

# STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES  
OFFICE OF THE COMMISSIONER

SARAH PALIN, GOVERNOR

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July 22, 2008

**Certified, Return Receipt Requested**

Dr. Leonard Sisk  
Medical Director  
Imaging Associates of Providence, LLC  
3701 E. Tudor Rd., Suite 205  
Anchorage, Alaska 99507

Dear Dr. Sisk:

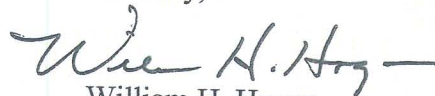
In accordance with A.S. 18.07.031-111 and 7 AAC 07.010-130, I have determined that Imaging Associates of Providence's application to establish an independent diagnostic testing facility with magnetic resonance imaging and computed tomography capability in Anchorage, Alaska has met the applicable certificate of need standards for approval by the State of Alaska Department of Health and Social Services. The approved Certificate of Need is as follows:

***In accordance with A.S. 18.07.031-111 and 7 AAC 07.010-130, Imaging Associates of Providence, LLC is authorized to build out leased space and purchase equipment for an independent diagnostic testing facility in Anchorage, Alaska for a total cost of \$5,440,184. This certificate allows the facility to perform magnetic resonance imaging and computed tomography procedures. A completion date is not applicable for this project since it is already operational.***

The Palmer independent diagnostic testing facility operated by Alaska Imaging Associates of Providence has not met the applicable standards for approval of a Certificate of Need.

A Certificate of Need for the Anchorage independent diagnostic testing facility is enclosed along with a copy of the review document. Under 7 AAC 07.08, if you are dissatisfied with this decision you are entitled to a hearing if the request for a hearing is received in writing by the department no later than 30 days from the date of this letter.

Sincerely,



William H. Hogan  
Commissioner

Attachment: Certificate  
CON Review