



THE STATE  
of **ALASKA**  
GOVERNOR SEAN PARNELL

**Department of  
Health and Social Services**

Division of Health Care Services  
Certificate of Need Program

350 Main Street, Room 510  
P.O. Box 110660  
Juneau, Alaska 99801-0660  
Main: 907.465.8616  
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November 9, 2012

**Via Email and U.S. Mail**

Surgery Center of Wasilla, LLC  
Attn: Ian Evans, Manager  
3060 N. Lazy Eight Ct.,  
#2-206  
Wasilla, AK 99654

Dear Mr. Evans

Thank you for your letter of September 6, 2012 requesting a determination of whether a certificate of need (CON) is required for construction of an ambulatory surgery center at 303 E. Palmer-Wasilla Hwy. in Wasilla.

I have, after review of the costs estimates and other documentation provided by your organization, determined that a CON is not required based on the following information:

1. The proposed surgical center is a facility that is reviewable by the CON program if the cost of the project exceeds the dollar threshold under AS 18.07.031.
2. The current threshold, as outlined in AS 18.07.031, is \$1,400,000 as of July 1, 2012.
3. Certified costs estimates estimate a total of \$904,948 for the project, of which \$175,460 is for equipment and furnishings and \$729,488 for building and construction costs.

If the project changes and costs related to the construction of the surgical center, as outlined in 7 AAC 07.010, total more than the current CON threshold or if there are changes regarding the size, number of surgical suites, or scope of service, this office must be notified as a CON may be required as a result of these changes.

If you are dissatisfied with this determination, you may request reconsideration under 7 AAC 07.033. A request for reconsideration must be postmarked no later than 30 days after publication of the public notice of the department's determination.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen Lawfer", with a long horizontal flourish extending to the right.

Karen Lawfer  
CON Coordinator