
To: support@onlyfortmillmedicalcenter.com

Director Beverly Brandt,

Please consider my enclosed letter of support for Piedmont Medical Center's proposal to build the Fort Mill Medical Center on Highway 160 in Fort Mill, SC.
It is also included here for your convenience.

Sincerely,
Geoffrey Gilleland MD
Rock Hill Radiology

>>

Director Beverly Brandt, September 27, 2010

My name is Geoffrey Gilleland. For the last 10 years I have been a radiologist in the radiology group covering York and Chester Counties. Covering these two areas gives me a unique perspective. Attracted by the expected future growth in York County, I made my home in central Rock Hill in 2000, and I have enjoyed raising a family here and working at Piedmont Medical Center. I have seen PMC become truly competitive with the large Charlotte-based hospitals. My group, Rock Hill Radiology, has essentially doubled in size since before my arrival, and I can say at no time in my training, including residency at The University of Alabama - Birmingham and fellowship at University of Texas Southwestern at Dallas, have I seen a better group of nine radiologists.

The Charlotte hospital systems have penetrated deeply into York County, a process that has escalated since this CON process started. This goes even beyond healthy competition, now with the purchasing of a majority of the referring physician groups and the building of new satellite physician centers in York County. PMC has responded with growth and well-documented capital investments, resulting in a first-rate option for health care to York County residents.

It seems clear Fort Mill residents will be fine with whoever builds their needed new hospital, although they may benefit more with a larger business tax base. If PMC is granted The Fort Mill Hospital, the level of health care, through competition, will be maintained for the entire county. No one living in York County the past decade would say that PMC has a monopoly on medicine, any more than any restaurant, car dealer, or simple retail store has. The truth is Fort Mill's relatively high-income population historically shops in Charlotte. Even the design of the small facilities planned by both the Charlotte systems would funnel more patients into their hospitals in North Carolina.

Just as clear is what the future will be if the hospital in Fort Mill becomes an expansion of the Charlotte systems. Physicians in the remainder of the county will be disadvantaged unfairly. Essentially the patients of the northern part of the county will be completely lost to many of our physicians, even if the Rock Hill hospital were able to perform a similar ground-up total new remodeling, which is unrealistic even in the best of economic times. No, no one should discount the "historic reluctance" of residents of the town of Fort Mill, most of whom work in Charlotte, to drive away from the "City" to obtain their health care in the center of Rock Hill. The logistics are that PMC could not compete without a Fort Mill location. It obviously was financially advantageous for the Charlotte systems to fight the first CON. However, any business that gets referred away from York County, which the Charlotte systems have been aggressively doing, injures the infrastructure of the entire county. Not only would the medical industry north of the Catawba be monopolized by Charlotte, "the pull" that is already present and felt by most local businesses, would increase and hurt the future of Central York County. With this expected revenue loss, I can state my Practice would not be able to support all the physicians we have at present and, in the face of any group turnover or expected retirement, we would not be able to recruit to past standards. All current local physician practices would be in this situation or would shift their locations . Growing volume provides quality, quality that the entire people of York County deserve.

If a Charlotte hospital group gets the Fort Mill CON, it can be planned from the effects of the split in patient volume at PMC, that the future growth of central and southern parts of York County will be subjugated to the suburbs of Charlotte. South Carolina does not want that economic impact. If PMC Hospital is given the Fort Mill CON, the proven current level of quality medical care will continue or rise because of the guaranteed future continued competition. York County Residents will always have the choice to drive to Charlotte. No other industry in York County would just be handed over to a Charlotte company. I beseech you not to do so for something as vitally important to a community as health care.

Geoffrey Gilleland MD

Rock Hill Radiology

DHEC letter.pages.zip
36K

September 29, 2010

Ms. Beverly Brandt
PO Box 8594
Columbia, South Carolina 29202-8594

Dear Ms. Brandt,

I support **Piedmont Medical Center's** proposal for the Fort Mill Medical Center. I am a physician at Piedmont Medical Center, and I think that PMC should be given the approval for several reasons.

First, PMC 's proposal is the largest facility proposed and is being built as *Fort Mill's Medical Center*, not as a small facility intended to refer patients up to Charlotte to existing large medical centers.

Second, Fort Mill and York County in particular would be helped by the tax revenue that results from PMC operating the medical center.

Third, in the interest of competition, PMC should get a better market share. Rock Hill is not a wealthy community and has very few employers. Consequently, there are fewer patients with health insurance. Presbyterian and CMC already have a presence in the Charlotte area market that has a better percent of insured patients. I believe PMC needs to have a share of the insured patients to help pay for the many patients that we provide care for with no reimbursement.

Thank you for your consideration.

Robert Start, MD
1985 Olde Oxford Ct.
Rock Hill, South Carolina 29732

Dear Ms. Beverly Brandt,

I think the Fort Mill Medical Center will greatly benefit the people of this community. It will offer full service hospital care without patients having to leave town for it. It will add to the local tax base, which will greatly enhance our community services and schools. It will be a local medical center of which we can all be proud. As a local medical provider in Fort Mill, I feel I will have a much closer relationship with this hospital than with any other.

Sincerely,

David M. Mobley M.D.

ONLY ONE

FORT MILL MEDICAL CENTER

Name David M. Mobley M.D.

Title

Address 502 Sixth Baxter Crossing

City Fort Mill State SC Zip 29708

You may also email your letter to DHEC at support@onlyfortmillmedicalcenter.com. Please be sure to include your name, address and email address in the email.

RECORD 006213

Pied.MD.LTR.0009

PET-EX066.0009

Dear Ms. Beverly Brandt,

Ft Mill would benefit from a hospital. It is a growing community that lacks a medical center to serve its population. I wholeheartedly endorse its approval.

Sincerely, Gail Margolit MD

ONLY ONE FORT MILL MEDICAL CENTER

Name GAIL MARGOLIT MD

Title MEDDIR PUCC

Address 760 ADDISON AV

City RH State SC Zip 29730

You may also email your letter to DHEC at support@onlyfortmillmedicalcenter.com. Please be sure to include your name, address and email address in the email.

RECORD 006214

Pied.MD.LTR.0010

PET-EX066.0010

Dear Ms. Beverly Brandt,

I see the addition of the Tower at Fort Mill Hospital as a very much needed expansion in the Fort Mill area. This area continues to grow, & requires a local hospital capable of meeting the needs of this growing community. I believe this will foster an influx of additional medical services/consultants/etc, strengthen the local community, and help to alleviate overcrowding in the current local facilities. I fully support the Fort Mill Hospital.

Sincerely,

Mark W. Schnier MD

ONLY ONE

FORT MILL MEDICAL CENTER

Name MARK SCHNIER

Title MD

Address 502 Sixth Baxter Crossing

City Ft. Mill State SC Zip 29708

You may also email your letter to DHEC at support@onlyfortmillmedicalcenter.com. Please be sure to include your name, address and email address in the email.

RECORD 006215

Pied.MD.LTR.0011

PET-EX066.0011

Dear Ms. Beverly Brandt,

I SUPPORT PMC AS THE PROVIDER FOR FT MILL AND CAL. PMC HAS SHOWN COMMITMENT TO THE INDIGENT, MEDICARE SERVICES SUPERIOR TO OTHER HOSPITALS OF ITS SIZE & WILL PROVIDE INCREASE IN TAX BASE FOR YORK CO. WITHIN FT MILL AND CAL I FEAR THE CONTINUED EROSION OF INSURED PATIENTS SEEKING TO CHARGE FOR HEALTH CARE WILL JEOPARDIZE THE FINANCIAL VIABILITY OF PMC AND RESULT IN DECREASED LEVEL OF SERVICE AT THE EXISTING SITE

Sincerely,

ONLY ONE FORT MILL MEDICAL CENTER

Name MARK MATTHEWS

Title M.D.

Address 29015 WINDJAMMER DR

City TEGA CAY State SC Zip 29708

You may also email your letter to DHEC at support@onlyfortmillmedicalcenter.com. Please be sure to include your name, address and email address in the email.

RECORD 006216

Pied.MD.LTR.0012

PET-EX066.0012

Dear Mr. Beverly Brandt,

I support Physicians proposal for Fort Mill Medical Center because:

I think it will do well
It will help Fort Mill Residents

Signature

ONLY ONE

FORT MILL
MEDICAL CENTER

Robert A. Martin
M.D.
1200 Williams Rd
Fort Mill
SC
29715

RECORD 006217

Pied.MD.LTR.0013

PET-EX066.0013

Dear Ms. Beverly Brown,
I suppose Fort Mill Medical Center becomes

As a practicing Emergency Physician
in Rock Hill, S.C., I would submit that
medical Examiner Dr. Clark's decision
regarding the area of medical practice
of Fort Hill Urgent Care should clearly be
for minor Urgent Care and should not
simply be another branch of Chesterfield

Sincerely,
DR. GEOFF HAYDEN, M.D.

ONLY ONE

FORT MILL
MEDICAL CENTER

Name: Geoffrey E. Hayden MD
Title: Emergency Physician
Address: 2111 Cavalier Dr.
City: Rock Hill State: SC Zip: 29732

South Carolina Department of Health and Environmental Control
Attn: COA Director Beverly Brown/Lab PO Box 8541, Columbia, SC 29202-8541
Or you may email your letter to Director at SCDHEC@scdhec.net with "medical practice" in the subject line.
Please be sure to include your name, address and email address in the letter.

RECORD 006218

Pied.MD.LTR.0014

PET-EX066.0014

William F. Alleyne II, M.D., F.C.C.P.
Carolina Pulmonary Physicians, P.A.
124 Glenwood Drive
Rock Hill, South Carolina 29732-1183
Phone (803)-329-6949
Fax (803)-328-0270
Email WFA2MD@WFA2MD.COM

MAR 8 2010

February 9, 2010

Beverly Brundt

Chief Bureau of Health Facilities and Services Development

South Carolina DHEC

2600 Bull Street

Columbia, SC 29201

Dear Ms. Brundt,

This letter is to support the efforts of Piedmont Medical Center to build a new hospital in the Fort Mill , South Carolina. I have worked at Piedmont during the past 10 years. The leadership has demonstrated a commitment to the upstate community that is without equal. The residents of York County have a wide variety of choices regarding their healthcare needs. Piedmont has successfully competed in the open marketplace with regard to price as well as quality and will continue to do so. There are currently a variety of healthcare options both in Charlotte as well as in Columbia. Please allow Piedmont to continue to provide high quality care to our patients in the Fort Mill area.

Sincerely,

William F. Alleyne II, MD, FCCP

Carolina Blood and Cancer Care Associates, P. A.

James D. Welsh, MD Kashyap B. Patel, MD Asutosh S. Gor, MD Sashi Naidu, MD
Niyati Nathwani, MD

Board Certified in Medical Oncology, Hematology and Internal Medicine

September 9, 2010

Beverly Brandt, Chief DHEC
CON Division
c/o PO Box 8594
Columbia, SC 29202-8594

Dear Ms. Brandt,

I am an Oncololgist and have practiced medicine in York County for over 7 years. I have extensive knowledge of the community's needs, and as such, I proudly support Piedmont Medical Center's proposal to build Fort Mill Medical Center. Piedmont has always offered my patients comprehensive quality care, and they have served the residents of York County tirelessly. This is the same type of care and commitment I would like to see in Fort Mill.

In addition to outstanding quality, there are several other reasons I feel Piedmont's proposal makes sense. It will provide the largest facility with the most comprehensive service line. It will create the most jobs for York County residents and would contribute a significant positive economic impact. It will add substantially to the tax revenues of Fort Mill, providing desperately needed funding for schools, just as they have done in Rock Hill for many years. Most importantly, it will ensure the residents of York County continue to receive quality, localized healthcare instead of being triaged into Charlotte.

In addition to the positive impact Fort Mill Medical Center would make in the community, I also ask that you consider the negative impact on York County's economy if another hospital system builds in Fort Mill. As patients are funneled into Charlotte for specialty care, I anticipate a substantial decline in the ability of Piedmont Medical Center to support all the services currently offered. As the county's largest employer, I would expect a substantial rise in unemployment, loss of tax revenues, and decline in services. Also, while Piedmont currently provides charity care to York County, my understanding is non-profit hospitals are paid a stipend from the county for charity care. My practice would also be negatively impacted if patients are siphoned to Charlotte, and I would like to continue providing care in York County.

In closing, I am asking you to approve Piedmont Medical Center's proposal to build Fort Mill Medical Center. The quality awards and recognition for Piedmont's care are outstanding, and my personal experience supports those facts. Please support the candidate who has always supported York County. Please support Piedmont.

Sincerely,

Asutosh Gor, MD

CAROLINA ORTHOPAEDIC SURGERY ASSOCIATES

Thomas G. Fleischer, MD
William G. McCarthy, Jr., MD
James N. Rentz, Jr., MD
William L. Lehman, Jr., MD
K. Neal Powell, Jr., MD
Donald H. McQueen, III, MD
W. Scott James, III, MD
Michael F. Heinig, MD
Matthew A. Schwartz, MD

THE CENTER FOR ORTHOPAEDIC SURGERY

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(803) 329-3130

1201 Colonial Commons Drive
Lancaster, SC 29720
(803) 286-8443

1690 W. Hwy 160
Fort Mill, SC 29715
(803) 548-2424

6305 Carolina Commons
Indian Land, SC 29707
(803) 802-3130

RECEIVED
FEB 8 2010
HEALTH FACILITIES AND SERVICES DEVELOPMENT

February 2, 2010

Beverly Brundt
Bureau of Health Facilities and Services Development
S. C. DHEC
2600 Bull Street
Columbia, South Carolina 29201

RE: CON Application for Piedmont Medical Center

Dear Ms. Brundt:

This letter is a letter in support of the CON application for Piedmont Medical Center for the proposed hospital in Fort Mill. Piedmont Medical Center has been a provider of high quality health care in York County for over 25 years. Based on data from National Quality Indicators there is no significant advantage as far as quality afforded by the other applicants for the CON. Based on CMS reported data Piedmont's average charge for Medicare cases is significantly lower than one of the applicants and right in line with the other. Their charges have only increased 2.5% over the past year which is probably less than the national average. Recent CMS patient satisfaction scores for Piedmont showed higher marks on most of the questions involved than the other applicants. The county would benefit from the tax revenues provided by Piedmont Medical Center receiving the CON.

Also, if the other applicants were to build a hospital in York County, there would definitely be an adverse impact on our existing hospital. There would be a draw of these patients into their feeder system sending many patients out of York County. This would impact the ability of the Piedmont Medical Center base facility to maintain its high level of investments in facility and technology as well as the current rate of services and also to negatively impact employment opportunities of the staff working there.

The question of choice has been raised. As it is patients now have the choice to have their health care provided in York County or to travel to Charlotte if that is their choice. It is my opinion that having the proposed hospital in Fort Mill provided by Piedmont Medical Center would be the best solution for the residents of York County.

Sincerely,

William G. McCarthy, Jr., M.D.

WGMjr/jw/24275

Pied.MD.LTR.0017

PET-EX066.0017

RECORD 006221

Gmail by Google

Only Fort Mill Medical Center <onlyfortmillmedicalcenter@gmail.com>

Fort Mill hospital

1 message

Alex Espinal <espinal1@comporium.net> **Fri, Aug 27, 2010 at 12:25 PM**
To: support@onlyfortmillmedicalcenter.com

To Whom It May Concern,

I am a practicing general surgeon at Piedmont Medical Center in York County and I would like to extend my support for the Fort Mill Medical Center as proposed by Piedmont. Having had the occasion to work at Presbyterian and Carolina's Medical Center, I believe these institutions will only act as feeders to their main hospitals downtown for serious illnesses. Piedmont is going to propose a larger hospital with equal medical services when compared to the Rock Hill hospital. This will obviously prevent the facility from becoming an ancillary building to the main hospital. Additionally the tax benefits in these times of economic crises cannot be overlooked. I understand the other systems will not contribute to the tax base at all. I therefore see no benefit to endorse an outside player to provide care to the people of Fort Mill. Please consider these things objectively. Many of my colleagues want another system just to "stick it" to Piedmont for disagreements that perhaps involve other issues. I do not see this as beneficial to me but to the community. Piedmont is the only facility that could make sense.

Sincerely Yours,

Alex Espinal, MD

York Pathology Associates

James L. Maynard, M.D.
Pathologist

Robert E. Thomas, Jr., M.D.
Pathologist

P.O.Box 4016
222 S. Herlong Avenue
Rock Hill, South Carolina 29732
Tel. (803) 329-6845 • Fax (803) 327-7598
After Hours (803) 366-2545

E. Earl Jenkins, Jr., M.D.
Pathologist

Craig E. Hart, M.D.
Pathologist

August 26, 2010

South Carolina Department of Health and Environmental Control
Attn: CON Director Beverly Brandt
PO Box 8594
Columbia, SC 29202-8594

Dear Ms. Brandt,

I am writing to endorse the application filed by Piedmont Medical Center/Tenet Healthcare for a hospital in Fort Mill, South Carolina. Piedmont Medical Center has provided quality medical care to this county for over twenty five years.

The addition of a hospital facility in Fort Mill will greatly compliment the services that Piedmont Medical Center already provides. The physicians of York County will have the convenience of serving on one set of hospital committees with one standard hospital information system, accessible from both sites. This, I believe, would serve to reduce duplication of tests and services.

Piedmont Medical Center/Tenet has invested over $200 Million in the York County facility since their initial ownership. In addition, Piedmont invests in the community on a daily basis by the amount of indigent care rendered. While the contract with the county requires indigent care be given, the amount rendered far exceeds that which is required. Because Piedmont is required to serve the indigent by contract, a second hospital facility owned by another organization would give that organization an unfair competitive advantage, and potentially jeopardize the viability of the existing hospital in York County. In addition, Piedmont's parent company, Tenet, has been an industry leader in lobbying the government for the ability to charge the uninsured reduced rates, comparable to those of managed care negotiated rates.

The growth of the Fort Mill Community and York County in general necessitates new schools and infrastructure placement. A hospital built by Piedmont would alleviate some of the tax burden ordinarily shouldered only by the citizens and businesses. The competing facilities (non-profit organizations) would not help in this arena. The Fort Mill School System was required to cut $5 million dollars in services, including 47 jobs,

due to the budgetary deficit this past year. Had Tenet's Fort Mill facility already been constructed, the burden on the school system would have been significantly alleviated, as an estimated $2.8 million in taxes would have been paid to the Fort Mill school system.

The Tenet/PMC application stands out in the group dues to its larger size (100 bed application) than the other organizations. The rapid growth of Fort Mill will require this size facility. The Charlotte non-profit organizations would result in a feeder-facility type arrangement, transporting larger cases away from South Carolina physicians and facilities. It is arguable whether or not CMC would even build the hospital if granted, as they have invested so much capital into their Pineville, NC facility, just a few miles away.

I have heard the argument that another company should own the Fort Mill hospital to increase competition and make services better for everyone. Our local experience does not bear this out. Since the competing companies began the campaign for this hospital five years ago, they have both bought primary care and specialty practices in York County, which has resulted in change of referral patterns to their out of state hospitals and laboratories. This has meant a loss of patients, jobs, and dollars to out of state entities. Ultimately, if one of the other companies is awarded the CON, the net result will be a weakened facility in Rock Hill and a less competitive environment than what currently exists, as patients have the option to travel out of county if they so desire.

Piedmont Medical Center pricing is currently tenth out of eleven comparable hospital facilities in the Charlotte metropolitan area (Piedmont Medical Center is one of the least expensive). The contract with the county requires compliance with this issue, with which PMC has made and continues to make successful strides.

While I have practiced in Rock Hill for only ten years, I am a longtime resident of this county, having lived in the Fort Mill/Tega Cay area since six years of age. Since that time I have seen explosive growth and changes in this area. I deeply care about the Fort Mill area, still participating in educational activities at Fort Mill High School, including Career day, the sports medicine classes, and the Health Science classes. I also care about the future of medical care in both Fort Mill and the rest of York County. It is for these reasons that I support and endorse the application by Piedmont Medical Center/Tenet for the CON. I am proud to be a member of this medical staff and hope to carry that same pride to the Fort Mill Hospital.

Thank you for your time. It is my hope and prayer that you will make the right decision, a decision that will no doubt be a difficult one. Let's keep our patients, jobs, and tax dollars in South Carolina, rather than exporting them North.

Sincerely,

Rob E Thomas

Robert E Thomas, Jr. MD

CAROLINA ORTHOPAEDIC SURGERY ASSOCIATES

Thomas G. Fleischer, MD · William L. Lehman, Jr., MD · William G. McCarthy, Jr., MD ·
W. Scott James, III, MD · E. Neal Powell, Jr., MD · Michael F. Heinig, MD
James N. Rentz, Jr., MD · Donald H. McQueen, III, MD · Matthew A. Schwartz, MD

THE CENTER FOR ORTHOPAEDIC SURGERY

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(803) 286-8443

1690 W. Hwy 160
Fort Mill, SC 29715
(803) 548-2424

6305 Carolina Commons Dr
Indian Land, SC 29707
(803) 802-3130

January 29, 2010

Beverly Brundt, Chief
Bureau of Health Facilities and Services Development
South Carolina DHEC
2600 Bull St.
Columbia, SC 29201

Re: Certificate of Need, Piedmont Medical Center, Fort Mill, South Carolina

Dear Ms. Brundt,

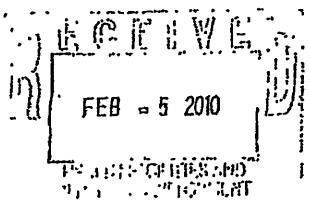
This is a letter of support of the certificate of need application for Piedmont Medical Center to construct a 100 bed hospital in Fort Mill, South Carolina. I began practicing in Rock Hill in 1983 as an orthopaedic specialist and am currently a practicing Physician at Piedmont Medical Center. During the first CON process I specifically submitted a letter of support for Presbyterian Hospital after meeting with their CEO. At the meeting he presented their plan to support York County's residents and medical staff ensuring patients would not be directed out of York County.

These past few years have shown that not only Presbyterian but also Carolinas Medical, by their actions, have proven they do not support York County. They routinely encourage their York County practitioners to refer patients to physicians who practice in their Charlotte network facilities. Their employees as well as the physicians and their families who work and live in the county must be routed to Mecklenburg County for surgery and most diagnostic testing or face high deductibles and out-of-network benefits. Recently, CMC dropped their contract with one of the major insurance carriers in South Carolina forcing many residents to seek other physician care, pay high deductible and out-of-network benefits or drive to their Charlotte facilities. Had this been a small carrier there may have been little impact, however it was one of the major carriers in the state.

Over the years Piedmont has made investments and upgrades to their facilities in York County as well as supporting the true needs of the residents. It is clear that these upgrades and investments have significantly contributed to the health and quality of life for the citizens of York County.

Since 2001 Carolina Orthopaedic Surgery Associates, P.A. has had the opportunity on two separate occasions to discuss patient care and needs for the residents of York County. These meetings, regarding services for MRI's and outpatient surgery, were very open and forth coming. Piedmont's Administration agreed there was indeed a need for additional services to improve the care to the residents of York County.

The residents of York County have always had a choice of health care providers and the proximity of Charlotte allows them choices now. To allow the migration of Charlotte based hospitals to York County would contribute to the erosion of overall health care delivery in York County. There would be an adverse impact on the existing hospital, the employees as well as the ability for Piedmont to maintain their high level of investments in the facility and technology.



The strategy of Piedmont Medical Center has been to keep York County patients in York County. The competing hospitals in Charlotte have purchased many physician groups in York County. Our own patients who also are treated by those primary care physicians owned by Charlotte hospitals have indicated to us on numerous occasions the pressure they feel is being placed on them to be referred to physicians and other facilities in Charlotte. This to me does not indicate a desire of those hospital systems to support the patients of York County.

I support the application of Piedmont Medical Center for the Certificate of Need to build the hospital in Fort Mill, South Carolina. I would be happy to discuss this with you personally.

Sincerely yours,

Thomas G. Fleischer, M.D.

York Pathology Associates

James L. Maynard, M.D.
Pathologist

Robert E. Thomas, Jr., M.D.
Pathologist

P.O.Box 4016
222 S. Herlong Avenue
Rock Hill, South Carolina 29732
Tel (803) 329-6845 • Fax (803) 327-7598
After Hours (803) 366-2545

E. Earl Jenkins, Jr., M.D.
Pathologist

Craig F. Hart, M.D.
Pathologist

September 13, 2010

South Carolina Department of Health and Environmental Control
Attention:. CON Director Beverly Brandt
Post Office Box 8594
Columbia, South Carolina 297202-8594

Dear Ms. Brandt:

I want to enthusiastically endorse the application to build a new hospital in Fort Mill, South Carolina that was filed by Piedmont Medical Center/Tenet Health Care. Piedmont Medical Center has been the primary provider of medical care in York County for nearly 28 years. They have done an outstanding job with tremendous growth and new services.

Due to Piedmont Medical Center and the growth of this area, physicians have increased from 40 in 1976 to over 300 now. The increase of physicians and their desire to practice in York County and at Piedmont Medical Center unequivocally shows the support of the medical community for Piedmont Medical Center's additional hospital in Fort Mill. Piedmont Medical Center has invested over $200,000,000 in York County since they have been here. I was a physician with the old York General Hospital and have been impressed and elated to see not only the growth but the quality of medical care provided by Piedmont Medical Center to the citizens of York County. I am pround to be a part of the Medical Staff and appreciate the quality of services provided by Piedmont Medical Center.

Piedmont Medical Center provides unreimbursed indigent care of near $20,000,000 a year. In addition, they are the provider of our only county-wide EMS ambulance service. Piedmont also provides quality emergency services that would only be complimented by their Fort Mill hospital. The quality of the services that Piedmont Medical Center provides has been recognized and awarded on a national basis. Our lung, cardiac, and orthopaedic programs are some which have been noted as centers of excellence.

We are all citizens of South Carolina and should support our local communities and state. Allowing an out-of-state hospital group to own a hospital in South Carolina and York County would be a major disservice to our citizens. Local businesses would not be supported in the way they are currently being supported. More employees would live outside the county than within the county. This would be an out migration that would have significant economic impact to the county and the state.

A for-profit hospital system does pay significant taxes to the local community and to the state. which are not paid by a not-for-profit entity. The local taxes could certainly support our schools, teachers, and other governmental needs.

We are all committed to continually improve the quality of care and life for our citizens. By allowing Piedmont Medical Center/Tenet to build the hospital, we can only improve and prosper.

I hope that you will make the right decision and award the Certificate of Need to Piedmont Medical Center/Tenet for the Fort Mill Hospital. .

I would be glad to talk with you further if you would like.

Thank you.

Sincerely,

James L. Maynard, M.D.
Pathologist

JLM:tc

ALBERT G. LEROY, JR., M.D.
CHRISTIAN E. MAGURA, M.D.
W.D. LIVINGSTON, JR., M.D.
CURTIS J. MATTHEWS, JR., M.D.

CAROLINA UROLOGY CENTER, P.A.

TERRY H. EZELL, M.D.
DAVID K. WRIGHT, M.D.
THOMAS H. DOUGLAS, M.D.

September 13, 2010

Beverly Brandt, Chief
DHEC CON DIVISION
P.O. Box 8594
Columbia, SC 29202-8594

Dear Ms. Brandt:

I have been a practicing physician in York County for over 19 years and would like to whole heartedly endorse Piedmont Medical Center's proposal for the Fort Mill Medical Center currently under consideration by your division. During my private practice career, I have been on the full active medical staff of both Piedmont Medical Center in Rock Hill and Carolinas Medical Center in Pineville. I have a unique position of being able to objectively evaluate these two medical systems and how their business model would affect the new proposed hospital in Fort Mill.

Over the past 7 to 8 years I have seen a commitment to quality patient care while reducing cost and leaving them as one of the least expensive providers in the area. Their administrative staff is in close contact with the physicians in facilitating quality care. In contrast, the Charlotte based hospitals are less attentive and effective in assisting the medical staff due to a larger bureaucracy. I have seen overcrowding and quality concerns at the Charlotte based hospitals even to the point of some of our Charlotte patients choosing to be treated in York County at Piedmont Medical Center.

Piedmont Medical Center has a long track record of supporting the citizens of York County through various charities and community organizations. Strong consideration should be given to the fact that Piedmont will generate significant tax revenue for the school system and city government of Fort Mill as well as York County.

In summary, I believe the only true and beneficial choice in the application process for the certificate of need for a hospital in Fort Mill is Piedmont Medical Center. The citizens of Fort Mill deserve a speedy resolution to this process and Piedmont Medical Center stands ready to continue investing in the Fort Mill area as soon as the certificate is granted.

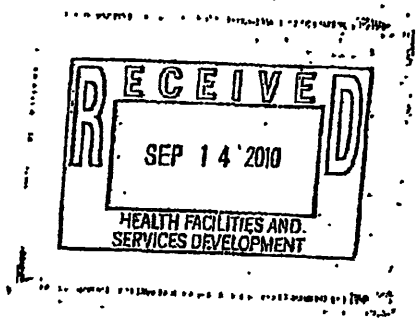
Thank you for considering this recommendation.

Sincerely,

Curtis J. Matthews, Jr., M.D.

1780 Medical Park Drive • Rock Hill, South Carolina • 29732 • 803-327-1116 • Fax: 803-327-6872
580 Kingsley Park Drive • Suite 150 • Fort Mill, South Carolina • 29715 • 803-578-7600 • Fax: 704-543-7094
1077 W. Meeting St • Lancaster, South Carolina • 29720 • 803-285-1337

ANESTHESIA ASSOCIATES of ROCK HILL, P.A.



10 September 2010

Beverly Brandt
Bureau of Health Facilities & Services Development
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I am writing to voice my support for Tenet Healthcare's proposed Fort Mill Hospital. As a practicing local anesthesiologist and an active member of the medical staff at Tenet's facility in Rock Hill (Piedmont Medical Center) for the past 16 years, I can attest to the quality and breadth of medical care that York county citizens (and other area residents) receive. According to several national surveys, the care rendered by the staff at Piedmont ranks as highly as any hospital in South Carolina (as well as the region and the nation) when it comes to cardiac, pulmonary and surgical care.

The proposed hospital will allow patients from Fort Mill to stay close to home for their care and not necessitate a trip across state lines to receive urgent and advanced medical attention. The citizens of Fort Mill deserve a state of the art facility they can call their own. An added bonus for the citizens of Fort Mill is the fact that, with Piedmont's proposed hospital, the revenues generated will stay in Fort Mill, benefiting their medical system, town infrastructure and schools. Tenet's plan for the hospital also includes more beds (36) and services not committed to the community by the other healthcare systems.

For these reasons, I believe the best solution for a hospital for Fort Mill is the one proposed by Piedmont Medical System. It is a local medical system for the local citizens. If there is any issue that I may further address, please do not hesitate to contact me.

Sincerely,

Richard L. Richter, M.D.

Post Office Box 2974
Rock Hill, South Carolina 29732
Phone: 803-329-6711 Fax: 803-329-5120

ALBERT G. LEROY, JR., M.D.
CHRISTIAN E. MAGURA, M.D.
W.D. LIVINGSTON, JR., M.D.
CURTIS J. MATTHEWS, JR., M.D.

CAROLINA UROLOGY CENTER, P.A.

TERRY H. EZELL, M.D.
DAVID K. WRIGHT, M.D.
THOMAS H. DOUGLAS, M.D.

September 14, 2010

Beverly Brandt, Chief
DHEC CON Division
P.O. Box 8594
Columbia, SC 29202-8594

Dear Ms. Brandt,

Thanks for the opportunity to provide you with information regarding the new hospital to be built in Fort Mill. I believe that Piedmont Medical Center is the hospital of choice for the proposed Fort Mill Medical Center under consideration by the DHEC board.

Piedmont Medical Center has a very long track record of supporting the physicians as they provide care to the citizens of York County. Piedmont Medical Center has also been very active in community organization and various charities. A strong consideration should be given to Piedmont Medical Center not only because of jobs created in York County, but also given tax revenue that would support the school system and the government of Fort Mill and all areas in York County.

In contrast, the Charlotte based hospitals are not very attentive to the medical staff or the patients of York County. They simply try to draw patients into Mecklenburg County which is of no value to South Carolinians. We need to have a choice for those patients who wish to remain in York County for delivery of quality health care.

I believe that the only true and beneficial choice for CON of a hospital in Fort Mill should go to Piedmont Medical Center. We all need a resolution to this process and I believe that Piedmont Medical Center stands ready to continue reinvesting in York County and specifically in Fort Mill.

Thank you for consideration for these recommendations.

Sincerely,

Christian E. Magura, M.D.

CEM/kb

1780 Medical Park Drive • Rock Hill, South Carolina • 29732 • 803-327-1116 • Fax: 803-327-6872
580 Kingsley Park Drive • Suite 150 • Fort Mill, South Carolina • 29715 • 803-578-7600 • Fax: 704-543-7094
1077 W. Meeting St • Lancaster, South Carolina • 29720 • 803-285-1337

CAROLINA CARDIOLOGY ASSOCIATES

Diagnostic and Interventional Cardiology

Jay K. Shah, M.D., F.A.C.C., F.S.C.A.I.
Pradeep Singh, M.D., M.P.H., F.A.C.C.
Sushil K. Singhl, M.D., F.A.C.C., F.A.C.P., F.A.H.A.
Shilpesh S. Patel, M.D., F.A.C.C.
Vasant B. Patel, M.D., F.A.C.C.
Talal Baki, M.D., F.A.C.C., F.S.C.A.I.
Michelle Christian, PA

February 4, 2010

FEB 8 2010

Beverly Brandt – Chief
Bureau of Health Facilities and Services Department
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

RE: Certificate of Need
Piedmont Medical Center
Fort Mill, SC

Dear Ms. Brandt:

This letter is to support the certificate of need application for Piedmont Medical Center to construct a 100 bed hospital in Fort Mill, SC.

Let me start by stating that I started practicing cardiology in York County in 1993. I have since expanded my services to include Chester County as well as Lancaster County. I am currently a practicing physician at Piedmont Medical Center. During the first CON process I specifically supported Presbyterian Hospital after several meetings with the administration from Presbyterian Hospital. In lieu of events stemming from those meetings I have changed my view and I would now like to offer my support for Piedmont Medical Center for the hospital in Fort Mill, SC.

As you are probably already aware, a number of practices in this area are owned by Charlotte based hospitals and as such these practices have been strongly encouraged to refer their patients to Charlotte hospitals as part of their Charlotte network. In fact this has created a concern for the employees as well as the physicians and the families who reside in York County in that they have to travel into Mecklenburg County for surgery as well as diagnostic testing.

Recently CMC dropped a contract with one of the major insurance carriers of South Carolina residents forcing many South Carolinians to seek alternate physician care which is likely to be out of network or result in an inconvenient drive to a Charlotte facility. As you know the same insurance carrier pays differently in North Carolina than in South Carolina. Had this been a small insurance carrier, the impact would have a more tolerable effect however this is a major carrier in South Carolina and has had a significant impact on the York county area residents.

Over the many years Piedmont Medical Center has made substantial investments and upgrades to their facilities to better accommodate the York county residents. This includes a state of the art cardiovascular program. It is apparent these upgrades significantly impact the quality of care of life offered to not only the citizens of York County but also the surrounding counties as well.

803/324-5135
Fax 803/324-8161

196 Cardiology Drive
Rock Hill, SC 29732

803/285-9700
Fax 803/285-9911

1228 Colonial Commons,
Suite 400
Lancaster, SC 29720

803/802-0090
Fax 803/802-0089

1658 West Hwy. 160
Fort Mill, SC 29715

Since 2001 Carolina Cardiology Associates, PA has had the opportunity to discuss at length patient care and needs for York county residents. These meetings regarding the service of a 64 slice CT scan were very open and promising. Following these meetings, Piedmont Medical Center administration agreed there was indeed a need for additional services to improve the care of the York County residents and to surrounding counties as well.

The residents of York County have historically had a choice of health care providers due the proximity of Charlotte. Before I started my practice here in York County, many of my patients were going to Charlotte for cardiovascular care. To allow the continued migration of Charlotte based hospitals into York County will have an adverse effect on the existing hospital and to their employees and the ability of Piedmont Medical Center to maintain their high level of investments in the facility and technology. We would like to treat York county residents in York county or at least offer the option.

In conclusion, I support the application of Piedmont Medical Center for the certificate of need to build a much needed hospital in Fort Mill, SC. Please feel free to contact me with further inquiries to discuss this personally.

Sincerely,

Sushil K. Singhi, M.D., F.A.C.C., F.A.C.P., F.A.H.A.
SKS:sdc

Dear Ms. Beverly Brandt,

I support Piedmont's proposal for Fort Mill Medical Center because:

NC has never paid any taxes here

CMC in Pineville needs to be completely rebuilt

Many specialists and should have and they could a hospital

Signature

ONLY ONE

FORT MILL MEDICAL CENTER

Name: Ronald L Johnson DDS

Title: Dentist

Address: 860 Ledgestone Ct

City: Tega Cay

State: SC

Zip: 29708

RECORD 006234

Pied.MD.LTR.0030

PET-EX066.0030

Gmail by Google

Only Fort Mill Medical Center <onlyfortmillmedicalcenter@gmail.com>

Why Piedmont

1 message

Robert Wilson <rwilson6@comporium.net> **Mon, Sep 27, 2010 at 12:20 PM**
To: support@onlyfortmillmedicalcenter.com
Cc: Charlie Miller <cmille2337@aol.com>

Dear Ms. Brandt,

I am a retired physician living and having practiced medicine in Rock Hill for many years. Piedmont Medical Center is an excellent hospital. I had my total knee replacement this past May at PMC and received excellent care. My main worry is that if another entity builds a hospital in Fort Mill, many of Rock Hill's funded patients will want to go there instead of Piedmont Medical Center. That will mean fewer attractive patients will go to PMC, resulting in cutbacks in services. Rock Hill will become a less attractive place to practice medicine. End result is that fewer top level physicians will want to come to and practice in Rock Hill. This will mean less good care for Rock Hill patients.

Another good reason to have Tenet build the Fort Mill hospital is the loss of tax base and revenue to the Fort Mill area if another entity is selected.

Respectfully submitted,

Robert Wilson. MD
806 Lake Club Drive
Rock Hill, SC 29732

Dear Ms. Beverly Brandt:

I support Fort Mill Medical Center because:

I believe Piedmont Medical will be an excellent choice for the second hospital in York County. I look forward to one.

Sincerely,

ONLY ONE

FORT MILL MEDICAL CENTER

Name: Chad Kessler

Title: MD

Address: 198 S. Herlong Ave

City: Rock Hill State: SC Zip: 29732

South Carolina Department of Health and Environmental Control
Attn: CON Director Beverly Brandt c/o PO Box 8594, Columbia, SC 29202-8594
You may also email your letter to DHEC at support@onlyfortmill.medicalcenter.com.
Please be sure to include your name, address and email address in the email.

CAROLINA ORTHOPAEDIC SURGERY ASSOCIATES

Thomas G. Fleischer, MD
W. Scott James, III, MD
James N. Rentz, Jr., MD
William L. Lehman, Jr., MD
E. Neal Powell, Jr., MD
Donald H. McQueen, III, MD
William G. McCarthy, Jr., MD
Michael F. Heinig, MD
Matthew A. Schwartz, MD

THE CENTER FOR ORTHOPAEDIC SURGERY

134 Professional Park Drive
Rock Hill, SC 29732
(803) 329-3130

1201 Colonial Commons Drive
Lancaster, SC 29720
(803) 286-8443

1690 W. Hwy 160
Fort Mill, SC 29715
(803) 548-2424

6305 Carolina Commons Dr
Indian Land, SC 29707
(803) 802-3130

January 27, 2010

RECEIVED
FEB - 5 2010
HEALTH FACILITIES AND SERVICES DEVELOPMENT

Beverly Brundt, Chief
Bureau of Health Facilities and Services Development
South Carolina DHEC
2600 Bull St.
Columbia, SC 29201

Re: Certificate of Need, Piedmont Medical Center, Fort Mill, South Carolina

Dear Ms. Brundt,

This is a letter of support of the certificate of need application for Piedmont Medical Center to construct a 100 bed hospital in Fort Mill, South Carolina. As a native of Rock Hill and a practicing Physician at Piedmont, I have a unique perspective of the improvements that Piedmont has brought to York County. It is clear that the upgrades and investment of Piedmont have significantly contributed to the health and quality of life of the citizens of York County. The investment in Piedmont has resulted in the significant increase in the quality of health care delivery in York County and the addition of nearly every major medical sub-specialty to Piedmont's medical staff. The residents of York County have always had a choice of health care providers and the proximity of Charlotte allows them choices now. To allow the migration of Charlotte based hospitals to York County would contribute to the erosion of overall health care delivery in York County. There would be an adverse impact on the existing hospital as well as the ability for Piedmont to maintain their high level of investments in the facility and technology.

Based on CMS data, Piedmont's average charge per Medicare case is 20% lower than one applicant and only 2.5% higher than the other, the latter having gone up over 9% per year compared to Piedmont's increase of only 2.5%.

The strategy of Piedmont Medical Center has been to keep York County patients in York County. The competing hospitals in Charlotte have purchased many physician groups in York County. Our own patients who also are treated by those primary care physicians owned by Charlotte hospitals have indicated to us the pressure placed on those physicians to refer their patients to facilities in Charlotte in spite of those hospital systems indicating their support for York County. Even the employees of those practices owned by Charlotte hospitals have to leave the county for their medical treatment. This to me does not indicate a desire of those hospital systems to support the patients of York County.

Over the years Piedmont Medical Center has strived to allow the patients of York County to receive quality state of the art care close to home. The two competing hospital systems claim to support patients of York County but their actions prove otherwise in that they pressure their York County practitioners to refer patients to physicians who practice in the Charlotte facilities.

I support the application of Piedmont Medical Center for the Certificate of Need to build the hospital in Fort Mill, South Carolina. I would be happy to discuss this personally should any questions arise.

Sincerely yours,

E. Neal Powell, Jr., M.D.

ENPjr/stf231962

CAROLINA CARDIOLOGY ASSOCIATES

Diagnostic and Interventional Cardiology

Jay K. Shah, M.D., F.A.C.C., F.S.C.A.I.
Pradeep Singh, M.D., M.P.H., F.A.C.C.
Sushil K. Singhi, M.D., F.A.C.C., F.A.C.P., F.A.H.A.
Shilpesh S. Patel, M.D., F.A.C.C.
Vasant B. Patel, M.D., F.A.C.C.
Michelle Christian, PA

RECEIVED
FEB 10 2010

Beverly Brandt, Chief
Bureau of Health Facilities and Services Development
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Mrs. Brandt,

I am writing this letter to you in support of Piedmont Medical Center/Tenet Healthcare for Fort Mill, South Carolina. First and foremost, I am a resident of York County and I am most interested in the growth and well being of the county I reside in. Secondly, I am a practicing interventional cardiologist with no contractual relationship with any of the three hospital systems that are interested in building a hospital in Fort Mill, South Carolina. However, I do have privileges to practice cardiology at all three of the hospital systems in Mecklenberg and York counties, and therefore I am familiar with how the three systems operate with regards to the care of their patients and medical staff. Last but not least, I have a medical office in Fort Mill that cares for patients who reside in the township of Fort Mill, South Carolina.

With the above mentioned perspective in mind, I request you to choose Piedmont Medical Center/Tenet Healthcare as the provider of choice and grant them permission to build a hospital facility in the township of Fort Mill, South Carolina. I strongly support Tenet Healthcare's application for the hospital in Fort Mill for several reasons and they are mentioned below:

- Piedmont Medical Center has been the only provider of hospital-based healthcare in York County for many years and understands the needs of the county residents. Their facility along with caring for insured patients, has been providing care and comfort to many underprivileged and uninsured individuals.

- Piedmont Medical Center strives to serve patients locally and does not have any vested interest to strategically channel patients to facilities outside of York County by creating a feeder system which is what the other two applicant hospital systems are currently doing. The residents of York County have choices and have had a choice for their medical care for years. The proximity of York County to Charlotte allows them choices to pick any of these three hospital providers. Thus, granting Piedmont Medical Center the Fort Mill hospital campus in no way forces any obstruction of choice to the residents of York County. Just

803/324-5135
Fax 803/324-8161

803/802-0090
Fax 803/802-0089

196 Cardiology Drive
Rock Hill, SC 29732

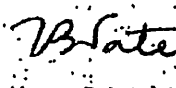
1658 West Hwy. 160
Fort Mill, SC 29715

the same way I can travel to see my patients at one of the Charlotte based hospitals, the patients can do the same if they desire to choose Novant or Carolinas Health Systems as their provider. However, should another provider be allowed to build a hospital in York County, there will be an adverse impact on the existing hospital which is the sole provider of tertiary care for York County. It would impact their ability to maintain the high level of investments in facility and technology, maintain their current array of services and negatively impact employment of staff.

- From economic perspective, the CMS data suggest that Tenet Healthcare's average charges per Medicare case are twenty percent lower than one of the other applicant hospital system and about two and half percent higher than the third applicant hospital system. The latter has gone up over nine percent over year compared to Tenet's increase of only two and half percent. In summary, they provide very competitive rates for their care.
- From quality of care perspective, the national quality indicators suggest that there are only negligible differences in key measures among the three hospital systems applying for a hospital in Fort Mill. In addition to the high quality of medical care Piedmont Medical Center provides, it also provides a comfortable environment for the patients. The CMS patient satisfaction reports shows that Piedmont's patient satisfaction was higher than the other applicants in 4 of the 8 questions and on the remaining 4 questions within one percent point of the other leading applicant.

As you can see from the above mentioned accomplishments, Piedmont Medical Center/Tenet Healthcare deserves to extend its hospital-based care to Fort Mill as it has served successfully thus far to the residents of Fort Mill and Rock Hill townships. This hospital and its administration over the years have worked hard with the County leadership and the residents to fulfill their expectations with regards to the quality of care and economics of medical care. Being an independent medical provider, I feel I can objectively evaluate all three applicant hospital systems, and in my opinion, there is no better choice than Tenet Healthcare System to build the hospital in Fort Mill, SC. I strongly recommend Piedmont Medical Center and support their application for the hospital in Fort Mill without reservation. I thank you for your time and consideration.

With respect,



Vasant B. Patel, MD FACC
Carolina Cardiology Associates
196 Cardiology Drive
Rock Hill, SC 29732
(803) 324-5135

Dear Mr. Beverly Brandt,

I do feel I can't
provide the last 911 call
for the list you for the
hospital. Can't forward you
recall the hospital I work for
Let it Just Forget

Sincerely,

ONLY ONE

FORT MILL
MEDICAL CENTER

Name: Robert V. Crandall, Jr. MD

Address: 1968 Peachtree Lane

City: Rock Hill State: SC Zip: 29732

You may also email your letter to DHEC at support@onlyfortmillmedicalcenter.com. Please be sure to include your name, address and email address in the email.

RECORD 006240

Pied.MID.LTR.0036

PET-EX066.0036

PIEDMONT
MEDICAL CENTER

September 14, 2010

Beverly Brandt, Chief
DHEC Bureau of Health Facilities & Service Development
c/o PO Box 8594
Columbia, SC 29202-8594

Dear Ms. Brandt,

I am writing you in support of the certificate of need for the Fort Mill Medical Center, proposed by and initially awarded to Piedmont Medical Center.

Though my objectivity might be challenged because of my employment by Piedmont Medical Center, I occupy a unique position to witness and judge the quality of care provided by our organization and the intense allocation of resources to the furtherance of that cause.

My position of Chief Medical Officer was created in 2007 in a commitment to the integration, coordination, and sophistication of hospital and physician efforts in continuous improvement.

With our medical staff members, we have established multi-disciplinary groups to address our various services, and we base our work upon the latest, evidence-supported and expert sources available.

The work is demanding, but our physician and hospital colleagues have not shrunk from the challenge. We share a common joy in seeing the results of that work in improved outcome and process metrics, and we are determined to continue and extend those efforts to every life we are privileged to touch. We report every month to our community-based board on our successes and opportunities, and the members have become fully engaged and passionate.

We are focused on serving the citizens and residents of York County and the surrounding communities. The multi-faceted and integrated healthcare system we are creating must include a full-service site in the Fort Mill-Tega Cay area to sustain that continued level of service.

I appreciate the efforts you and your colleagues are making on behalf of the South Carolinians who depend upon us, and I hope you will look upon our application favorably.

Appreciatively,

C. Richard Patterson, M.D.
Chief Medical Officer

222 S. Herlong Avenue • Rock Hill, SC 29732 • phone: 803-329-1234 • fax: 803-329-0979 • www.piedmontmedicalcenter.com

Dear Mr. Beverly Brandt,

Of the people who write will also
I'm for the new Fort Mill
medical center big fact
(1) because I feel that when
for you that it can
bring the medical needs
of the community
(2) First can help the city
financially as the tax dollars will
pay - this it will give to the
Co. in the city
(3) Hospital in Fort Mill can attract future
residents to live in Fort Mill or Tuck Hill

ONLY ONE

FORT MILL
MEDICAL CENTER

= Warning

Dr. Steve Mercado MD
Name
Address
1923 Fairview Dr
City
Rock Hill State SC Zip 29732

You may also email your letter to DHEC at support@onlyfortmillmedicalcenter.com. Please be sure to include your name, address and email address in the email.

RECORD 006242

Pied.MD.LTR.0038

PET-EX066.0038

ALBERT G. LEROY, JR., M.D.
CHRISTIAN E. MAGURA, M.D.
W.D. LIVINGSTON, JR., M.D.
CURTIS J. MATTHEWS, JR., M.D.

CAROLINA UROLOGY CENTER, P.A.

TERRY H. EZELL, M.D.
DAVID K. WRIGHT, M.D.
THOMAS H. DOUGLAS, M.D.

September 14, 2010

Beverly Brandt, Chief
DHEC CON Division
P.O. Box 8594
Columbia, SC 29202-8594

Dear Ms. Brandt,

I am writing today in support of Piedmont Medical Center's bid to build a hospital in Fort Mill, SC. I have been on staff at Piedmont Medical Center since 1985 and appreciate the support they have provided to York County as well as the quality care they have afforded patients during my tenure here. The new women's tower and cardiac support services have provided state of the art additions to the health care in our area. I recently had a cardiac stent placed in my right coronary artery while at Piedmont Medical Center and was very pleased with the services I received. Piedmont is a very clean facility and the food services are excellent. The modern, updated cystoscopy suite along with the new laser equipment has allowed me to practice modern urology with the latest innovations that are available.

Piedmont Medical Center has continued to expand its health care services to York County since inception and has provided outstanding nurses and other hospital support staff.

Also of note is the fact that Piedmont Medical Center's proposal is the only hospital that will generate 4 million dollars in tax revenue.

In summary, I strongly support Piedmont Medical Center's request for a-CON to build a new hospital in Fort Mill, SC.

Sincerely,

W.D. Livingston, Jr.

W. D. Livingston, Jr., M.D.
Urology Staff

WDL/kb

1780 Medical Park Drive • Rock Hill, South Carolina • 29732 • 803-327-1116 • Fax: 803-327-6872
580 Kingsley Park Drive • Suite 150 • Fort Mill, South Carolina • 29715 • 803-578-7600 • Fax: 704-543-7094
1077 W. Meeting St • Lancaster, South Carolina • 29720 • 803-285-1337

Earl Jenkins
4814 Littlejohn Pt.
York S.C. 29745

S.C. Dept. of Health
Attn: CON Director Beverly Brandt
PO Box 8594
Columbia, SC 29202-8594

Dear Ms Brandt,

I write in support of Piedmont Medical Center for the hospital in Fort Mill, S.C.

I have lived and practiced in Rock Hill since 1977. Through the years Piedmont has overseen an evolution of medical care for York Co. and the towns of Fort Mill and Rock Hill, as well as western York Co.

The logical choice for health care throughout the area is Piedmont Medical Center. Ownership of the Fort Mill hospital maintains

healthy competition and insures a high level of service and care for all of York County citizens.

I urge your choice of Piedmont Medical Center / Tenet Health Care for ownership and operation of the planned Fort Mill hospital.

Sincerely

Earl Jenkins

8/30/10

Pied.MD.LTR.0041

PET-EX066.0041

carolina vascular surgery

RECEIVED
FEB - 5 2009
HEALTH FACILITIES AND SERVICES DEVELOPMENT

Beverly A. Brandt, Chief
Bureau of Health Facilities and Services Department
South Carolina Department of Health and Environmental Control
2600 Bull Street
Columbia, South Carolina 29201

Dear Ms. Brandt,

I am writing this letter regarding the hospital in Fort Mill, South Carolina that has recently been brought back for reconsideration. I am a private practice Vascular Surgeon and I have been practicing for nearly 14 years. I have currently worked and served in York County for nearly seven years. York County has suffered from years of inadequate Vascular Services and over the past 7 years we have made tremendous strides to offer quality care. The patients are now much better off than they were prior to my arrival and we continue to improve care daily.

I am not in support of any one-hospital system but I am in complete opposition to the exclusionary practices of Carolinas Health Care System and Presbyterian Healthcare. I am in solo practice and both CHS and Presbyterian will not allow solo private practice surgeons to join their medical staff. They cite bylaws, created by large surgical groups, that discriminate against the solo practitioners and stifle competition. Further, these bylaws prohibit any surgeons without back up call coverage to join the medical staff.

Vascular Surgery is a very unusual specialty, only finishing 100 fellows per year for the whole country. This is in stark contrast to Cardiology whose Specialty finishes nearly 1200 fellows per year. The entire United States only has 2500 Vascular Surgeons. Many communities are struggling to find Vascular Surgery coverage. That was the case in Rock Hill prior to my arrival. At this point in time, Charlotte, North Carolina has several vascular surgery groups. All these groups have refused to cover me if I were to offer services in Charlotte. They are concerned about competition and loss of revenue. That problem would cross the state line if CHS or Presbyterian were to gain control of the Fort Mill Hospital. I consider this a huge issue. I will loose a large part of my practice if either one of the North Carolina Systems gain control over Fort Mill. Continuity of care will be sacrificed as these large entities take control of the region and block other practices, like mine, from participating in the care of our patients that we have served for years. That is not in the best interest of York County and not in the best interest of patient care. It is exactly the opposite; exclusionary practice that favors big business and discourages solo practice.

All three systems that are trying to offer services in Fort Mill will very likely do a good job. I just feel that the system that wins should not exclude the physicians that have practiced here for years because of back up call coverage. I have been working at Piedmont Medical Center for 7 years without back up and it has never been a problem for the delivery of Vascular Surgery services.

Martin V. Taormina, MD, FACS
1721 Ebenezer Road • Suite 115 • Rock Hill • South Carolina • 29732 • Telephone 803.985.4000 • Fax 803.985.4006

carolina vascular surgery

I feel the North Carolina Systems are marching into South Carolina to push out small practices. Their intent is to exclude any practice that cannot be gobbled up. Medical care in this country was started by small practices offering compassionate, personal care to their patients. The medical care in York County began with small practices and has built itself into a robust medical community that offers nearly all the medical specialties to our citizens. We should never forget our past as we develop the future of medical care for York County. The Department of Health and Environmental Control should insist that any hospital that is built in Fort Mill allow solo private practices, regardless of call coverage, to participate in the care of our patients.

I appreciate your consideration in this matter. If I can be of any further assistance, please do not hesitate to call. I would be happy to discuss this further.

Sincerely,

Martin V. Taormina, M.D., FACS

Martin V. Taormina, MD, FACS
1721 Ebenezer Road • Suite 115 • Rock Hill • South Carolina • 29732 • Telephone 803.985.4000 • Fax 803.985.4006

JOE C. ROBINSON, M.D.
R. NORMAN TAYLOR, III M.D.
GREGORY A. MILLER, M.D.
CHRISTOPHER B. BENSON, M.D.
R. CRAIG MCCLELLAND, M.D.

ROCK HILL
Gynecological and Obstetrical Associates, P.A.
Caring For Women of All Ages
Diplomates American Board of Obstetrics and Gynecology
Fellows American College of Obstetricians and Gynecologists

JAMES L. SIMPSON, M.D. 1920-2000
W. FRANK STRAIT, III M.D. RETIRED

BARBARA L. ROWLAND, M.D.
ANSLEY L. HILTON, M.D.
SANDRA K. WRIGHT, F.N.P.
STACI BURRELL, F.N.P.
ROBIN PRIETTE, W.H.N.P.

FEB 17 2010

February 10, 2010

Beverly Brandt, Chief
Bureau of Health Facilities and Services Development
SC DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I am writing to support Piedmont Medical Center's application for a 100 bed hospital in the Fort Mill area. I have practiced obstetrics and gynecology in York County for 20 years and know that the need of a hospital in the Fort Mill area is great. Piedmont Medical Center would offer some natural advantages if they are awarded the rights for the new hospital. The Rock Hill and Fort Mill hospital would be able to coordinate care for York County. This coordinated care would keep people in York County and decrease out-migration into the Charlotte area. Should another provider be allowed to build a hospital in York County, this would have an adverse impact on the existing hospital. It would be difficult to maintain the technology and investment under a more competitive environment.

Piedmont Medical Center has worked diligently to increase patient satisfaction and their pricing structure. Based on CMS data, Piedmont's average charge for Medicare cases are 20% lower than one of the other applicants and only 2.5% higher than the other applicant. Patient satisfaction scores have been similar for all three applicants. In summary, as a physician who has practiced for 20 years in York County, I believe the benefits of awarding the application for the new hospital to Piedmont Medical Center would ensure a strong health care community for York County. It would limit out-migration with loss of revenue streams to North Carolina. I whole heartedly support their application.

Sincerely,

R. Norman Taylor, III, M.D., President, Rock Hill GYN/OB.

cf

1721-05 EBENEZER ROAD • SUITE 145 • ROCK HILL, SC 29732 • (803) 328-2401 • FAX (803) 328-1030

Pied.MD.LTR.0044

PET-EX066.0044

RECORD 006248

September 21, 2010

Dear Sirs;

I want to voice my support for Piedmont Medical Center's proposal to build the Fort Mill Medical Center for the following reasons:

1. Piedmont is a South Carolina employer and I believe that the Fort Mill facility should be owned and operated by a South Carolina based entity.
2. With Piedmont and Tenet there will be financial support of the local economy through taxes, employment and other community based services.

Thank you for your consideration in this matter.

Sincerely,

Sally Wooten

Sally Wooten, MD, FCCP

Gmail

Only Fort Mill Medical Center <onlyfortmillmedicalcenter@gmail.com>

Fort Mill Medical Center

1 message

Dr. Ken Curtis <ken@fortmilldoctors.com> **Wed, Sep 15, 2010 at 9:09 AM**
To: support@onlyfortmillmedicalcenter.com

I support Fort Mill Medical Center by Piedmont Medical Center. I have practiced in York County for the past 20 years and continue to see patients in Fort Mill seek care in Charlotte just like patients in Lake Wylie migrate across the border to Gastonia. This is not only inconvenient for the community at large and a hassle to the doctors and patients, but it costs the county and state tax revenue. Why is DHEC not getting behind Piedmont on this project?

Dr. Ken Curtis

Chiropractic Neurologist

(803) 547-4343

****

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****

Gmail by Google

Only Fort Mill Medical Center <onlyfortmillmedicalcenter@gmail.com>

Fort Mill Hospital

1 message

James Welsh <jimwelsh_2000@yahoo.com> Wed, Sep 1, 2010 at 8:03 PM
To: support@onlyfortmillmedicalcenter.com

09/01/2010

I am writing in support of Tenet's proposal to build a hospital in Fort Mill, South Carolina. I am a physician who been in private practice in Rock Hill, SC for the past 23 years in the specialty of Hematology and Oncology. I have been a part of the medical staff at Piedmont Medical Center in Rock Hill for the past 23 years. I have witnessed first hand the commitment to continuous quality improvement that Tenet has shown during that time. Piedmont Medical Center has grown to a full service hospital under Tenet's leadership. In addition, Piedmont Medical Center has been committed to the city of Rock Hill and York County and their growth over the past two decades.

I remain convinced that Tenet's plans for a hospital in Fort Mill is the best option for both Fort Mill and York County.

Sincerely,

James D. Welsh MD
2981 Ellington Dr.
Rock Hill, SC 29732
804-329-7772 (W)

Carolina Blood and Cancer Care Associates, P. A.

James D. Welsh, MD Kashyap B. Patel, MD Asutosh S. Gor, MD Sashi Naidu, MD
Niyati Nathwani, MD

Board Certified in Medical Oncology, Hematology and Internal Medicine

September 9, 2010

Beverly Brandt, Chief DHEC
CON Division
c/o PO Box 8594
Columbia, SC 29202-8594

Dear Ms. Brandt,

I am an Oncololgist and have practiced medicine in York County for over 7 years. I have extensive knowledge of the community's needs, and as such, I proudly support Piedmont Medical Center's proposal to build Fort Mill Medical Center. Piedmont has always offered my patients comprehensive quality care, and they have served the residents of York County tirelessly. This is the same type of care and commitment I would like to see in Fort Mill.

In addition to outstanding quality, there are several other reasons I feel Piedmont's proposal makes sense. It will provide the largest facility with the most comprehensive service line. It will create the most jobs for York County residents and would contribute a significant positive economic impact. It will add substantially to the tax revenues of Fort Mill, providing desperately needed funding for schools, just as they have done in Rock Hill for many years. Most importantly, it will ensure the residents of York County continue to receive quality, localized healthcare instead of being triaged into Charlotte.

In addition to the positive impact Fort Mill Medical Center would make in the community, I also ask that you consider the negative impact on York County's economy if another hospital system builds in Fort Mill. As patients are funneled into Charlotte for specialty care, I anticipate a substantial decline in the ability of Piedmont Medical Center to support all the services currently offered. As the county's largest employer, I would expect a substantial rise in unemployment, loss of tax revenues, and decline in services. Also, while Piedmont currently provides charity care to York County, my understanding is non-profit hospitals are paid a stipend from the county for charity care. My practice would also be negatively impacted if patients are siphoned to Charlotte, and I would like to continue providing care in York County.

In closing, I am asking you to approve Piedmont Medical Center's proposal to build Fort Mill Medical Center. The quality awards and recognition for Piedmont's care are outstanding, and my personal experience supports those facts. Please support the candidate who has always supported York County. Please support Piedmont.

Sincerely,

Kashyap Patel, MD

Dear Ms. Beverly Brandt,
I support Fort Mill Medical Center because:

for the convience of the patients, family, nurses, doctors the workers and all concerned with hospital and wellness care

Sincerely,
Dr. Max A. Culp

ONLY ONE

FORT MILL MEDICAL CENTER

Name Max A. Culp
Title Dr.
Address 104 Country Club Dr.
City Ft. Mill State SC Zip 29715

South Carolina Department of Health and Environmental Control
Attn: CON Director Beverly Brandt c/o PO Box 8594, Columbia, SC 29202-8594
You may also email your letter to DHEC at support@onlyfortmillmedicalcenter.com.
Please be sure to include your name, address and email address in the email.

RECORD 006253

Pied.MD.LTR.0049

PET-EX066.0049

CAROLINA ORTHOPAEDIC SURGERY ASSOCIATES

Thomas G. Fleischer, MD
W. Scott James, III, MD
James N. Rentz, Jr., MD
William L. Lehman, Jr., MD
E. Neal Powell, Jr., MD
Donald H. McQueen, III, MD
William G. McCarthy, Jr., MD
Michael F. Heinig, MD
Matthew A. Schwartz, MD

THE CENTER FOR ORTHOPAEDIC SURGERY

134 Professional Park Drive
Rock Hill, SC 29732
(803) 329-3130

1201 Colonial Commons Drive
Lancaster, SC 29720
(803) 286-8443

1690 W. Hwy 160
Fort Mill, SC 29715
(803) 548-2424

118 Professional Park Drive
Rock Hill, SC 29732
(803) 329-3134

September 25, 2010

Ms. Beverly Brandt, CON Director
South Carolina DHEC
P.O. Box 8594
Columbia, SC 29202-8594

Reference: **FORT MILL MEDICAL CENTER SUPPORT**

Dear MS. Brandt:

The purpose of this letter is to endorse and support Tenet HealthCare's Certificate of Need application for the ***Fort Mill Medical Center.***

As a physician on staff at Piedmont Medical Center for the past twenty-five years, I have witnessed a tremendous population growth in York County, which definitely requires additional hospital services. The Fort Mill Medical Center will uniquely satisfy this need.

I strongly support the application of Tenant Healthcare for the proposed facility as this organization has and continues to demonstrate a commitment to quality healthcare, as evidenced by the support of not only orthopaedics, my specialty, but also that of cardiovascular and pulmonary care, which have received Awards of Excellence. Tenant, through its local hospital, Piedmont Medical Center has demonstrated healthcare outreach to the community, with quality emergency services and urgent care centers, benefiting not only Rock Hill but also outlying areas of the county. Through its network of physicians, working both in outpatient facilities as well as the hospitalist system, the coordinated delivery of quality healthcare has been assured. My practice has been enhanced as a result.

The planned new hospital, ***Fort Mill Medical Center,*** will not only provide care to the residents of York County but also provide jobs for the community, as well as taxes for York County. This facility will most definitely permit quality healthcare close to home in a coordinated manner.

Thank you for your consideration. If there are further questions, please do not hesitate to contact me.

Sincerely,

William L. Lehman, Jr., M.D.

Pied.MD.LTR.0050

CAROLINA ORTHOPAEDIC SURGERY ASSOCIATES

Thomas G. Fleischer, MD
W. Scott James, III, MD
James N. Rentz, Jr., MD
William L. Lehman, Jr., MD
E. Neal Powell, Jr., MD
Donald H. McQueen, III, MD
William G. McCarthy, Jr., MD
Michael F. Heinig, MD
Matthew A. Schwartz, MD

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1201 Colonial Commons Drive
Lancaster, SC 29720
(803) 286-8443

1690 W. Hwy 160
Fort Mill, SC 29715
(803) 548-2424

6305 Carolina Commons Dr
Indian Land, SC 29707
(803) 802-3130

September 25, 2010

Beverly Brandt, Chief
Bureau of Health Facilities and Services Development
South Carolina DHEC
2600 Bull St.
Columbia, SC 29201

Re: Certificate of Need, ***Fort Mill Medical Center***, Fort Mill, South Carolina

Dear Ms. Brandt,

This is a letter of support of the certificate of need application for Tenant HealthCare to construct a 100 bed hospital in Fort Mill, South Carolina. The residents of York County have always had a choice of health care providers and the proximity of Charlotte allows them choices now. To allow the migration of Charlotte based hospitals to York County would contribute to the erosion of overall health care delivery in York County. There would be an adverse impact on the existing hospital as well as the ability for Tenant HealthCare/Piedmont Medical Center to maintain their high level of investments in the facility and technology. This also would reduce millions of dollars in taxes for York County.

As a native of Rock Hill and a practicing Physician at Tenant HealthCare/Piedmont Medical Center, I have been a part, as all physicians have, of the decision making team to introduce new services to be provided. Tenant HealthCare/Piedmont Medical Center has a unique team approach to evaluate the need for services which involves input from providers. It is clear that their upgrades and investment have significantly contributed to the health and quality of life of the citizens of York County. The investments have resulted in the significant increase in the quality of health care delivery in York County and the addition of nearly every major medical sub-specialty to Piedmont's medical staff.

The strategy of tenant HealthCare/Piedmont Medical Center has been to keep York County patients in York County. The competing hospitals in Charlotte have purchased many physician groups in York County and have encourage these physicians and staff to refer patients to physicians, specialist and facilities within their network, most which are located in Mecklenburg County. Our own patients who also are treated by those primary care physicians owned by Charlotte hospitals have indicated to us the pressure they feel to be referred to the facilities in Charlotte. This to me does not indicate a desire of those hospital systems to support the patients of York County.

Over the years Tenant HealthCare has strived to allow the patients of York County to receive quality state of the art care close to home. In these economic times not only is healthcare in the forefront of the news but also taxes and unemployment. This new facility, if awarded to Tenant HealthCare would increase the York County tax base by more than $10 million dollars per year, something the other facilities would not bring. Tenant HealthCare/Piedmont Medical Center is currently one of the largest employers in York County – this would continue to be supported.

I support the application of Tenant HealthCare for the Certificate of Need to build the hospital in Fort Mill, South Carolina. I would be happy to discuss this personally should any questions arise.

Sincerely yours,

Michael F. Heinig, M.D.

DIGESTIVE DISEASE ASSOCIATES OF YORK COUNTY, P.A.
STEPHEN J. BOTT, M.D.
RANDOLPH L. RODRIGUE, M.D.
LARRY H. PENNINGTON, M.D.
SCOTT C. RICHARDSON, M.D.
BRET M. GARRETSON, M.D.
NIRAV N. PATEL, M.D.
170 AMENDMENT AVE.
ROCK HILL, SC 29732

TELEPHONE 803-324-7607
FAX 803-324-4097

170 Amendment Ave
Rock Hill, SC 29732

October 3, 2010

Beverly Brandt
DHEC
Division of Planning and CON
1777 St Julian Place Suite 201
Columbia, SC 29204

Dear Ms. Brandt,

I am a gastroenterologist with Digestive Disease Associates located in Rock Hill, SC. I have been practicing medicine in Rock Hill for the last 12 years. I have had the privilege to take care of many patients in the community during this time. I have privileges at Piedmont Medical Center, Carolinas Medical Center, and Presbyterian Medical Center.

I would like to support Piedmont Medical Centers (PMC) in their efforts to be awarded the Fort Mill Hospital. There are a number of reasons for this decision.

Firstly, the quality of care at PMC is very good. The hospital, physicians, nurses, and other staff have been striving for a long time to provide the best possible care for our patients. I truly believe the care received at this location is first rate. I think PMC will continue this quest for best quality of care if awarded the new hospital.

Secondly, if another institution is awarded the Fort Mill hospital if will have an adverse effect on PMC. I am concerned if CMC or Presbyterian or awarded the new hospital then PMC will suffer. There will be a drop in patients who use the Rock Hill facility and thus a subsequent drop in the funds available to continue the technological advantages the people in this community have come to enjoy. Piedmont has spent many tens of millions of dollars in the last several years upgrading the facility to make high quality medicine close to home for residents of this county.

Thirdly, the fact that only one of the three candidates will pay local taxes is a huge issue for every taxpaying citizen in York County. With tax revenue declining and local schools and local governments having to cut staff and services this is an incredibly important issue. The millions that PMC will pay in taxes on a yearly basis will help the local schools and government tremendously. It does not seem fair that another large business could be awarded the hospital and then not be required to help support the local community.

In summary, I place my full support behind PMC in their efforts. I think they are the right team for our community. Please do not hesitate to contact me if you would like to discuss further.

Sincerely yours,

Larry H. Pennington, M.D.

CAROLINA PULMONARY
PHYSICIANS, P.A.

C. EDWARD CREAGH, JR., M.D., F.C.C.P.
WILLIAM F. ALLEYNE, II, M.D., F.C.C.P.
ARUN ADLAKHA, M.D., F.C.C.P.

October 1, 2010

South Carolina Department of Health & Environmental Control
Attention: CON Director Beverly Brandt
P.O. Box 8594
Columbia, SC 29202-8594

Dear Ms. Brandt:

I joined Piedmont Medical Center in the summer of 2001. Prior to that, I was working at Carolina Medical Center – Monroe for three years, and I have been in the Charlotte Region since the summer of 1998. I am a trained pulmonologist, intensivist, and sleep disorder specialist. I received my Internal Medicine Residency and Pulmonary Fellowship at the Mayo Graduate School of Medicine, Mayo Clinic, Rochester, Minnesota. In addition to my Internal Medicine Residency and Pulmonary Fellowship, I received a Fellowship in Critical Care and Sleep Disorders at Mayo Clinic.

Since the day I joined Piedmont Medical Center, I have been highly impressed by their patient care, hospital services (both diagnostic and therapeutic). The hospital provides excellent service to the surrounding communities of the tri-county.. They have maintained a very high standard of care and have always been mindful of the needs of the patients and the physicians according to the changing times, in compliance with the changing disease understandings. They were kind enough to help me and my other pulmonary colleagues obtain endobronchial ultrasound guided transbronchial needle aspiration (EBUS-TBNA), as well as electromagnetic navigation bronchoscopy (EMNB). This new equipment helps our patients with various pulmonary disorders receive the best diagnostic and treatment care in this part of the State and the Country. We have been the first hospital in this region to obtain these procedures. With Piedmont's consistent and passionate hard work and commitment to the patients, we have been ranked No. 3 in South Carolina for overall pulmonary services.

Piedmont Medical Center has received the South Carolina Distinguished Hospital of the Year Award for significant quality contributions for patients, particularly the cardiovascular disease and strokes, and it also follows very strong core measures meeting the nationwide quality metrics for hospitals.

124 Glenwood Drive, Rock Hill, S.C. 29732
Telephone 803-324-5280 Fax 803-328-0270

Piedmont has a team of 10 experts who are solely devoted to monitoring and improving clinical quality. Therefore, it is not surprising that Piedmont was named a Blue Distinguish Center for spine surgery and cardiac care in 2010

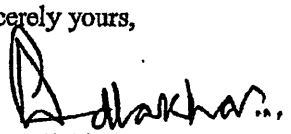
There are over 350 skilled physicians who have been highly trained at top tier medical institutions, such as Mayo Clinic, Cleveland Clinic, Harvard, Duke Medical Center, Emory, etc. With the help of the excellent services and care given by Piedmont Medical Center, York County understandably ranks in the top 5% in South Carolina for years of lives saved and ranked 4th healthiest county in South Carolina for health outcomes. This would be impossible without the help of an excellent hospital which backs its employees, including physicians, and gives quality care to the patients. That is why I recommend Piedmont Medical Center to anyone and all, including my own or my colleagues' relatives.

Piedmont Medical Center is the best choice to provide services at Fort Mill Medical Center. It is DHEC's distinguished Hospital of the Year, and has won other awards listed above. It is York County's consistent long-term and largest healthcare provider. It is the only Center that offers 100 beds giving full-service care to the community, and it is the only one that generates millions of dollars in taxes for the community, shared among the schools, city and local governments. It has been doing this for years and will continue to do more. All of us practice at Piedmont Medical Center and want to see it grow and expand and continue the excellent work.

I thus humbly request you to strongly consider Piedmont Medical Center as the only caretaker of the Fort Mill Medical Center. I strongly recommend them and am looking forward to providing care to the needy patients of Fort Mill and Tega Cay in the newly built Fort Mill Medical Center. Piedmont Medical Center is the obvious and the only applicant solely focused on York County's healthcare, and its track record demonstrates that it has done a great service to the community.

Should you have any further questions, please do not hesitate to call me.

Sincerely yours,



Arun Adlakha, M.D., FCCP
Pulmonary, Critical Care Medicine, and Sleep Disorders
Clinical Assistant Professor, Department of Internal Medicine, USC School of Medicine, Columbia, SC

AA/as

CAROLINA PULMONARY PHYSICIANS, P.A.

Pled.MD.LTR.0055

PET-EX066.0055

RECORD 006259

October 1, 2010

South Carolina Department of Health and Environmental Control
Attn: CON Director Beverly Brandt
PO Box 8594
Columbia, SC 29202-8594

Dear Ms. Brandt,

I am writing a letter of endorsement for Piedmont Medical Center/Tenet Healthcare to build a hospital in Fort Mill, South Carolina. I have been a physician at PMC for three years now and have experienced nothing but high quality medical care.

As a new physician in town, I quickly became aware of the talent Piedmont Medical Center claimed, both in administration and medical staff. Administration is proactive, vigilant and incessantly pursuing excellence. As well, they are constantly on guard and quick to respond when things go awry. The doctors are collegial and seem to have great patient satisfaction. As a pathologist, I have had a chance to interact with most hospital physicians and am proud to be a part of that team.

I mention this because I fear that awarding the CON to one of the other prestigious institutions involved would instigate a quick decline in the services that PMC has to offer. I fear this would be accompanied by downsizing because of the competition of a new prestigious medical center. I fear patients would be shuttled North for more advanced treatment and care when those same options have been available here for years. I fear for my own ability to maintain a practice here.

On the other hand, a new medical center owned by Tenet and associated with Piedmont Medical Center could provide exciting growth for the community. The fantastic location would draw patients toward us and bring business to Rock Hill. The quality staff I have been associated with would grow and prosper and so would York County. There would be more continuity of care and we could give local residents a healthcare option to be proud of.

I've been led to believe Tenet is one of the biggest employers in our county. I think we as a community need to support them and keep jobs and money in our own neighborhood. Give us a chance to compete and let's not give a monopoly to our friends in North Carolina. We'll make you proud.

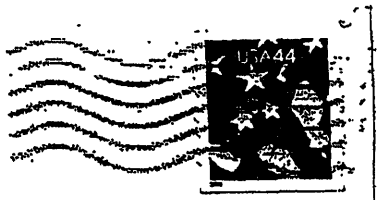
Sincerely,

Craig Franklin Hart, MD

Pied.MD.LTR.0056

YORK PATHOLOGY ASSOCIATES
P.O. BOX 4016
ROCK HILL, SOUTH CAROLINA 29732

CHARLOTTE NC 282
05 OCT 2010 PM 4:T



South Carolina Department of Health and
Environmental Control
Attn: CON Director Beverly Brandt
PO BOX 8594
Columbia, SC 29202-8594

29202+8594

RECORD 006261
Pled.MD.LTR.0057
PET-EX066.0057

September 26, 2010

Dear Mrs. Beverly Brandt,

I am writing to you in favor of the Fort Mill Medical Center proposed by Piedmont. I am a practicing Radiologist at Piedmont Medical Center, the only provider dedicated solely to the care of York County residents. I am somewhat bewildered by the fact that the hospital in Fort Mill is not already operational. I don't understand how two North Carolina "public" companies have been able to delay a South Carolina project for so long. I find it interesting that while this delay has occurred, one of the opposing parties has made a massive investment in a competing facility just across the border in North Carolina (CMC-Pineville).

Fort Mill Medical Center is the only facility that will pay tax revenue to the county and Fort Mill. In these economic times, the $2.5 million to Fort Mill schools is greatly needed. The jobs created by the larger, full service hospital are also very welcome in this fast growing community with above national average unemployment.

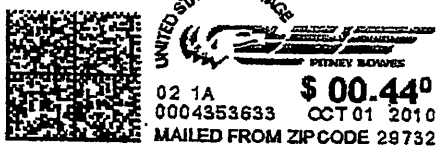
There are presently three hospital systems that compete in this market. Awarding this new hospital to either North Carolina entity will remove the third competitor. Piedmont Medical Center will not be able to survive in the long term without the Fort Mill facility, leaving only CHS and Novant.

We need DHEC to reaffirm the earlier decision to allow Piedmont to move ahead with this hospital, now! The residents of Fort Mill and York County deserve to see this facility operational as soon as possible.

Thank you,

Bruce A Leonard, MD

ROCK HILL RADIOLOGY ASSOCIATES, P.A.
P.O. BOX 3277 CRS
ROCK HILL, SOUTH CAROLINA 29732



SC Department of Health and Environmental Control
Attn: CON Director Beverly Brandt
P.O. Box 8594
Columbia SC 29202-8594

29202+8594

RECORD 006263

Pled.MD.LTR.0059

PET-EX066.0059

Neurosurgeons
Jerry M. Petty, MD
C. Scott McLanahan, MD
Craig A. VanDerVeer, MD
Frederick E. Finger III, MD
D. Heafner Sr., MD
Adamson, MD
E. Hunter Dyer, MD
Anthony L. Asher, MD, FA.C.S.
Mark P. Redding, MD
Martin M. Henegar, MD
Dom Coric, MD

CAROLINA
NeuroSurgery & Spine
ASSOCIATES

NEUROSURGERY • PHYSIATRY • PHYSICAL THERAPY • IMAGING

Neurosurgeons
Michael A. Cowan, MD
Joe D. Bernard, Jr., MD
Mark D. Smith, MD
Vinay R. Deshmukh, MD

Physiatrists
David R. Wierzbicki, MD
John A. Welshofer, MD

Mary S. Cloninger, CMPE
Executive Director

Beverly Brandt, Chief
Bureau of Health Facilities and Services Development
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms Brandt,

I am writing this letter to support Piedmont Medical Center's CON application to build a 100 bed hospital in Fort Mill, SC. I have practiced Neurosurgery at Piedmont Medical Center as well as CMC Pineville and CMC Main for the last 10 years. I have also sat on the Board of Directors at Piedmont Medical Center of the last 5 years. I am a member of a large (20 plus) Neurosurgery group that serves the greater Metrolina area covering Carolinas Medical Center, Northeast Medical Center, CMC Pineville, Presbyterian Hospital and Piedmont Medical Center. I believe that it is in the York County citizens' best interest to have Piedmont Medical Center run the Fort Mill Hospital. National quality indicators will show that there are only negotiable differences in key measures among the three applicants. Based on CMS reported data, Piedmont's average charge per Medicare case is 20% lower than on applicant and only 2.5% higher than the other. The latter having gone up over 9% year over year compared to Piedmont's increase of 2.5%. HCAHPS, the CMS patient satisfaction reporting tool, shows that Piedmont's patient satisfaction was higher than the other applicants in 4 of the 8 questions and on the remaining 4 questions within 1% point of the leading applicant.

800-344-6716 ▮ WWW.CAROLINANEUROSURGERY.COM

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225 Baldwin Ave.	15825 John J. Delaney Dr., Ste. 260	175 Amendment Ave., Ste. 104	200 Medical Park Dr., Ste. 350	5641 Poplar Tent Rd.
Charlotte, NC 28204	Charlotte, NC 28277	Rock Hill, SC 29732	Concord, NC 28025	Concord, NC 28027

Neurosurgeons
Jerry M. Petty, MD
C. Scott McLanahan, MD
Craig A. VanDerVeer, MD
Frederick E. Finger III, MD
D. Heafner Sr., MD
damson, MD
E. Hunter Dyer, MD
Anthony L. Asher, MD, F.A.C.S.
Mark P. Redding, MD
Martin M. Henegar, MD
Dom Coric, MD

CAROLINA
NeuroSurgery & Spine
ASSOCIATES

NEUROSURGERY • PHYSIATRY • PHYSICAL THERAPY • IMAGING

Neurosurgeons
Michael A. Cowan, MD
Joe D. Bernard, Jr., MD
Mark D. Smith, MD
Vinay R. Deshmukh, MD

Physiatrists
David R. Wiercisiewski, MD
John A. Welshofer, MD

Mary S. Cloninger, CMPE
Executive Director

Should another provider be allowed to build a hospital in York County, there will be an adverse impact on our existing hospital. It would impact our ability to maintain our high level of investments in facility and technology, maintain our current array of services and negatively impact employment of staff. Piedmont's strategy is to keep your patients in York County, not to refer them to facilities requiring a feeder system. The residents of York County have choices and have had a choice for years. York County's proximity to Charlotte allows them choices now.

Sincerely,

Michael A. Cowan, MD
Carolina Neurosurgery and Spine Associates
14135 Ballantyne Corporate Place
Charlotte, NC 28277
Tel 704-831-4300 Fax 704-831-4313
–OR–
175 Amendment Ave, Ste 104
Rock Hill, SC 29732
Tel 803-325-1618
Email: mike.cowan@cnsa.com
Cell: 704-534-2826
Personal Fax: 704-831-4305
www.carolinaneurosurgery.com

CAROLINA CARDIOLOGY ASSOCIATES

Diagnostic and Interventional Cardiology

Jay K. Shah, M.D., F.A.C.C., F.S.C.A.I.
Pradeep Singh, M.D., M.P.H., F.A.C.C.
Sushil K. Singhi, M.D., F.A.C.C., F.A.C.P., F.A.H.A.
Shilpesh S. Patel, M.D., F.A.C.C.
Vasant B. Patel, M.D., F.A.C.C.
Talal Baki, M.D., F.A.C.C., F.S.C.A.I.
Michelle Christian, PA

Beverly Brandt, Chief
Bureau of Health Facilities and Services Development
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Mrs. Brandt,

I am writing this letter to you in support of Piedmont Medical Center's (PMC) CON application to build a 100 bed hospital in Fort Mill, South Carolina.

I am an interventional cardiologist who came to Rock Hill in 1991 to join a small cardiology practice. Over these years I have witnessed PMC's persistent efforts to infuse capital and bring new services and advance growth of health care in this community. I also have worked at Charlotte hospitals in early years when we did not have heart surgery at PMC. All along market strategy for Charlotte hospitals has been to set up systems, which will function as "feeders" to their hospitals. There has been absolutely no honest commitment and effort on their part to develop the hearth care infrastructure in this market.

Even today the strategy of CMC and Novant system appears to be scuttling the efforts of PMC to build a hospital in Fort mill and to delay in the court system as long as they can so that they can continue to develop and mature their feeder systems in this market to eventually support Pineville CMC hospital and Charlotte Presbyterian system.

In my opinion application from these two Charlotte systems does not have a real intent to build a hospital but to delay and distract PMC's honest effort to develop a hospital and improve healthcare in this community. It is unfortunate that our CON process is being held hostage to this maneuvering and citizens of this community are being deprived of this service.

Moreover few other notable issues are:

- National quality indicators will show that there are only negligible differences in key measures among the three applicants.
- Based on CMS reported data, Piedmont's average charge per Medicare case is 20% lower than on applicant and only 2.5% higher than the other. The latter having gone up over 9% year over year compared to Piedmont's increase of 2.5%.
- HCAHPS, the CMS patient satisfaction reporting tool, shows that Piedmont's patient satisfaction was higher than the other applicants in 4 of the 8 questions and on the remaining 4 questions within 1% point of the leading applicant.

803/324-5135
Fax 803/324-8161
196 Cardiology Drive
Rock Hill, SC 29732

803/285-9700
Fax 803/285-9911
1228 Colonial Commons,
Suite 400
Lancaster, SC 29720

803/802-0090
Fax 803/802-0089
1658 West Hwy. 160
Fort Mill, SC 29715

CAROLINA CARDIOLOGY ASSOCIATES

Diagnostic and Interventional Cardiology

Jay K. Shah, M.D., F.A.C.C., F.S.C.A.I.
Pradeep Singh, M.D., M.P.H., F.A.C.C.
Sushil K. Singhi, M.D., F.A.C.C., F.A.C.P., F.A.H.A.
Shilpesh S. Patel, M.D., F.A.C.C.
Vasant B. Patel, M.D., F.A.C.C.
Talal Baki, M.D., F.A.C.C., F.S.C.A.I.
Michelle Christian, PA

- Should another provider be allowed to build a hospital in York County there will be an adverse impact on existing hospital. It would impact PMC's ability to maintain high level of investments in facility and technology, maintain current array of services and negatively impact employment of staff
- Piedmont's strategy is to keep your patients in York County, not to refer them to facilities requiring a feeder system.
- The residents of York County have choices and have had a choice for years. York County's proximity to Charlotte allows them choices now.

It is my earnest request that your organization realize that these Charlotte Hospital systems have made joke out of the CON process and have misused it to drag and delay the progress in our community. They have not proven to me in last two decades that they have had any serious interest in putting mind and capital in this market. They have bought several practices in this area to serve as feeders but have made no serious effort to develop infrastructure for healthcare in this community. I seriously doubt that they intend to do it at this time either.

Please call me on my cell phone (704 277 4220) to discuss this further if you feel necessary.

Sincerely Pradeep Singh

February 4, 2010.

Pradeep Singh MD, MPH, FACC
Carolina Cardiology Associates
Rock Hill SC 29732
gutrusingh@aol.com

Carolina Medical Consultants

311 Glenwood Drive • Rock Hill, SC 29732
803-366-7175 • Fax 803-366-0529

Tracy M. Timony, M.D.
Rhea Hsu, M.D.
Matthew David Jenkins, M.D.
John C. Hoitink, M.D.
Debra J. Gazzuolo, M.D.
Randolph V. Villamor, M.D.

January 29, 2010

Beverly Brandt, Chief
Bureau of Health Facilities and Services Development
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt,

I was asked to write a letter regarding the proposed hospital to be built by Piedmont Medical Center in Fort Mill, SC.
I am a physician on active staff at Piedmont Medical Center for more than 12 years and a current board member of the governing body at Piedmont Medical Center.
In my 12 years here working with the nurses and physicians I have seen countless examples of people going the extra mile to provide the best care they can for the patients at Piedmont Medical Center. The hard work, outstanding compassion and excellent care delivered at this hospital are to be commended. I have personally worked with the staff to try and make this the best hospital that it can be.
From the patient perspective, my family has received the vast majority of their health care at Piedmont Medical Center. I have had elective medical procedures at Piedmont Medical Center and my wife has delivered both of our sons at Piedmont Medical Center. They both spent time in the special care unit at PMC. Additionally, both of them have had outpatient surgery at Piedmont Medical Center. During all of these health care experiences from a patient perspective, I have been truly amazed at the dedication of everyone that I have encountered caring for myself and my family. Please take all of this into account as you make a fair and speedy decision. I hope your decision is the one that best provides for the future health care needs of York County and the surrounding populations.

Sincerely,

John C. Hoitink MD

Dr. John C. Hoitink

JCH:kw

CAROLINA CARDIOLOGY ASSOCIATES

Diagnostic and Interventional Cardiology

Jay K. Shah, M.D., F.A.C.C., F.S.C.A.I.
Pradeep Singh, M.D., M.P.H., F.A.C.C.
Sushil K. Singhi, M.D., F.A.C.C., F.A.C.P., F.A.H.A.
Shilpesh S. Patel, M.D., F.A.C.C.
Vasant B. Patel, M.D., F.A.C.C.
Talal Baki, M.D., F.A.C.C., F.S.C.A.I.
Michelle Christian, PA

February 2, 2010

Beverly Brandt – Chief
Bureau of Health Facilities and Services Department
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

RE: Certificate of Need
Piedmont Medical Center
Fort Mill, SC

Dear Ms. Brandt:

This letter is to support the certificate of need application for Piedmont Medical Center to construct a 100 bed hospital in Fort Mill, SC.

Let me start by stating that I started practicing cardiology in York County in 1982. I have since expanded my services to include Chester County as well as Lancaster County. I am currently a practicing physician at Piedmont Medical Center. During the first CON process I specifically supported Presbyterian Hospital after several meetings with the administration from Presbyterian Hospital. In lieu of events stemming from those meetings I have changed my view and I would now like to offer my support for Piedmont Medical Center for the hospital in Fort Mill, SC.

As you are probably already aware, a number of practices in this area are owned by Charlotte based hospitals and as such these practices have been strongly encouraged to refer their patients to Charlotte hospitals as part of their Charlotte network. In fact this has created a concern for the employees as well as the physicians and the families who reside in York County in that they have to travel into Mecklenburg County for surgery as well as diagnostic testing.

Recently CMC dropped a contract with one of the major insurance carriers of South Carolina residents forcing many South Carolinians to seek alternate physician care which is likely to be out of network or result in an inconvenient drive to a Charlotte facility. As you know the same insurance carrier pays differently in North Carolina than in South Carolina. Had this been a small insurance carrier, the impact would have a more tolerable effect however this is a major carrier in South Carolina and has had a significant impact on the York county area residents.

Over the many years Piedmont Medical Center has made substantial investments and upgrades to their facilities to better accommodate the York county residents. This includes a state of the art cardiovascular program. It is apparent these upgrades significantly impact the quality of care of life offered to not only the citizens of York County but also the surrounding counties as well.

803/324-5135
Fax 803/324-8161

803/285-9700
Fax 803/285-9911

803/802-0090
Fax 803/802-0089

196 Cardiology Drive
Rock Hill, SC 29732

1228 Colonial Commons,
Suite 400
Lancaster, SC 29720

1658 West Hwy. 160
Fort Mill, SC 29715

Since 2001 Carolina Cardiology Associates, PA has had the opportunity to discuss at length patient care and needs for York county residents. These meetings regarding the service of a 64 slice CT scan were very open and promising. Following these meetings, Piedmont Medical Center administration agreed there was indeed a need for additional services to improve the care of the York County residents and to surrounding counties as well.

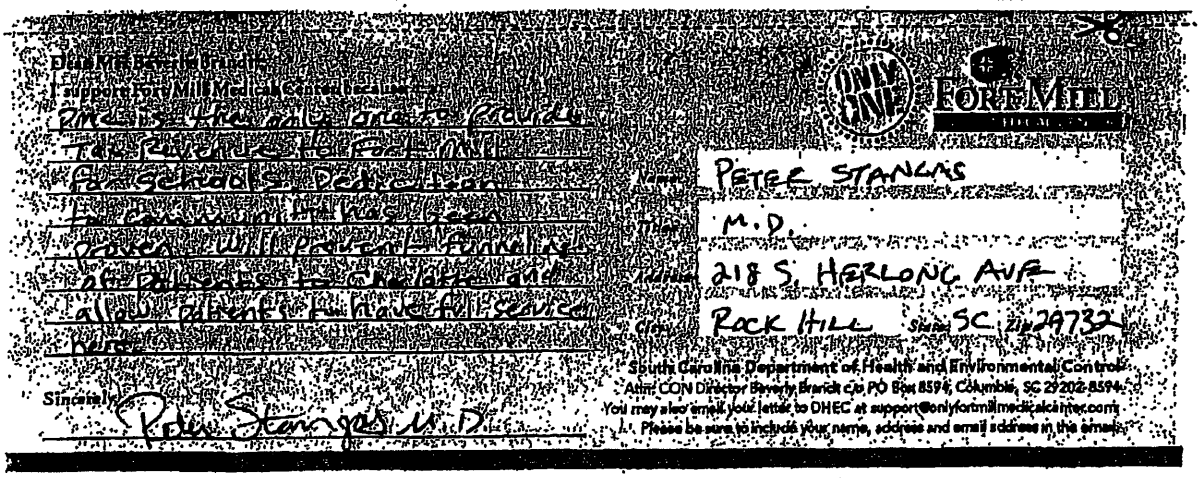
The residents of York County have historically had a choice of health care providers due the proximity of Charlotte. Before I started my practice here in York County, many of my patients were going to Charlotte for cardiovascular care. To allow the continued migration of Charlotte based hospitals into York County will have an adverse effect on the existing hospital and to their employees and the ability of Piedmont Medical Center to maintain their high level of investments in the facility and technology. We would like to treat York county residents in York county or at least offer the option.

In conclusion, I support the application of Piedmont Medical Center for the certificate of need to build a much needed hospital in Fort Mill, SC. Please feel free to contact me with further inquiries to discuss this personally.

Sincerely,

Jay K. Shah, M.D., F.A.C.C.
JKS:sdc

RECEIVED
OCT - 4 2010
HEALTH FACILITIES AND SERVICES DEVELOPMENT



Dear Mr Bowie Brandt,
I support Fort Mill Medical Center [illegible]
[illegible] to Columbia
[illegible] Fort Mill
for Schools. Pedestrian
[illegible] was [illegible]
[illegible] Will Protect [illegible]
[illegible] to Charlotte and
allow patient to have full service
here.

Sincerely,
Peter Stangas M.D.

ONLY ONE
FORT MILL
THE MEDICAL CENTER

Name: PETER STANGAS
Title: M.D.
Address: 218 S. HERLONG AVE
City: ROCK HILL State: SC Zip: 29732

South Carolina Department of Health and Environmental Control
Attn: CON Director Beverly Branch c/o PO Box 8594, Columbia, SC 29202-8594
You may also email your letter to DHEC at support@onlyfortmillmedicalcenter.com
Please be sure to include your name, address and email address in the email.

JOE C. ROBINSON, M.D.
R. NORMAN TAYLOR, III M.D.
GREGORY A. MILLER, M.D.
CHRISTOPHER B. BENSON, M.D.
R. CRAIG MCCLELLAND, M.D.

ROCK HILL
Gynecological and Obstetrical Associates, P.A.
Caring For Women of All Ages
Diplomates American Board of Obstetrics and Gynecology
Fellows American College of Obstetricians and Gynecologists

JAMES L. SIMPSON, M.D. 1920-2000
W. FRANK STRAIT, III M.D. RETIRED

BARBARA L. ROWLAND, M.D.
ANSLEY L. HILTON, M.D.
SANDRA K. WRIGHT, F.N.P.
STACI BURRELL, F.N.P.
ROBIN PRUETTE, W.H.N.P.

February 10, 2010

Beverly Brandt, Chief
Bureau of Health Facilities and Services Development
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt,

I am writing on behalf of Piedmont Medical Center and their CON application in York County. I have served on PMC's medical staff for twenty nine years, including Chairman of Board of Trustees and Chief of Medical Staff. I think this qualifies me as a fair judge of the medical hospital climate in York County. Piedmont Medical Center has consistently improved its facility over the years with the building of a new Heart Center and Women's Center. Concomitantly, the quality of physician and nursing care has improved as manifested by HCAHP survey, showing us basically equal to or better than the Charlotte area hospitals.

The question of cost and competition has often been debated with this CON issue. PMC's cost structure has certainly come into line with the Charlotte area hospitals as evidenced by an average Medicare cost twenty percent lower than Carolinas Medical Center and only 2.5 percent higher than Novant. A competitor hospital gives me greater cause for concern. For years we have tried to bring up the level of care and keep our patients in York County. There is already a healthy competition for patients in this area. We do not need more of this, as I fear an "outside" hospital will bring PMC down to an indigent care center only.

Thus, I believe Tenet's long term commitment to this area qualifies them as the best choice for the York County CON application. Thank you for your consideration.

Sincerely,

Joe C. Robinson, MD

Pled.MD.LTR.0068

1721-05 EBENEZER ROAD • SUITE 145 • ROCK HILL, SC 29732 • (803) 328-2401 • FAX (803) 328-1030

RH8

Catawba
Cardiothoracic
Surgery, P.A.

T. Arthur Edgerton, M.D.

October 20, 2010

South Carlina Department of
Health and Environmental Control
P.O. Box 8594
Columbia, SC 29202-8594

Attention: Beverly Brandt, CON Director

Dear Ms. Brandt:

I wish to express my support for Piedmont Medical Center's application for the Certificate of Need for the Fort Mill Medical Center. I have had the privilege of performing cardiothoracic and vascular surgery at Piedmont Medical Center in Rock Hill since the inception of the cardiac surgical program there in 1997. Therefore, I can personally attest to the significant commitment that Tenet Healthcare and Piedmont Medical Center have made to York County and the surrounding communities in providing an excellent surgical service. This commitment to provide appropriate infrastructure, equipment and personnel throughout the entire cardiac service line has enabled the citizens of upstate South Carolina to receive compassionate and quality tertiary level surgical care essentially in their own neighborhoods. I sincerely believe that Fort Mill Medical Center represents the next phase in Piedmont Medical Center's commitment to providing quality care to the citizens of York County.

In addition to cardiac services, there have been additional developments at Piedmont Medical Center that have expanded existing services, as well as adding new services that have all served to improve patient access to quality healthcare. These programs have included a new bed tower designated for women's care, development of a multidisciplinary approach to cancer therapy and full accreditation of the cancer program, expansion of the emergency room with the establishment of a chest pain center and providing neurosurgical capabilities. There is no doubt that Fort Mill Medical Center will incorporate these same services while expanding others and direct access to quality care locally would be greatly enhanced. I can personally attest that the citizens of upstate South Carolina would support the dedicated and coordinated effort between Piedmont Medical Center and Fort Mill Medical Center, just as they have previously in remaining home in York County for cardiac surgical services. Certainly such a coordinated commitment to delivery of high quality healthcare would allow individuals to remain home for a full array of healthcare services. Just as occurred with cardiac surgery, there would be no need for York County citizens to seek healthcare either out of state or within another region.

200 South Herlong Avenue
Suite E-1 • Rock Hill, SC 29732
803 324-1950 • FAX 803 324-1933

Therefore, I strongly support Piedmont Medical Center's application for the CON for Fort Mill Medical Center. Clearly this represents the only one appropriate choice for the much anticipated expansion of healthcare services within York County.

Sincerely,

T. Arthur Edgerton MD

T. Arthur Edgerton, M.D./dhw

Dear Ms. Beverly Brandt,

I support Piedmont's proposal for Fort Mill Medical Center because

ONLY ONE

FORT MILL MEDICAL CENTER

It is York County's only true hospital and will cater to the citizens of York County for the healthcare and provide care for the indigent and take all who [illegible] to [illegible]

Name Dr. Robert W. Walker

Title Physician/Professor

Address 5690 Williamson Road.

City Rock Hill

State SC

Zip 29730

Signature Robert W. Walker

Pied.MD.Ltr.0071

RECORD 006275

PET-EX066.0071

Sunshine Pediatrics

724 Arden Lane, Suite 100
Anderson Building - First Floor
Rock Hill, South Carolina 29732
(803)980-7337
Fax (803)980-2229

Beverly Brandt
Chief, DHEC Bureau of Health Facilities & Service Development
c/o P.O. Box 8594
Columbia, SC 29202□8594

Dear Ms. Beverly Brandt,

I would like to share my support for Piedmont Medical Center's application for Fort Mill Medical Center.

National statistics show that the quality of healthcare delivered at Piedmont is strong and on par with the two other applicants.

With quality being equal, the primary difference between the proposals is how this project will impact our community. If either Carolinas Medical Center or Presbyterian builds a hospital in Fort Mill, Piedmont will face an estimated loss of more than $13 million annually. That loss would mean cutting medical services and jobs that would weaken York County's healthcare delivery system.

In these tough economic times, it only makes sense that our county and state welcome a plan for a hospital that will also bolster our tax revenues. FMMC is the only proposed hospital that will invest approximately $4.1 million annually in hospital taxes, which will go to our local schools and other important public services.

Unlike the other applicants, Piedmont has been planning to build a hospital in Fort Mill for over a decade. Unlike the other applicants, FMMC would be bound by a contract with York County to maintain reasonable pricing, continue to invest locally, and be transparent in its activities through annual public reports. Please approve Piedmont's proposal for Fort Mill Medical Center.

Additional comments: AS A PEDIATRICIAN IN THE CITY OF ROCK HILL, WORKING WITH ALL TREE HOSPITALS ON DAILY BASIS, AND AS AN ACTIVE MEMBER OF THE COMMUNITY OF FORT MILL, WITH TREE CHILDREN IN THE PUBLIC SCHOOL SYSTEM, I AM CONVINCED THAT THERE IS ONLY ONE OPTION AND IT IS FMMC. I SAY THIS WITH ALL HONESTY AND CONVICTION.

Sincerely, Carlos Paxtor

Carlos Paxtor, MD
Sunshine Pediatrics
724 Arden Lane, Suite 100
Rock Hill, SC 29732

Pied.MD.LTR.0072

Striving to be a bright spot in your day!

ANESTHESIA ASSOCIATES of ROCK HILL, P.A.

January 24, 2011

Ms. Beverly Brandt, Chief
DHEC Bureau of Health Facilities & Service Development
c/o PO Box 8504
Columbia, SC 29202-8594

Dear Ms. Brandt:

I am writing to express my support for Piedmont Healthcare System in its CON application for construction of a new hospital in Fort Mill, South Carolina.

I am an anesthesiologist and have been in practice at Piedmont Medical Center and its affiliates now for 20 years. Thus, I have very direct and firsthand knowledge of the exemplary medical care that the hospital and its medical staff provide to the people of the Upstate of South Carolina. Across multiple quality metrics, the care delivered here compares favorably, and in many cases surpasses, that delivered in nearby larger metropolitan health care systems. I also know from firsthand experience that the care provided free of charge to uninsured patients of this community is state of the art and is monetarily substantial; it demonstrates our commitment to the underlying mission of this hospital system. Furthermore, the hospital gives back financially to the local community by virtue of its status as a taxable business entity.

The citizens of the Upstate of South Carolina are fiercely loyal to their local communities. They do not prefer to have their medical care provided by what they consider to be an "outside" entity.

I urge your committee to most seriously consider and approve Piedmont Healthcare System's CON request for the hospital in Fort Mill.

Thank you very much.

Sincerely yours,

Susan E. Lupo, M.D.
P.O. Box 2974
Rock Hill, SC 29732

Gmail by Google

Only Fort Mill Medical Center <onlyfortmillmedicalcenter@gmail.com>

Form Entry [I Support Fort Mill Medical Center] (1817229)

1 message

forms@formbldr.com <forms@formbldr.com> Wed, Feb 2, 2011 at 10:22 PM
Reply-To: Rcmcc@comporium.net
To: onlyfortmillmedicalcenter@gmail.com

Letter: Beverly Brandt
Chief, DHEC Bureau of Health Facilities & Service Development
c/o P.O. Box 8594
Columbia, SC 29202-8594

Dear Ms. Beverly Brandt,

I would like to share my support for Piedmont Medical Center's application for Fort Mill Medical Center.

National statistics show that the quality of healthcare delivered at Piedmont is strong and on par with the two other applicants.

With quality being equal, the primary difference between the proposals is how this project will impact our community. If either Carolinas Medical Center or Presbyterian builds a hospital in Fort Mill, Piedmont will face an estimated loss of more than $13 million annually. That loss would mean cutting medical services and jobs that would weaken York County's healthcare delivery system.

In these tough economic times, it only makes sense that our county and state welcome a plan for a hospital that will also bolster our tax revenues. FMMC is the only proposed hospital that will invest approximately $4.1 million annually in hospital taxes, which will go to our local schools and other important public services.

Unlike the other applicants, Piedmont has been planning to build a hospital in Fort Mill for over a decade. Unlike the other applicants, FMMC would be bound by a contract with York County to maintain reasonable pricing, continue to invest locally, and be transparent in its activities through annual public reports. Please approve Piedmont's proposal for Fort Mill Medical Center.

: I have been on staff for 10 years and Piedmont has supported my efforts in minimally invasive gyn surgery without exception. Piedmont is the location of the highest number of SILS (single incision laparoscopic surgery) hysterectomies in th e WORLD.(see Aagl review article 2/11). Please support PMC.
Regards,

R.Craig McClelland, MD,FACOG

Name:
First : Robert
Last : McClelland

Title: Physician

Address:
Street Address : 1495 bills court
City : Rock Hill
State : South Carolina
Zip Code : 29732

Email Address: Rcmcc@comporium.net

Pied.MD.LTR.0074

PET-EX066.0074

RECORD 006278

PALMETTO CARDIOLOGY OF YORK COUNTY

HARRY E HICKLIN, III, M.D.

430 S. HERLONG AVENUE SUITE 104

ROCK HILL, SC 29732

Beverly Brandt

Chief, DHEC Bureau of Health Facilities and Service Development

c/o PO Box 8594

Columbia, SC 29292-8594

Dear Ms. Beverly Brandt:

I would like to share my support for Piedmont Medical Center's application for Fort Mill Medical Center. I am one of a select few physicians that not only grew up in Rock Hill, but also practices medicine here. I believe I have a unique perspective concerning the Fort Mill hospital and a detailed understanding of this situation.

I have practiced Cardiology primarily at Piedmont Medical Center, but have privileges at Carolina's medical Center where I have also practiced medicine. National statistics show that the quality of healthcare delivered at Piedmont is strong and on par with the two other applicants.

With quality being equal, the primary difference between the proposals is how this project will impact our community. If either Carolinas Medical Center or Presbyterian builds a hospital in Fort Mill, Piedmont will face an estimated loss of more than $13 million annually. That loss would mean cutting medical services and jobs that would weaken York County's healthcare delivery system.

It only makes sense that our county and state welcome a plan for a hospital that will also bolster our tax revenues. FMMC is the only proposed hospital that will invest approximately $4.1 million annually in hospital taxes, which will go to our local schools and other important public services.

Unlike the other applicants, Piedmont has been planning to build a hospital in Fort Mill for over a decade. Unlike the other applicants, FMMC would be bound by a contract with York County to maintain reasonable pricing, continue to invest locally, and be transparent in its activities through annual public reports.

In conclusion, I strongly believe that the Fort Mill hospital should be owned by Piedmont Medical Center. Even though Fort Mill is a short distance to Charlotte, it has been noticed over the years in many aspects of business, medicine, health care that South Carolinians prefer to stay in South Carolina. Carolinas Medical Center has statistics concerning patients "crossing the border" to their hospital; however, the majority of these patients return to Rock Hill area for their continued monthly and yearly treatment.

I would strongly urge DHEC to approve Piedmont's proposal for the Fort Mill Medical Center.

Sincerely,

Harry E Hicklin III, MD

Palmetto Cardiology of York County

Pied.MD.LTR.0076

York Pathology Associates

James L. Maynard, M.D.
Pathologist

Robert E. Thomas, Jr., M.D.
Pathologist

P.O. Box 4016
222 S. Herlong Avenue
Rock Hill, South Carolina 29732
Tel. (803) 329-6845 • Fax (803) 327-7598
After Hours (803) 366-2545

E. Earl Jenkins, Jr., M.D.
Pathologist

Craig F. Hart, M.D.
Pathologist

January 2, 2011

South Carolina Department of Health and Environmental Control
Attn: CON Director Beverly Brandt
PO Box 8594
Columbia, SC 29202-8594

Dear Ms. Brandt,

I am writing to endorse the application filed by Piedmont Medical Center/Tenet Healthcare for a hospital in Fort Mill, South Carolina. I have written to you before (fall of 2010) with the same opinion that I now express, so I will not reiterate my prior points. I thought it imperative, however, that some additional points be brought to light which I did not express previously.

The first myth I'd like to refute is the issue of quality care. As the CMS data for the first half of 2009 clearly shows, there is no statistical difference between the three applicants when it comes to measurable outcomes in heart attack care, heart failure care, pneumonia care, and surgical care improvement project (See CMS Hospital Care website). On a personal note, my mother was admitted to piedmont medical center this past Thursday and is there as I write this letter. She has received excellent care and I am proud to say I am on staff at this hospital. Beyond the quality issue, the fact that I, my brothers from out of town, my father, and my wife could easily and conveniently see her here is Rock Hill while she was in the hospital over the New Year's holiday, without traveling against traffic to another state, was an intangible benefit which you all cannot measure.

If one of the other applicants is granted the CON to build the Fort Mill hospital, the services at PMC will be scaled back and people like myself will lose the convenience and Intangibles which I've just spoke about. The Fort Mill hospital will simply be a feeder hospital to one of the large Charlotte systems. True competition currently exists for residents of York County. Awarding the CON to Presbyterian or CMC will weaken PMC and weaken competition, thus raising healthcare prices. I have attached supporting documentation for this point in the form of pediatrician bills from Rock Hill Pediatrics.

This is a fine group which my family has been privileged to be associated with for the past nine years. When we started with my oldest daughter, the charges were very reasonable. At that time, they were an independent practice, but have since been bought by CMC. As you can see from the attached bills, the charges for patient visits and immunizations have increased by approximately three times. The level 3 visit charge went from $60 to $192. The Pneumovac (Prevnar) went from $80 to $211. The Administration fee went from $10 to $36, with additional admin fees going from $10 to $25. The polio vaccine went from $33 to $117. The point of all this is the following. CMC and Presbyterian claim they offer more cost effective healthcare. The fact of these bills speaks to the opposite viewpoint. I am a physician in this same community and over this same timeframe our rates have remained relatively stable, approximately unchanged. They have certainly not tripled. Thanks CMC! By the way, the amount that CMC claimed I owed after BCBS contractual adjustments was more than twice ($292.75) what I owed according to BCBS ($140.19).

One additional point on the issue of cost which should be emphasized is that of third party reimbursement. It is well know in the physician community that Blue Cross of North Carolina reimburses for services approximately 40% higher than Blue Cross of South Carolina. The effect this often has is to drive patients (by their physicians) to the Charlotte facilities to capture the BCBS network fees for procedures performed in North Carolina. This may explain why both CMC and Presbyterian applications are for considerably smaller (50 bed) facilities, compared to that of Piedmont. The former two organizations don't appear to really want to invest in the South Carolina facility. They would prefer to be a "feeder" facility to the mother facilities in North Carolina. This maximizes their operational strategy and increases their bottom line. It does not increase the competitive environment and thus does not drive down cost. In fact, it likely does just the opposite.

In summary, Piedmont Medical Center provides quality healthcare locally, benefitting the local tax base and providing local jobs. The Rock Hill facility provides convenient quality services, as will the Fort Mill hospital. Awarding the CON to CMC or Presbyterian will only weaken PMC and actually erode the current competitive environment. As you know, CMC already owns eleven facilities in the Charlotte area, and Presbyterian owns four. Awarding one of them the CON will be detrimental to competition, it will not promote it.

Thank you for your time. It is my hope and prayer that you will make the right decision, a decision that will no doubt be a difficult one. Let's keep our patients, jobs, and tax dollars in South Carolina, rather than exporting them North.

Sincerely,

Robert E Thomas

Robert E Thomas, Jr. MD

Carolinas Physicians Network
PO Box 70826
Charlotte, NC 28272-0826
www.carolinasmedicalcenter.org

ADDRESS SERVICE REQUESTED

ACCOUNT NUMBER	STATEMENT DATE
78-01755432	11/11/2010
PRIMARY INSURANCE	POLICY NUMBER
BCBS SC PREFERRED BL	On File
Current Amount Due $292.75	Amount Enclosed

DUE DATE: 12/02/2010

Billing Inquiries
704-512-4808 or 1-800-378-3947

**********AUTO**5-DIGIT 29732
ROBERT THOMAS
1460 MUSEUM RD
ROCK HILL SC 29732-8227

Rock Hill Pediatric Associates
PO Box 70826
Charlotte, NC 28272-0826

☐ PLEASE CHECK THIS BOX IF YOUR ADDRESS OR INSURANCE INFORMATION HAS CHANGED. INDICATE THE CHANGES ON THE REVERSE SIDE.

☐ PLEASE CHECK THIS BOX IF PAYING BY CREDIT CARD. INDICATE THE INFORMATION ON THE REVERSE SIDE.

078000001755432200000292756 5

Please detach and return top portion with payment. Retain the bottom portion for your records.

Statement of Professional Services

PATIENT: Brooke Thomas

INVOICES LISTED AS OF 11/11/2010

SERVICES AND ASSOCIATED CHARGES		PAYMENTS AND AMOUNT OWED BY PATIENT	
INVOICE NUMBER: 31230624			
Provider: Dexter L Cook Jr MD		Insurance billed	
Visit Date: 09/03/2010		10/07/2010 BCBS SC PREFERRED BLUE:	$402.25CR
09/03/2010 PREVEN MEDS E&M ESTAB PT; 1-4 YR	$192.00		
09/03/2010 DTAP VACCINE & POLIOVIRUS VACCINE,	$117.00		
09/03/2010 IMMUNIZ MEASLES MUMPS RUBELLA VIRU	$114.00		
09/03/2010 PNEUMOCOCCAL VACC, PED LESS THAN 5	$211.00		
09/03/2010 IMMUNIZATION ADMIN,ONE VACCINE	$36.00		
09/03/2010 IMMUNIZATION ADMIN,EACH ADDTNL VAC	$25.00		
TOTAL CHARGES:	$695.00	INVOICE BALANCE:	$292.75

Important Message Regarding Your Account

The above balance is past due. Please remit payment today or contact our office if you have questions or to make payment arrangements. Thank you for choosing Carolinas HealthCare System for your healthcare needs.

SUMMARY

TOTAL STATEMENT CHARGES THROUGH 11/11/2010	$695.00
TOTAL STATEMENT PAYMENTS/ADJUSTMENTS SINCE LAST STATEMENT	$0.00
Pied.MD.LTR.0079	
TOTAL AMOUNT DUE FROM PATIENT ON OR BEFORE 12/02/2010	$292.75

2416 - 0X3407903 - CHS_PDH_020103 - 078

PET-EX066.0079

RECORD 006283

37359

I-20 @ Alpine Road
Columbia, SC 29219

BlueCross BlueShield of South Carolina
An Independent Licensee of the Blue Cross and Blue Shield Association

EXPLANATION OF BENEFITS
THIS IS NOT A BILL

If you have a question about your claim, please call Customer Service at Tom Cooper & Company
1-800-815-3314 OR LOCALLY AT 722-2115
MON. - FRI. 8:30 A.M. - 5:00 P.M.

***

ROBERT E THOMAS
1460 MUSEUM RD
ROCK HILL SC 29732

551408 024723

September 27, 2010

SUMMARY INFORMATION

Patient's Name	Relationship to Policyholder	ID No.	Claim No.
BROOKE THOMAS	CHILD	ZGY075568561942	0E5369719-00-00

TOTAL CHARGE FOR YOUR CLAIM:	TOTAL AMOUNT WE PAID: Sent to Provider	WHAT YOU OWE PROVIDER: The provider can bill you for this amount if you have not yet paid.
695.00	188.85	140.19

Family has satisfied 1,096.34 of the 5,200.00 family deductible and 1,096.34 of the 5,200.00 family out-of-pocket maximum for the benefit period that began 01/15/2010. This claim contributed .00 toward the family out-of-pocket maximum. We paid a total of 300.00 for this person this benefit period.

DETAIL INFORMATION

Provider	ROCK HILL PEDIATRI	ROCK HILL PEDIATRI	ROCK HILL PEDIATRI	ROCK HILL PEDIATRI
Network Participation	YES	YES	YES	YES
Dates of Service	09/03/10	09/03/10	09/03/10	09/03/10
Type of Service	MEDICAL SERVICES	MEDICAL SERVICES	IMMUNIZATION(S)	MEDICAL SERVICES
Charge	192.00	117.00	114.00	211.00
Amount Not Covered	113.80 01*	51.45 01*	48.15 02*	98.46 02*
Covered Expenses	78.20	65.55	65.85	112.54
Deductible	.00	.00	.00	.00
Copayment	.00	.00	.00	.00
Allowed Amount	78.20	65.55	65.85	112.54
Coinsurance	.00	.00	.00	.00
Less Benefit Limitation	.00	.00	20.75	112.54
Amount Paid	78.20	65.55	45.10	.00

* Please refer to the remarks section.

Suspect claims fraud? Please help by calling our hotline at 1-800-763-0703

THANK YOU FOR ALLOWING US TO SERVE YOU!
www.SouthCarolinaBlues.com

Pied.MD.LTR.0080

PET-EX066.0080

RECORD 006284

DETAIL INFORMATION CONTINUED

Provider	ROCK HILL PEDIATRI	ROCK HILL PEDIATRI		
Network Participation	YES	YES		
Dates of Service	09/03/10	09/03/10		
Type of Service	MEDICAL SERVICES	MEDICAL SERVICES		
)	36.00	25.00		
Amount Not Covered	32.55 02*	21.55 02*		
Covered Expenses	3.45	3.45		
Deductible	.00	.00		
Copayment	.00	.00		
Allowed Amount	3.45	3.45		
Coinsurance	.00	.00		
Less Benefit Limitation	3.45	3.45		
Amount Paid	.00	.00		

Pied.MD.LTR.0081

5681942
9719-00-00

TCC
469919300

PET-EX066.0081

ROCK HILL PEDIATRIC ASSOCIATES, P.A.

TAX ID 57-0532381 • PAO-132

Hal C. Anderson, M.D. *(Retired)*
Robert G. Goodbar, M.D.
Patricia A. Tonkowicz, M.D., Ph. D
Robert M. Alexander, M.D.
Martha M. Edwards, M.D.
Dexter L. Cook, Jr., M.D.
Susan J. Start, M.D.
Matthew D. Samarel, M.D.

ROCK HILL OFFICE
1601 Ebenezer Road
P.O. Box 3460
Rock Hill, S.C. 29732
Telephone 803-328-6281
Fax 803-981-5136

FORT MILL OFFICE
1658 Highway 160 West
Fort Mill, S.C. 29715
Telephone 803-802-5900
Fax 803-802-7101

	PDATA	SSN	BIRTHDAY	AGE	NEXT CHARGE DATE	DR.	APPOINTMENT DATE	NO.
[illegible]1			11/05/01	12m		13	02/01/02-11:00AM	2479

PATIENT
THOMAS, ASHLYN V. (AT)
1460 MUSEUM ROAD
ROCK HILL, SC 29732
(H)328-8059 (W)

GUARANTOR - SAVE THIS RECEIPT FOR INSURANCE AND INCOME TAX RECORDS
(THOMAS, DR. ROBERT) (RT)
1460 MUSEUM ROAD
ROCK HILL, SC 29732
(H)328-8059 (W)329-1234

PREVIOUS BALANCE	DELQ. AGE/AMOUNT	ADATA
110.00	0.00	MEDCOST

LAST PAYMENT DATE	LAST PMT AMT	AMT PD THIS YR	CNTL	INSURANCE FILED
01/11/02	15.00	15.00	82-	01/15/02

LAWYER

DATE	PREV. TCODE	DESCRIPTION OF PREVIOUS TRANSACTION	AMOUNT
01/11/02	90471	IMMUNIZATION ADMIN	10.00
01/11/02	90713	POLIO VACCINE INJEC	33.00
01/11/02	90648	HIB VACCINE	30.00
01/11/02	90669	PREVNAR	80.00
01/11/02	90472	ADMIN FEE/EACH ADD'	10.00
01/11/02	90472	ADMIN FEE/EACH ADD'	10.00
01/11/02	90472	ADMIN FEE/EACH ADD'	10.00
01/11/02	14	BANK CARD PAYMENT	-15.00

ICD-CODE	DESCRIPTION OF PREVIOUS DIAGNOSIS	
30.00	NEWBORN (TERM BIRTH)	
78.0	HEMATEMESIS	11/01
67.59	FOLLOW-UP/WEIGHT CHEC	11/01
20.2	WELL CHECK UP	01/02

INSURANCE - IF OWN FORM REQUIRED, WE WILL COMPLETE UPON RECEIPT OF $15.00
MEDCOST/UHC OF SC 247-57-5351
PO BOX 25307 WINSTON-SALEM, NC 27114530

OFFICE SERVICE	CODE		FEE
EXAMINATION	NEW	ESTAB.	
LEVEL 1	99201	99211	
LEVEL 2	99202	99212	
	99203	99213	60
	99204	99214	
LEVEL 5	99205	99215	
ER HOURS			
SATURDAY AM	99050	99050	
DAY/HOLIDAY	99054	99054	
PHYSICAL EXAMS	NEW	ESTAB.	
UNDER AGE 1	99381	99391	
1-4	99382	99392	
5-11	99383	99393	
12-17	99384	99394	
OVER AGE 18	99385	99395	
LACERATION REPAIR			
SIMPLE			
1 OR LESS	12001		
7.5	12002		
FACE & MOUTH			
1 OR LESS	12011		
5.0	12013		
INJECTIONS Im.			
ANTIBIOTIC INJ.		96115	
ZITHROMYCIN	J0540		
FERRON	J1100		
GENTAMICIN	J2550		
PENICILLIN	J0696		

LABORATORY	CODE	✓	FEE
BILIRUBIN	82247		
BLOOD SUGAR	82947		
BLOOD SUGAR - STRIP	82948		
CBC; AUTO HEMO, AUTO DIFF	85024		
CBC; AUTO HEMO, MAN DIFF	85022		
CHOLESTEROL	82465		
CULTURE; BLOOD	87040		
THROAT/NOSE	87081		
FUNGAL	87101		
URINE	87086		
OTHER SOURCE	87070		
HEALTH SCREEN	80053		
HEMOGLOBIN	85018		
KOH/WET DROP	87220		
MONO TEST	86308		
OCCULT BLOOD	82270		
REDUCING SUBSTANCE	84375		
★ STOOL pH	83986		
SED RATE	85651		
STREP SCREEN	87880		
URINALYSIS-COMPLETE	81000		
URINALYSIS-ROUTINE	81002		
VENIPUNCTURE	36415		
IMMUNIZATIONS			
DT - 7 & UNDER	90702		
DT - 7 & ABOVE	90718		
DTAP	90700		
IPV POLIO	90713		
MMR	90707		
HIB	90648		
PREVNAR	90669		
VARIVAX	90716		
HEPATITIS B	90744		
PPD	86580		
FLU-6 MTHS. TO 35 MTHS.	90657		
FLU - > 3 YRS.	90658		
ADMIN. FEE - 1st SHOT	90471		
ADMIN. FEE - EA. ADDL. SHOT	90472		

PROCEDURES	CODE	✓	FEE
ABRASION DEBRIDEMENT	11040		
AEROSOL INHALATION	94640		
★ AEROSOL SUBSEQ.	94640-76		
AUDIOGRAM	92552		
BURN DRESS/DEBRID	16020		
EAR IRRIGATIONS	69210		
I & D ABSCESS	10060		
TYMPANOMETRY BILAT	92567		
TYMPANOMETRY UNILAT	92567-52		
VISION SCREEN	92081		
LUMBAR PUNCTURE	62270		

HOP PROGRAM - MEDICAID

	NEW	ESTAB.
LEVEL 2		X0157
LEVEL 3	X0155	X0158
LEVEL 4	X0156	X0159

PHYSICIAN'S SIGNATURE

PREVIOUS BALANCE	$	
TODAY'S CHARGES	+	[illegible]
TODAY'S PAYMENT	-	15.00
BALANCE DUE	$	

☐ Cash ☐ Check # [illegible] ☐ Bankcard

MAY NOT REFLECT RECENT TRANSACTIONS

RETURN _____ DAYS _____ WEEKS _____ MONTHS

PHYSICAL ☐

APPT: _____ DATE _____ TIME A.M. P.M

DIAGNOSIS	
☐ ABDOM PAIN/COLIC	789.0(
☐ ADENITIS	289.3
☐ ALLERGIC RHINITIS	477.9
☐ ATTENTION DEF DIS	314.0(
☐ ADD W/ HYPERACTIVITY	314.0
☐ ASTHMA UNSPEC	493.9(
☐ BRONCHIOLITIS	466.11
☐ BRONCHITIS ACUTE	466.0
☐ CELLULITIS	682.9
☐ CONJUNCTIVITIS	372.0(
☐ CONSTIPATION	564.0
☐ CROUP -	464.4
☐ DELAY/POOR WGT GAIN	783.4(
☐ DERMATITIS ATOPIC	691.8
☐ DERMATITIS UNSPEC	692.9
☐ DIABETES MELLITUS	250.01
☐ DYSURIA	788.1
☐ ENURESIS NOCTURNAL	788.36
☐ ESOPHAGITIS/GE REFLUX	530.81
☐ FAILURE TO THRIVE	783.41
☐ FUO EXCLUD. NEWBORN	780.6
☐ GASTRITIS	535.50
☐ GASTROENTERITIS INFECTIOUS	009.1
☐ HEADACHE, TENSION	307.81
☐ HERPETIC STOMATITIS	054.2
☐ IMPETIGO	684
☐ INFLUENZA	487.1
☐ JAUNDICE-NEONATAL	774.6
☐ MIGRAINE WITH AURA	346.00
☐ MIGRAINE, COMMON	346.90
☐ OTALGIA/EAR PAIN	388.70
☐ OTITIS EXTERNA	380.10
☐ OTITIS MEDIA SEROUS	381.10
☐ OTITIS MEDIA UNSPEC	382.9
☐ PHARYNGITIS ACUTE	462
☐ PNEUMONIA	486
☐ SCABIES	133.0
☐ SEIZURE DISORDER	780.39
☐ SINUSITIS ACUTE	461.9
☐ STOMATITIS	528.0
☐ STREPT THROAT	034.0
☐ THRUSH	112.0
☐ URI ACUTE	465.9
☐ UTI BACTURIA/PYURIA	599.0
☐ URTICARIA	708.9
☐ VIRAL EXANTHEM	057.9
☐ VIRAL ILLNESS SYNDROME	079.99
☐ WELL CARE AGE 18	V70.0
☐ WELL CARE INF-CHILD	V20.2
☐ WHEEZING	786.07
☐ SCHOOL/SPORTS/CAMP	V70.3

DX – Pied.MD.LTR.0082

PET-EX066.0082

RECORD 006286

April 10, 2011

Beverly Brandt
Chief, DHEC Bureau of Health Facilities and Service Development
c/o P.O. Box 8594
Columbia, South Carolina 29202-8594

Dear Ms. Brandt,

Several years ago, earlier in the selection process, I submitted a letter of support for Piedmont Medical Center's application for Fort Mill Medical Center. Due to the extended process, I felt the need to send this additional letter of support for Fort Mill Medical Center.

Certain points of emphasis for Piedmont Medical Center's proposal ring loudly for me.

1. Over $3.5 million in tax revenue for local schools and government that competing hospitals would not provide.
2. Contracts with York County require competitive pricing for Piedmont Medical Center as well as EMS services and charitable patient care not required of competing hospitals.
3. With the intensive expansion of CMC – Pineville just several miles away as well as the close proximity of other hospitals, patients certainly have multiple convenient options.
4. If a competing hospital is awarded the certificate of need for the new Fort Mill hospital, I believe the flow of patients away from Piedmont Medical Center will cripple its growth and endanger its ability to provide the current level of care for the rest of York County.

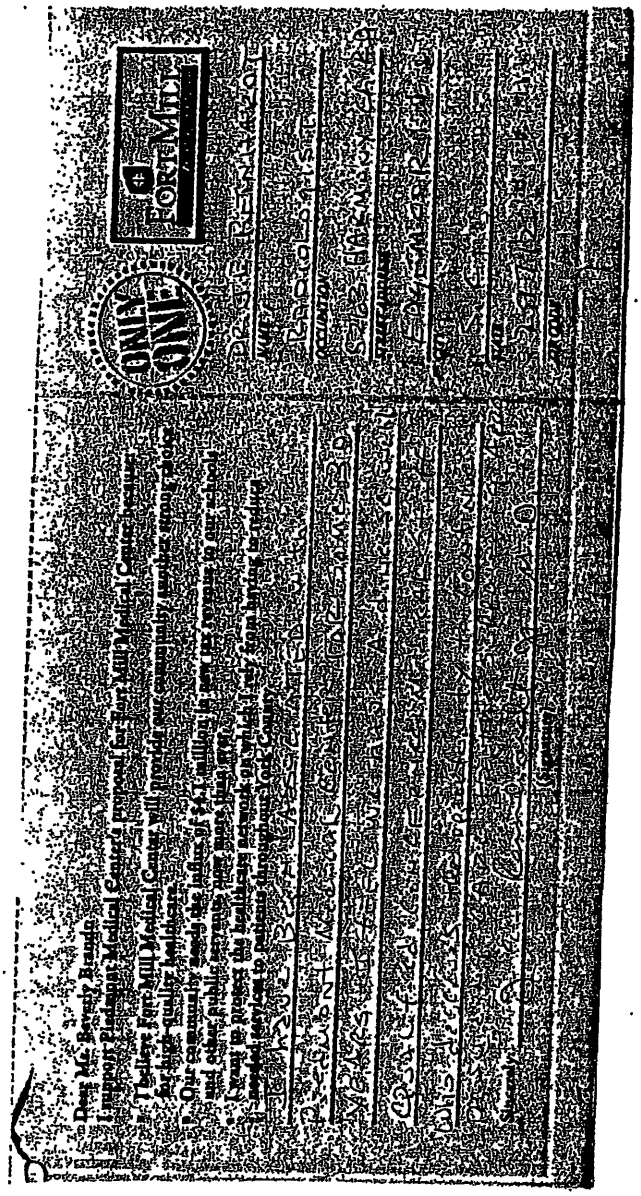
No hospital is without areas that need improvement including Piedmont Medical Center. However, I believe in the quality of care provided at Piedmont Medical Center, from both the physicians and the staff. Otherwise, we would have gone elsewhere for the birth of three children, several surgeries, ER visits and a hospitalization.

Again, please accept my support for Fort Mill Medical Center.

Sincerely,

Mark Hooten, M.D.
Anesthesiologist

Pied.MD.LTR.0083



Pled.MD.LTR.0084

Description: Market Projections - Med Surg Only (Excl. OB, OHS, Angioplasty, and Psych) based on 2009 data
Source: FY2009 SCORS and FY2009 HC data from Thomson Reuters.

ZIP Code	2009 Population	2009 Discharges	2009 Use Rate	Population 2009	2010	2011	2012	2013	2014	2015	2016	2017	Cases 2009	2010	2011	2012	2013	2014	2015	2016	2017
29704	3,739	265	70.9	3,739	3,818	3,898	3,980	4,064	4,150	4,237	4,326	4,417	265	271	276	282	288	294	300	307	313
29707	11,712	639	54.6	11,712	12,028	12,352	12,686	13,028	13,379	13,740	14,111	14,491	639	656	674	692	711	730	750	770	791
29708	18,148	1,005	55.4	18,148	18,713	19,295	19,898	20,515	21,154	21,812	22,491	23,191	1,005	1,036	1,069	1,102	1,135	1,171	1,208	1,245	1,284
29710	29,198	1,889	64.7	29,198	29,993	30,814	31,655	32,519	33,407	34,319	35,256	36,218	1,889	1,941	1,994	2,048	2,104	2,161	2,220	2,281	2,343
29715	21,557	1,645	76.3	21,557	22,234	22,932	23,652	24,394	25,160	25,950	26,765	27,605	1,645	1,697	1,750	1,805	1,861	1,920	1,980	2,042	2,106
29717	1,375	108	78.5	1,375	1,403	1,431	1,460	1,490	1,520	1,551	1,582	1,614	108	110	112	115	117	119	122	124	127
29726	2,018	130	64.4	2,018	2,075	2,134	2,194	2,256	2,319	2,385	2,452	2,522	130	134	137	141	145	149	154	158	162
29730	58,146	3,979	68.4	58,146	59,547	60,982	62,451	63,956	65,498	67,078	68,698	70,348	3,979	4,075	4,173	4,274	4,377	4,482	4,590	4,701	4,814
29732	56,824	3,063	54.1	56,824	58,214	59,648	61,129	62,658	64,232	65,858	67,535	70,265	3,063	3,149	3,237	3,328	3,422	3,518	3,617	3,718	3,823
29742	2,463	199	80.8	2,463	2,513	2,564	2,617	2,672	2,725	2,781	2,838	2,896	199	203	207	211	216	220	225	229	234
29743	1,548	102	66.0	1,548	1,576	1,606	1,637	1,668	1,701	1,733	1,766	1,800	102	104	106	108	110	112	114	117	119
29745	28,682	1,895	69.8	28,682	29,398	30,132	30,884	31,654	32,444	33,254	34,084	34,934	1,895	2,045	2,096	2,148	2,202	2,257	2,313	2,371	2,430
York County	223,450	14,966	64.9	223,450	229,473	235,658	242,011	248,534	255,233	262,113	269,178	276,434	14,966	14,759	15,151	15,559	15,978	16,409	16,852	17,306	17,772
Chester County	32,654	4,525	138.6	32,654	32,497	32,341	32,185	32,030	31,876	31,723	31,570	31,419	4,525	4,503	4,482	4,460	4,439	4,417	4,396	4,375	4,354
Lancaster County	77,253	7,627	98.7	77,253	78,133	80,045	82,091	83,769	85,618	87,221	89,015	90,836	7,627	7,783	7,942	8,105	8,270	8,439	8,612	8,788	8,968

Source: PC Office of Research and Statistics and Thomson Reuters.

Note: All ZIP Code 29716 is a post office box, this ZIP Code was combined with 29715.

Similarly, ZIP Code 29703 was combined	10,831		12,144	12,477	12,818
	4,688		5,448	5,586	5,728
Excludes the following MS-DRGs:	14,366		16,852	17,306	17,772

OB & Newborn MS-DRGs 765-774, 774-782 and 785

Psych MS-DRGs 876 and 880-887

OHS MS-DRGs 216-221 and 231-235

Thor Card MS-DRGs 246-251

Petitioner's Trial Exhibit 067

LEVITT.2013.00030784

PET-EX067.0001

Description:
Source:

ZIP Code	2009 Market Share PMC	NC	Check	85% PMC - PMC	85% PMC - NC	85% PMC - PMC	85% PMC - NC
28704	80.8%	81.9%	82.12%	18.1%	19.1%	81.9%	15.5%
28707	5.8%	89.2%	95.0%	51.3%	42.8%	48.7%	19.1%
29708	29.0%	74.2%	97.2%	50.6%	46.7%	49.4%	8.4%
29710	29.2%	68.7%	97.8%	1.4%	1.5%	98.6%	2.3%
29713	33.6%	61.8%	95.4%	51.3%	42.8%	48.7%	10.7%
29717	54.6%	21.3%	75.9%	2.9%	3.1%	97.1%	2.3%
29726	66.2%	18.5%	84.6%	2.9%	3.1%	97.1%	2.3%
29730	69.5%	28.8%	98.3%	19.5%	11.5%	80.5%	11.5%
29732	64.8%	31.5%	96.3%	19.5%	11.5%	80.5%	11.5%
29742	53.6%	18.8%	72.4%	2.2%	2.8%	97.8%	6.1%
29743	54.3%	40.2%	94.5%	2.2%	2.8%	97.8%	4.6%
29745	61.8%	33.7%	95.5%	2.2%	2.8%	97.8%	4.6%
York County	54.1%	41.6%	95.7%				
Chester County	12.8%	18.7%	30.5%	4.0%	2.0%	96.0%	2.0%
Lancaster County	6.2%	23.7%	30.0%	50.0%	25.0%	50.0%	4.0%

Source: SC Office of Re
Note: As ZIP Code 2971
Similarly, ZIP Code 2970

Excludes the following h
OB Bayshore MS-DRG
Psych MS-DRGs 876 and
GYN MS-DRGs 736-221
Fine Cath MS-DRGs 246

0.875

Description:
Source:

ZIP Code	2015 Market Share FMC	PMC	Combined	NC	Check	85% FMC - PMC	90% FMC - NC	PMC - PMC	90% PMC - NC	FMC	2018 Market Share PMC	Combined	NC	Check
29704	17.0%	54.6%	71.5%	20.5%	92.1%	21.3%	22.5%	76.8%	18.0%	20.0%	53.5%	73.4%	18.6%	92.1%
29707	41.2%	19.9%	61.1%	35.9%	97.0%	60.4%	50.4%	39.7%	32.5%	48.5%	22.4%	70.8%	24.2%	93.0%
29708	48.5%	17.6%	66.9%	33.3%	97.2%	59.5%	54.9%	40.5%	8.9%	54.4%	16.7%	71.1%	26.1%	97.2%
29710	1.5%	30.4%	31.8%	66.0%	97.9%	1.7%	1.8%	98.5%	2.7%	1.7%	30.6%	32.3%	65.6%	97.9%
29715	43.7%	23.0%	66.7%	28.7%	95.4%	60.4%	50.4%	39.7%	12.6%	51.4%	21.1%	72.5%	22.9%	95.4%
29717	2.2%	53.5%	55.8%	20.2%	75.9%	3.4%	3.8%	96.6%	2.7%	2.6%	53.3%	56.0%	20.0%	75.9%
29725	2.5%	64.7%	67.1%	17.5%	84.6%	3.4%	2.6%	96.6%	2.7%	2.9%	64.4%	67.3%	17.3%	84.6%
29730	16.8%	59.0%	75.8%	20.7%	96.5%	23.0%	18.5%	77.1%	13.5%	19.8%	57.1%	76.7%	19.6%	96.3%
29732	18.5%	55.8%	74.0%	24.2%	98.1%	23.0%	18.5%	77.1%	18.5%	19.1%	54.2%	73.1%	23.0%	96.1%
29742	1.6%	53.7%	55.3%	17.0%	72.4%	2.6%	2.7%	97.5%	7.2%	1.9%	53.7%	55.6%	16.8%	72.4%
29743	1.7%	35.4%	37.1%	57.4%	94.5%	2.6%	2.7%	97.5%	5.4%	2.0%	35.6%	37.6%	56.9%	94.5%
29745	2.1%	62.0%	64.1%	31.4%	95.5%	2.6%	2.7%	97.5%	5.4%	2.5%	62.1%	64.3%	31.0%	95.3%
York County	20.5%	51.7%	72.2%	23.5%	95.7%					24.1%	50.5%	74.7%	21.0%	95.7%
Chester County	1.0%	19.2%	20.2%	10.7%	30.9%	4.0%	2.0%	96.0%	2.0%	2.0%	19.2%	21.2%	10.7%	31.9%
Lancaster County	9.0%	4.1%	13.1%	23.7%	36.8%	50.0%	25.0%	50.0%	5.0%	2.0%	4.3%	6.3%	23.7%	30.0%
Source: SC Office of Re		1									1			
Notes: As ZIP Code 2971														
Similarly, ZIP Code 2970	25.4%	45.6%				29.9%	44.2%							
	2.7%	47.7%				8.1%	47.7%							
Excludes the following h	19.2%	48.9%				22.6%	47.2%							
CB & Hepburn MS-DRG														
Psych MS-DRGs 876 and														
ORS MS-DRG; 216-221														
Thir Cath MS-DRGs 246														

Description:
Source:

ZIP Code	FMC - PMC	FMC - NC	PMC - FMC	PMC - NC	2017 Market Share FMC	PMC	Combined	NC	Basis
29704	25.0%	25.0%	75.0%	20.0%	23.0%	51.8%	74.8%	17.2%	92.1%
29707	71.0%	56.0%	29.0%	25.0%	54.1%	24.0%	78.0%	16.9%	85.0%
29708	70.0%	61.0%	30.0%	11.0%	61.4%	12.8%	74.1%	23.1%	97.2%
29710	2.0%	2.0%	98.0%	3.0%	2.0%	30.7%	32.7%	65.2%	97.9%
29715	71.0%	56.0%	29.0%	14.0%	58.5%	18.4%	76.9%	18.5%	99.4%
29717	4.0%	4.0%	96.0%	3.0%	3.0%	53.1%	56.1%	19.6%	75.9%
29728	4.0%	4.0%	96.0%	3.0%	3.4%	64.1%	67.4%	17.2%	84.6%
29730	27.0%	15.0%	73.0%	15.0%	22.8%	54.7%	77.5%	18.6%	96.1%
29732	27.0%	15.0%	73.0%	15.0%	22.7%	52.0%	74.2%	22.0%	96.3%
29742	3.0%	3.0%	97.0%	6.0%	2.2%	53.0%	55.0%	18.5%	73.6%
29743	3.0%	3.0%	97.0%	6.0%	2.2%	35.7%	37.9%	36.6%	74.5%
29745	3.0%	3.0%	97.0%	6.0%	2.9%	62.0%	64.9%	20.7%	85.5%
York County					27.4%	48.3%	75.7%	20.0%	95.7%
Chester County	4.0%	2.0%	98.0%	2.0%	1.0%	19.2%	20.2%	10.7%	30.9%
Lancaster County	50.0%	25.0%	50.0%	5.0%	9.0%	4.3%	13.3%	23.7%	37.1%

Source: SC Office of Rural Health
Note: As ZIP Code 29731
Similarly, ZIP Code 29730 34.3% 41.0%
5.6% 47.6%
Excludes the following A 25.9% 45.5%
OB & Neyborn MS-DRG
Psych MS-DRGs 876 and
QHS MS-DRGs 216-2211
Thor Cvch MS-DRGs 285

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Description: OB Bed Need Analysis Fort Mill Medical Center and Piedmont Medical Center Projections
Source: FY2009 SC ORS and FY2009 NC data from Thomson Reuters.

ZIP Code	2009 Population	2009 Discharges	2009 Use Rate	Population 2009	2010	2011	2012	2013	2014	2015	2016	2017	2009	2010
29704	660	47	71.2	660	664	668	673	677	682	686	690	695	47	47
29707	1,985	194	97.7	1,985	2,013	2,041	2,070	2,099	2,128	2,158	2,188	2,219	194	197
29708	3,173	317	99.9	3,173	3,233	3,294	3,357	3,421	3,486	3,552	3,619	3,688	317	323
29710	5,042	340	67.4	5,042	5,113	5,185	5,257	5,331	5,405	5,481	5,558	5,636	340	345
29715	3,712	419	112.9	3,712	3,773	3,835	3,898	3,961	4,026	4,092	4,159	4,227	419	426
29717	228	18	78.8	228	231	234	237	239	242	245	248	251	18	18
29726	372	21	56.4	372	383	394	406	418	430	443	456	470	21	22
29730	13,109	872	66.5	13,109	13,258	13,408	13,560	13,714	13,870	14,027	14,186	14,347	872	882
29732	10,644	759	71.3	10,644	10,810	10,979	11,151	11,326	11,502	11,682	11,865	12,050	759	771
29742	442	19	43.0	442	445	448	451	455	458	461	464	468	19	19
29743	266	24	90.4	266	269	273	276	280	283	287	291	295	24	24
29745	5,390	400	74.2	5,390	5,455	5,521	5,588	5,655	5,724	5,793	5,863	5,934	400	405
York County	43,040	3,294	75.1	43,040	43,642	44,253	44,872	45,500	46,136	46,782	47,437	48,100	3,234	3,279
Chester County	5,661	512	90.5	5,661	5,594	5,528	5,463	5,399	5,336	5,273	5,211	5,150	512	506
Lancaster County	13,540	1,090	80.5	13,540	13,684	13,829	13,976	14,124	14,274	14,426	14,579	14,734	1,090	1,102

Source: SC Office of Research and Statistics and Thomson Reuters.
Note: As ZIP Code 29716 is a post office box, this ZIP Code was combined with 29715.
Similarly, ZIP Code 29703 was combined with 29710, and 29731, 29733 and 29734 were combined with 29730.
Includes MS-DRGs 765-770 and 774-782.

LEVITT.2013.00032216
PET-EX067.0005
RECORD 006293

Description:
Source:

ZIP Code	2015 Market Share FMC	PMC	Combined	NC	Check		100% FMC - PMC	70% FMC - NC	PMC - PMC	70% PMC - NC	2016 Market Share FMC	PMC	Combined	NC	Check	FMC - PMC
29704	16.1%	36.5%	52.5%	32.6%	85.1%		30.0%	3.5%	70.0%	3.5%	16.5%	36.9%	53.4%	31.7%	85.1%	30.0%
29707	15.9%	7.5%	23.4%	73.0%	96.4%		65.0%	10.5%	35.0%	3.5%	19.1%	8.6%	27.7%	68.7%	96.4%	65.0%
29708	23.6%	8.9%	32.5%	65.6%	98.1%		70.0%	14.0%	30.0%	3.5%	27.5%	10.0%	37.5%	60.6%	98.1%	70.0%
29710	2.7%	43.6%	46.4%	53.4%	99.7%		4.0%	2.8%	96.0%	2.1%	3.3%	44.1%	47.4%	52.3%	99.7%	4.0%
29715	29.8%	12.4%	42.2%	55.2%	97.4%		70.0%	10.5%	30.0%	3.5%	32.2%	13.2%	45.4%	51.9%	97.4%	70.0%
29717	2.7%	53.7%	56.4%	38.1%	94.4%		4.0%	2.1%	96.0%	1.4%	3.0%	53.9%	56.9%	37.5%	94.4%	4.0%
29726	3.7%	86.9%	90.7%	9.3%	100.0%		4.0%	2.1%	96.0%	1.4%	3.8%	87.0%	90.8%	9.2%	100.0%	4.0%
29730	23.8%	54.3%	78.1%	19.1%	97.1%		30.0%	5.3%	70.0%	2.8%	24.2%	54.5%	78.7%	18.5%	97.1%	30.0%
29732	21.2%	47.6%	68.7%	29.6%	98.3%		30.0%	5.3%	70.0%	2.8%	21.8%	47.9%	69.7%	28.6%	98.3%	30.0%
29742	3.7%	86.0%	89.7%	10.3%	100.0%		4.0%	2.1%	96.0%	2.1%	3.8%	86.1%	89.9%	10.1%	100.0%	4.0%
29743	3.1%	68.2%	71.3%	16.2%	87.5%		4.0%	2.1%	96.0%	2.1%	3.2%	68.4%	71.5%	16.0%	87.5%	4.0%
29745	2.5%	71.4%	73.9%	24.1%	98.0%		3.0%	2.1%	97.0%	2.1%	2.7%	71.6%	74.3%	23.7%	98.0%	3.0%
York County	20.4%	45.9%	66.4%	31.4%	97.7%						21.6%	46.6%	68.1%	29.6%	97.7%	
Chester County	0.0%	51.6%	51.6%	9.6%	61.1%		0.0%	0.0%	100.0%	2.0%	0.0%	51.6%	51.6%	9.4%	60.9%	0.0%
Lancaster County	0.0%	17.1%	17.1%	24.0%	41.1%		0.0%	0.0%	100.0%	5.0%	0.0%	17.1%	17.1%	22.8%	39.9%	0.0%

Source: SC Office of Researc
Note: As ZIP Code 29716 is
Similarly, ZIP Code 29703 v
Includes MS-DRGs 765-770

0.980

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File: D:\My Dropbox\Ft Mill Draft Discovery\Fort Mill\Remand\OB_2010.xlsx]s
Worksheet: Total Projections

LEVITT.2013.00032218

PET-EX067.0006

RECORD 006294

Description:
Source:

ZIP Code	2015 Cases FMC	PMC	NC	2016 Cases FMC	PMC	NC	2017 Cases FMC	PMC	NC
29704	8	18	16	8	18	16	8	17	16
29707	34	16	154	41	18	147	49	21	139
29708	84	32	233	100	36	219	118	41	202
29710	10	161	197	12	165	196	15	169	194
29715	138	57	255	151	62	244	167	67	230
29717	1	10	7	1	11	7	1	11	7
29726	1	22	2	1	22	2	1	23	2
29730	222	506	178	228	514	174	235	522	169
29732	176	396	246	184	405	242	193	415	236
29742	1	17	2	1	17	2	1	17	2
29743	1	18	4	1	18	4	1	18	4
29745	11	307	104	12	311	103	13	316	102
York County	685	1,560	1,399	740	1,599	1,357	803	1,639	1,307
Chester County	0	246	46	0	248	44	0	240	44
Lancaster County	0	198	279	0	200	268	0	203	271

Source: SC Office of Resea
Note: As ZIP Code 29716 is
Similarly, ZIP Code 29703 w
Includes MS-DRGs 765-770

LEVITT.2013.00032220

PET-EX067.0007

RECORD 006295

DAVID S. LEVITT

• 1778 Emory Ridge Drive • Atlanta, GA 30329 •
• 9 River Place • Beaufort, SC 29906 •

Work: 404/315-9011
Work: 843/379-9372

Summary

Outcomes-oriented healthcare professional with over 20 years of progressive experience and leadership in strategic planning, business development, product line planning and marketing for over 340 healthcare providers and systems. Skilled in leading and managing team members and constituents through information collection, analysis, development of findings, identification of best strategic option, consensus development, and implementation. Strong written, verbal, analytical, interpersonal, and quantitative thinking skills.

Professional Experience

MANAGING PARTNER — **JULY 2006 – PRESENT**
Levitt Healthcare Affiliates

SENIOR PRINCIPAL — **SEPTEMBER 2004 – JULY 2006**
SENIOR MANAGER/VICE PRESIDENT — **DECEMBER 1998 – SEPTEMBER 2004**
SENIOR CONSULTANT — **APRIL 1995 – DECEMBER 1998**
CONSULTANT — **JUNE 1994 – APRIL 1995**
Gill/Balsano Consulting/Mitretek Healthcare-Gill/Balsano — *Atlanta, GA*

- Served as account executive and project manager on a variety of acute and post-acute healthcare strategic planning projects, which included diversification into new inpatient and outpatient services. Consulting assistance included:
  - Market analysis and product line profiling,
  - Developing competitor analysis,
  - Identifying strategies for market positioning,
  - Projecting utilization changes with strategy implementation,
  - Projecting financial effect of strategy implementation,
  - Developing the action plan to achieve the strategic initiatives.
- Provided financial modeling and reimbursement expertise to clients and oversight on consulting engagements related to financial feasibility, acquisition analysis, and joint venture studies. Project experience includes determining the feasibility of new and replacement facilities, service or bed expansions, asset mergers and purchases, and valuation studies. Areas of experience include:
  - Financial modeling of market share, patient composition, revenue, payor mix, contractual adjustments, and operating expenses variations.
  - Merger, acquisition, and divestiture analyses.
  - Contract negotiations, organizational and governance structure options.
  - Product line development and revenue stream analysis.
- Developed inpatient and outpatient utilization projections and financial forecasts for numerous projects, including:
  - Acute care hospitals
  - Long Term Acute Care
  - Long-term care facilities
  - Skilled nursing units
  - Psychiatric hospitals and units
  - Rehabilitation hospitals and units
  - Home health agencies
  - Hospice
  - Specialized cardiac services and open heart surgery
  - Women's services
  - Oncology programs
  - Senior Living services

Petitioner's Trial Exhibit 069

LEVITT.2013.00000001

PET-EX069

RECORD 006296

- Performed Certificate of Need review functions for the State of Tennessee Health Facilities Commission for all applications to develop or expand Skilled Nursing or Subacute Care services. Responsibilities included the development of written reports and presentations to the Health Facilities Commission recommending approval or denial of the projects. Specific activities included:
  - Determine needs of the residents and providers in the defined service area.
  - Assess existing services provided in defined service area.
  - Determine validity of each applicant's need methodology.
  - Analyze any reasonable alternatives to the proposed project.
  - Assess financial feasibility.
  - Present expert witness testimony at Health Facilities Commission meetings on a monthly basis.
  - Attend all appeal hearings related to reviewed project and provided testimony.
- Assisted healthcare providers in the preparation of approximately 450+ Certificate of Need applications and presentations to the applicable review agencies in various states. Activities included analysis of relevant markets for services, projection of utilization, and forecast of financial performance.
- Served as an expert witness in Georgia, Florida, South Carolina, and Kentucky in the areas of health planning and financial feasibility for administrative hearings. Areas of testimony included:
  - New hospital development
  - Acute care bed need
  - Acute rehabilitation services
  - Skilled nursing services
  - Open heart surgery services
  - Ambulatory Surgery services
  - Perinatal services
  - Nursing home development
  - Home health services
  - MRI services
  - Oncology services
- Provided clients with program planning expertise for specialized services, including oncology, home health, hospice, skilled nursing, cardiac catheterization, psychiatric and rehabilitation services.
- Served on the Technical Advisor Committee (TAC) for Perinatal Hospital Services of the Georgia Health Strategies Counsel.

CONSULTANT **APRIL 1992 - JUNE 1994**
Fowler Healthcare Affiliates *Atlanta, GA*

- Provided consulting services, project support, and data analyses in product line strategic planning engagements for hospitals, nursing homes, and home health agencies. This included development and analysis of hospital discharge data for feasibility studies, demographics for market profiles, demand studies, bed need methodologies and physician manpower studies. Consulting projects included strategies for subacute program development, rehabilitation, oncology, psychiatry, and skilled nursing facilities.
  - Developed utilization forecasting models based on national, regional and institution-specific incidence and use rates.
  - Conducted ongoing industry research and impact analyses regarding current and proposed reimbursement methods.
  - Translated research into development of recommendations for optimal organizational and operational structures for providers.
  - Responded to marketing inquires and pursued sales leads through the drafting of proposals, marketing materials, and articles for submission to trade publications.

ACTING ASSISTANT VICE PRESIDENT — JANUARY 1992 - APRIL 1992
ADMINISTRATIVE RESIDENT — DECEMBER 1990 - JANUARY 1992
Potomac Hospital — *Woodbridge, VA*

- Gained professional, administrative, and management experience in this full-service, not-for-profit community hospital through comprehensive rotations, assignments, and projects designed to turn theoretical concepts into real-world applications.
  - Performed administrative and management duties of Vice President responsible for Admitting, Medical Records, OB/GYN Clinic, Pharmacy, Physical Medicine and Rehabilitation, Physicians Support Services, Social Services, Utilization Review, and Word Processing.
  - Assumed daily management and operating responsibilities of Materials Management, Purchasing, Warehouse, Central Sterile Supplies, Laundry, and Word Processing.
  - Organized and performed hospital-wide activities related to preparations for the Joint Commission on Accreditation of Healthcare Facilities (JCAHO) resulting in accreditation with commendation.
  - Participated as a member of numerous Joint Commission Survey Teams to external organizations.
  - Successfully directed activities resulting in obtaining Medicare PPS psychiatric waiver.
  - Responsible for state Certificate of Public Need (COPN) and related regulatory compliance regarding development of new services and expenditures.
  - Performed several strategic analyses resulting in initiation of new services including fixed-site MRI, cardiac catheterization, and outpatient surgery services.

Education

MASTER OF HEALTH SERVICES ADMINISTRATION
The George Washington University
Washington, D.C.

BACHELOR OF SCIENCE
Virginia Polytechnic Institute
Blacksburg, VA

Professional Affiliations

- American College of Healthcare Executives
- Healthcare Financial Management Association
- Carolina Society for Healthcare Strategy and Market Development
- Georgia Association of Healthcare Executives
- Georgia Society for Health Care Planning and Marketing (former member)
- Virginia Hospital Association (former member)
- Association of Healthcare Administrators of the National Capital Area (former member)

Publications and Seminars

- "State by State Update on CON and Health Planning Laws and Process", Third Southeastern Health Planning Symposium, March 2010
- "A National Overview of Certificate of Need Regulations", Kentucky Society for Healthcare Planning and Marketing, December 2001.
- "The Balanced Budget Act's Impact on Post-Acute Services", Mountain Area Health Education Council, August 2001
- "Financial Implications for Rehab Units and Freestanding Hospitals", Executive Summit on the New Prospective Payment System for Acute Rehab, May 2001.
- "Meeting the Challenges of PPS for Acute Rehabilitation - Practical Tools and Real World Insights", Healthcare Financial Management Association, November 2000.
- "Perfecting the Strategic Planning Process: Planning for Survival in Today's Competitive Healthcare Environment", Iowa Healthcare Financial Management Association, Fall Institute, October 2000.
- "Financial Incentives of Multiple Levels of Care: The Balanced Budget Act's Effect", Healthcare Financial Management Association, November 1999.
- David S. Levitt and Harriet S. Gill, "Managing Minutia: Succeeding Under a Resource-Based Payment System is a Matter of Minutes." *Post Acute Care Strategy Report*, February 1999.
- "Acute Rehabilitation Services: Addressing the next 6 Months", *Rehab Services '99*, January 1999.
- "Renegotiating and Restructuring Supplier Relationships, The Ins and Outs of Contracting, Outsourcing, and Risk-sharing", *GBH Conferences*, November 1998.
- "Tracking the Costs of Care: Long Term Care Information Systems", *Health Information and Management Systems Society*, September 1998.
- "Introduction to Prospective Payment for SNFs", *Colorado Healthcare Association*, July 1998
- "Overview of SNF Prospective Payment", *Institute of Long Term Care Policy*, April 1998.
- "From DRG to RUG" Estimating your new Patient Mix", *Executive Summit on the New Prospective Payment System*, February 1998.
- "Overview of SNF Prospective Payment Systems", *National Association for the Support of Long Term Care*, January 1998, February 1998.
- David S. Levitt and Harriet S. Gill, "Preparing for Governance Tests that Joint Ventures Raise." *Post Acute Care Strategy Report*, October 1996.
- Armand E. Balsano and David S. Levitt, *Subacute Care: Redefining Healthcare*. Published by the American Subacute Care Association, January 1995.
- Subacute Care '95 - *Practical Strategies for Building a Successful Subacute Program*. March 1995.

Joel C. Grice
430 White Falls Drive
Columbia, SC 29212

Education

Master of Science in Biology — 1973
University of South Carolina
Columbia, South Carolina

Bachelor of Science — Major: Biology — 1968
Minor: Psychology
University of South Carolina
Columbia, South Carolina

Work Experience

2008 – Present: Managing Partner
Grice & Whiteside, L.L.C
Columbia, South Carolina

S.C. Health Planning and Certificate of Need Consultants

2000 – 2007: Director, Bureau of Health Facilities and Services Development
South Carolina Department of Health and Environmental Control
Columbia, South Carolina

Responsibilities include supervision of the administration of the State's Certification of Need Program, to include specific decision on projects; supervision of the administration of the State's Medicaid Permit Program; supervision of the development of the State Health Plan; supervision of the administration of the State's Health Care Cooperative Agreements Program; represents the Department at legislative committee and subcommittee hearings regarding Health Regulation issues; as necessary conducts fiscal impact studies on proposed legislation, and drafts legislation when appropriate; and problem resolution/problem solving for the above programs.

1984-2000: Director, Office of Certification of Need
South Carolina Department of Health and Environmental Control
Columbia, South Carolina

Responsibilities include supervision of the review of all Certificate of Need applications in South Carolina for new health facilities and services; supervision of review of exemption and non-applicability determinations for the Certification of Need Program; assists the Bureau Director in making Certificate of Need decisions; assists the Bureau Director in the administration of the Certification of Public Advantage (COPA) Program; coordinates responses to Freedom of Information

Petitioner's Trial Exhibit 070

(FOI) requests for the Bureau of Health Facilities and Services Development; serves as the DHEC contact person regarding public inquiries regarding the Certificate of Need Program.

1981-1984: Planner IV, Division of Certification of Need
South Carolina Department of Health and Environmental Control
Columbia, South Carolina

Responsibilities included senior reviewer for Certificate of Need applications and supervision of the State's Appropriateness Review Program.

1978-1981: Public Health Analyst III, Division of Certification of Need
South Carolina Department of Health and Environmental Control
Columbia, South Carolina

Responsibilities included the review of Certificate of Need applications for new health care facilities and services in South Carolina.

1975-1978: Environmentalist II, Division of Health Licensing
South Carolina Department of Health and Environmental Control
Columbia, South Carolina

Responsibilities included inspection of South Carolina health care facilities to determine if appropriate environmental sanitation standards were met and development of educational programs for food service employees of health care facilities in the state.

1973-1975: Science Teacher
Spring Valley High School
Richland School District No. 2
Columbia, South Carolina

Responsibilities included teaching of five classes of high school biology and chairman of the District's Science Fair.

1968-1971: Science Teacher
Mid-Carolina High School
Newberry County Public Schools
Newberry, South Carolina

Responsibilities included teaching of five classes of high school physical science and faculty sponsor for Future Teachers of America.

Professional Organizations

American Public Health Association
National Environmental Health Association
Member, University Associates , University of South Carolina, Columbia, South Carolina
Member, Cambridge Who's Who

Professional Certification

Registered Sanitarian Credential by National Environmental Health Association