

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF HEALTH CARE SERVICES
HEALTH PLANNING AND SYSTEMS DEVELOPMENT

SEAN PARNELL, GOVERNOR

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February 15, 2011

J. Thomas Grissom, M.D.
3066 Meridian Park Loop Suite #1
Wasilla, AK 99654

Dear Dr. Grissom:

Thank you for your recent request for determination regarding a proposed ambulatory surgery center in Wasilla.

I am requesting some additional information before the Department can make a determination with regards to the Certificate of Need program:

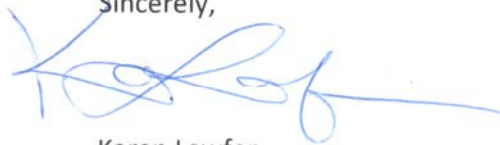
1. You presented a contract between yourself and Dr. Robert Martin. In order to assess costs for The purpose of a Certificate of Need determination, the equipment listed in items #1-5 need to be assessed at fair market value less depreciated costs, regardless of your purchase cost. Please provide me, if possible, the original purchase price and age of each of these items to determine the current value of the equipment.
2. You presented a cost estimate from Surgery Center Services of America (SCSA) with a number of items circled and totaled along with a number of items not circled and totaled. While it is apparent that the items that are circled and totaled are for consideration in the cost of this project, please give an explanation with regard to the items that are not circled or totaled in the SCSA estimate.

Finally, you presented the Department with a list of annual costs for disposables. These items are not used for purposes of determination in the total cost of a project for the Certificate of Need program and will not be used in the calculation for this project.

Once I receive the additional information the Department will be able to make a determination with regard to your proposed ambulatory surgery center in Wasilla.

I thank you for your time and attention to this matter.

Sincerely,



Karen Lawfer,
CON Coordinator