Certificate of Need Application

FOR

SAINT FRANCIS MEDICAL CENTER - DAVINCI XI ROBOTIC SURGICAL SYSTEM

On Behalf Of

Saint Francis Medical Center

Project # 5481 HS

Submitted to:

Missouri Health Facilities Review Committee

June 30, 2017

Submitted by:
Richard D. Watters
Richard W. Hill, III
Attorneys At Law
Lashly & Baer, P.C.
714 Locust Street
St. Louis, MO 63101

Certificate of Need Program

NEW OR ADDITIONAL EQUIPMENT APPLICATION

Applicant's Completeness Checklist and Table of Contents

Project Name: Saint Francis Medical Center DaVinci Xi Robotic Surgical System

Project No: 5481 HS

Project Description: Purchase of DaVinci Xi Surgical System

Done	Page	N/A	Description
			Divider I. Application Summary:
☑	3	☐	1. Applicant Identification and Certification (Form MO 580-1861).
☑	4-5	☐	2. Representative Registration (Form MO 580-1869).
☑	6-13	☐	3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.
			Divider II. Proposal Description:
☑	7-15	☐	1. Provide a complete detailed project description and include equipment bid quotes.
☑	18	☐	2. Provide a legible city or county map showing the exact location of the project.
☑	15	☐	3. Define the community to be served.
☑	15	☐	4. Provide 2020 population projections for the proposed geographic service area.
☑	15-16	☐	5. Provide other statistics to document the size and validity of any user-defined geographic service area.
☑	16	☐	6. Identify specific community problems or unmet needs the proposal would address.
☑	17	☐	7. Provide historical utilization for each of the past three years and utilization projections through the first three full years of operation of the new equipment.
☑	17	☐	8. Provide the methods and assumptions used to project utilization.
☑	17,21	☐	9. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
☑	22-29	☐	10. Provide copies of any petitions, letters of support or opposition received.
			Divider III. Community Need Criteria and Standards:
☐	___	☑	1. For new units address the need formula for the proposed geographic service area.
☐	___	☑	2. For new units, address the minimum annual utilization standard for the proposed geographic service area.
☑	31	☐	3. For any new unit where specific need and utilization standards are not listed, provide the methodology for determining need.
☐	___	☑	4. For additional units, document compliance with the optimal utilization standard, and if not achieved, provide documentation to justify the additional unit.
			5. For evolving technology address the following:
☐	___	☑	- Medical effects as described and documented in published scientific literature;
☐	___	☑	- The degree to which the objectives of the technology have been met in practice;
☐	___	☑	- Any side effects, contraindications or environmental exposures;
☐	___	☑	- The relationships, if any, to existing preventive, diagnostic, therapeutic or management technologies and the effects on the existing technologies;
☐	___	☑	- Food and Drug Administration approval;
☐	___	☑	- The need methodology used by this proposal in order to assess efficacy and cost impact of the proposal; and
☐	___	☑	- The degree of partnership, if any, with other institutions for joint use and financing.
			Divider IV. Financial Feasibility Review Criteria and Standards:
☑	35-37	☐	1. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.
☑	38-39	☐	2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three full years beyond project completion.
☑	34	☐	3. Document how patient charges were derived.
☑	40-55	☐	4. Document responsiveness to the needs of the medically indigent.

DIVIDER I

APPLICATION SUMMARY

DIVIDER I. APPLICATION SUMMARY

1. **Applicant Identification and Certification (Form MO 580-1861)**

   See attached.

2. **Representative Registration (Form 580-1869)**

   See attached.

3. **Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.**

   See attached.

Certificate of Need Program

APPLICANT IDENTIFICATION AND CERTIFICATION

*The information provided must match the **Letter of Intent** for this project, without exception.*

1. Project Location *(Attach additional pages as necessary to identify multiple project sites.)*

Title of Proposed Project	Project Number
Saint Francis Medical Center - daVinci Xi Robotic Surgical System	5481 HS
Project Address *(Street/City/State/Zip Code)*	County
211 Saint Francis Drive, Cape Girardeau, Missouri 63703	Cape Girardeau

2. Applicant Identification *(Information must agree with previously submitted Letter of Intent.)*

List All Owner(s): *(List corporate entity.)*	Address (Street/City/State/Zip Code)	Telephone Number
Saint Francis Medical Center	211 Saint Francis Drive, Cape Girardeau, Missouri 63703	573-331-3000

List All Operator(s): *(List entity to be licensed or certified.)*	Address (Street/City/State/Zip Code)	Telephone Number
Saint Francis Medical Center	211 Saint Francis Drive, Cape Girardeau, Missouri 63703	573-331-3000

3. Ownership *(Check applicable category.)*

- ☑ Nonprofit Corporation
- ☐ Individual
- ☐ City
- ☐ District
- ☐ Partnership
- ☐ Corporation
- ☐ County
- ☐ Other_____

4. Certification

In submitting this project application, the applicant understands that:

(A) The review will be made as to the community need for the proposed beds or equipment in this application;
(B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within the service area;
(C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute;
(D) A CON shall be subject to forfeiture for failure to incur an expenditure on any approved project six (6) months after the date of issuance, unless obligated or extended by the Committee for an additional six (6) months:
(E) Notification will be provided to the CON Program staff if and when the project is abandoned; and
(F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee.

We certify the information and date in this application as accurate to the best of our knowledge and belief by our representative's signature below:

5. Authorized Contact Person *(Attach a Contact Person Correction Form if different from the Letter of Intent.)*

Name of Contact Person		Title
Richard D. Watters		Attorney
Telephone Number	Fax Number	E-mail Address
314-621-2939	314-621-6844	rdwatters@lashlybaer.com
Signature of Contact Person		Date of Signature
Richard D. Watters		6/28/17

MO 580-1861 (03/13)

Certificate of Need Program

REPRESENTATIVE REGISTRATION

*(A registration form must be completed for **each** project presented.)*

Project Name	Number
Saint Francis Medical Center - daVinci Xi Robotic Surgical System	5481 HS

(Please type or print legibly.)

Name of Representative	Title
Richard D. Watters	Attorney

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)	Telephone Number
Lashly & Baer, P.C.	314-621-2939

Address (Street/City/State/Zip Code)

714 Locust Street, St. Louis, MO 63101

Who's interests are being represented?
(If more than one, submit a separate Representative Registration Form for each.)

Name of Individual/Agency/Corporation/Organization being Represented	Telephone Number
Saint Francis Medical Center	573-331-3000

Address (Street/City/State/Zip Code)

211 Saint Francis Drive, Cape Girardeau, Missouri 63703

Check one. Do you:

- ☑ Support
- ☐ Oppose
- ☐ Neutral

Relationship to Project:

- ☐ None
- ☐ Employee
- ☑ Legal Counsel
- ☐ Consultant
- ☐ Lobbyist
- ☐ Other (explain):

Other Information:

I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: *Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in § 105.478, RSMo.*

Original Signature	Date
Richard Watters	6/28/17

MO 580-1869 (11/01)

Certificate of Need Program

REPRESENTATIVE REGISTRATION

*(A registration form must be completed for **each** project presented.)*

Project Name	Number
Saint Francis Medical Center - daVinci Xi Robotic Surgical System	5481 HS

(Please type or print legibly.)

Name of Representative	Title
Richard W. Hill, III	Attorney

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)	Telephone Number
Lashly & Baer, P.C.	314-621-2939

Address (Street/City/State/Zip Code)

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Name of Individual/Agency/Corporation/Organization being Represented	Telephone Number
Saint Francis Medical Center	573-331-3000

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- ☑ Support
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- ☐ Neutral

Relationship to Project:

- ☐ None
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- ☐ Lobbyist
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Original Signature	Date
	6/28/17

MO 580-1869 (11/01)

Certificate of Need Program

PROPOSED PROJECT BUDGET

Description	Dollars
COSTS:*	*(Fill in every line, even if the amount is "$0".)*
1. New Construction Costs ***	$0
2. Renovation Costs ***	$0
3. Subtotal Construction Costs (#1 plus #2)	$0
4. Architectural/Engineering Fees	$0
5. Other Equipment (not in construction contract)	$77,520
6. Major Medical Equipment	$2,221,405
7. Land Acquisition Costs ***	$0
8. Consultants' Fees/Legal Fees ***	$0
9. Interest During Construction (net of interest earned) ***	$0
10. Other Costs ***	$8,000
11. Subtotal Non-Construction Costs (sum of #4 through #10	$2,306,925
12. Total Project Development Costs (#3 plus #11)	$2,306,925 **
FINANCING:	
13. Unrestricted Funds	$2,306,925
14. Bonds	$0
15. Loans	$0
16. Other Methods (specify)	$0
17. Total Project Financing (sum of #13 through #16)	$2,306,925 **

18. New Construction Total Square Footage	
19. New Construction Costs Per Square Foot *****	
20. Renovated Space Total Square Footage	
21. Renovated Space Costs Per Square Foot ******	

* *Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs.*

** *These amounts should be the same.*

*** *Capitalizable items to be recognized as capital expenditures after project completion.*

**** *Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.*

***** *Divide new construction costs by total new construction square footage.*

****** *Divide renovation costs by total renovation square footage.*

INTUITIVE SURGICAL®

Taking surgical precision beyond the limits of the human hand

Intuitive Surgical, Inc.
1266 Kifer Road
Sunnyvale, CA 94086
800-876-1310

Quote Details

Quote ID	84544.0
Quote Date	6/21/2017
Valid Until	6/30/2017
Sales Rep	Mark Plunkett
Phone Number	1(314) 922-3878
Email	Mark.Plunkett@intusurg.com

Company Information

Hospital Name	St. Francis Medical Center
NS ID / IDN Affiliation	13439/St. Francis Medical Center
Address	211 St. Francis Dr
City, State, Zip	Cape Girardeau, MO, 63703-5049
Contact Name	
Telephone	

Please submit orders electronically via GHX or fax to 408-523-2377

Items

Part Number	Qty	Item	Price	Subtotal
da Vinci Systems				
	1	da Vinci® Xi® System One (1): da Vinci® Xi™ System Surgeon Console One (1): da Vinci® Xi™ System Patient Cart One (1): da Vinci® Xi™ System Vision Cart da Vinci® Xi™ System Documentation including: User's Manual For System User's Manual for Instruments and Accessories One (1) da Vinci® Xi™ Cleaning & Sterilization Kit Two (2) da Vinci® Xi™ Instrument Release Kit (IRK) da Vinci® Xi™ System Software Instrument and Accessories including: Accessory Starter Kit Two (2): Box of 6: 8 mm Bladeless Obturator One (1): 8 mm Blunt Obturator Four (4): Box of 10: 5 mm - 8 mm Universal Seal Four (4): 8 mm Cannula Three (3): Monopolar Energy Instrument Cord Three (3): Bipolar Energy Instrument Cord One (1): Box of 3: da Vinci® Xi™ Gage Pin Three (3): 8 mm Instrument Introducer One (1): Box of 10: Tip Cover for Hot Shears™ (MCS) One (1): Pmed Cable, Covidien Force Triad ESU Drapes Two (2): Pack of 20 da Vinci® Xi™ Arm Drape One (1): Pack of 20 da Vinci® Xi™ Column Drape Vision Equipment: Two (2): da Vinci® Xi™ Endoscope with Camera, 8 mm 0 degree Two (2): da Vinci® Xi™ Endoscope with Camera, 8 mm 30 degree Four (4): da Vinci® Xi™ Endoscope Sterilization Tray Training Instrument Starter Kit One (1): Large Needle Driver One (1): ProGrasp™ Forceps One (1): Maryland Bipolar Forceps One (1): Hot Shears™ (Monopolar Curved Scissors) One (1): Tip-Up Fenestrated Grasper One (1): Mega™ SutureCut™ Needle Driver (all kits subject to change without notice)	$1,900,000.00	$1,900,000.00
da Vinci System Upgrades				
	1	da Vinci® Xi® Skills Simulator Equipment List: One (1) Skills Simulator Unit One (1) Blue Fiber Cable One (1) Audio Cable Warranty 1 Year from Acceptance Date If customer has enabled OnSite™ on its da Vinci Surgical System, then for a three (3) year period after shipment of the da Vinci Xi™ Skills Simulator ("Xi Simulator"), customer is entitled to receive all software updates that are made without cost to other customers of the Xi Simulator. Any software upgrades, enhancements, or updates that are made generally available to other Xi Simulator customers for a fee will be offered to customer at Intuitive's then-current list prices. Failure to enable OnSite may delay or prevent Intuitive from providing any upgrades, updates, or enhancements for the Xi Simulator to customer.	$85,000.00	$85,000.00

	1	da Vinci® Xi® Integrated Table Motion Upgrade Upgrade includes: - Table Connection hardware module for patient cart - Integrated Table Motion software Upgrade Note: Integrated Table Motion requires connection to a Trumpf Medical TruSystem 7000dV operating table for feature use. The TruSystem 7000dV operating table is sold and serviced by Trumpf Medical.	$50,000.00	$50,000.00
Freight				
	1	System Freight - Central (AR, IA, IL, KS, LA, MN, MO, ND, NE, OK, SD, TX, WI)	$8,000.00	$8,000.00
Total				**$2,043,000.00**

Service				
Part Number	Qty	Item	Price	Subtotal
	1	da Vinci® Xi® dVComplete Care Plan (single console) Years 2-5, per year	$154,000.00	$154,000.00
	1	da Vinci Year One System Service (Included in System Fee unless an amount is listed)	$0.00	$0.00

Leasing Terms
Leasing options are available through Intuitive Surgical or another designated financer on systems and select upgrades. Please contact your Intuitive representative for additional details.

Terms and Conditions

1) System Terms and Conditions:

1.1 A signed Sales, License, and Service Agreement ("SLSA") or equivalent is required prior to shipment of the System(s). All site modifications and preparation are the Customer's responsibility and are to be completed to the specification given by Intuitive Surgical prior to the installation date. Delivery is subject to credit approval. Payment terms are net 30 days from Intuitive Surgical's invoice date. Each System includes the patient side cart, vision cart, and surgeon console(s). System enhancements required to support new features may be purchased at Intuitive Surgical's then current list price. The price of the da Vinci® Surgical System includes the initial installation of the System at Customer's facility and a one (1) year warranty for manufacture defect. All taxes and shipping charges are the responsibility of the Customer and will be added to the invoice, as appropriate.

1.2 Intuitive makes no representation with regard to Certificate of Need requirements for this purchase. It is your (the Customer's) responsibility to determine whether this purchase complies with your State's Certificate of Need laws and what Certificate of Need filing, if any, needs to be made with regard to this purchase.

1.3 Customer acknowledges that the cleaning and sterilization equipment, not provided by Intuitive, is required to appropriately reprocess da Vinci instruments and endoscopes. Please refer to the Reprocessing Instructions Part #557085. Customer is responsible for ensuring that its' cleaning and sterilization program comply with all health and safety requirements.

2) System Upgrade Terms and Conditions:

2.1 A signed Purchase Order and/or an addendum to the existing Sales, License, and Service Agreement ("SLSA") is required prior to shipment of the System upgrade. All site modifications and preparation are the Customer's responsibility and are to be completed with the specification given by Intuitive Surgical prior to the installation date.

2.2 Payment terms are net 30 days from Intuitive Surgical's invoice date. The price includes: the System upgrade, the initial installation at Customer's facility and a one (1) year warranty for manufacture defect. All taxes and shipping charges are the responsibility of the Customer and will be added to the invoice, as appropriate. Delivery is subject to credit approval and inventory availability. Standard shipping terms are FCA from Intuitive Surgical™ warehouse. A $9.95 handling charge will be applied for any shipments using a customer designated carrier.

3) I&A Terms and Conditions:

3.1 To place an order, please fax Purchase Order to Intuitive Surgical Customer Service at 408-523-2377 or submit through the Global Health Exchange (GHX). Payment Terms Net 30 Days from invoice date. Delivery is subject to credit approval by Intuitive Surgical. Estimated 2-Day standard delivery. Standard shipping terms are FCA from Intuitive Surgical™ warehouse and are subject to inventory availability. Pricing is subject to applicable shipping costs and taxes. Pricing is subject to change without notice. A $9.95 handling charge will be applied for any shipments using a customer designated carrier.

4) Return Goods Policy :

4.1 All returns must be authorized through Intuitive Surgical Customer Service, please call 800-876-1310 to obtain a Return Material Authorization Number (RMA#). All items must be accompanied with valid RMA# for processing and are requested to be received within 14 days of issuance or the RMA could be subject to cancellation. Intuitive Surgical will prepay for the return of the defective instruments. Upon identification of a defective instrument, please call Intuitive Surgical Customer Service within 5 business days. Prior to returning to Intuitive Surgical, items must be cleaned and decontaminated in accordance with the then current local environmental and safety laws and standards. For all excess inventory returns, items are required to be in the original packaging with no markings, seals intact, and to have been purchased within the last 12 months. Package excess returned inventory in a separate shipping container to prevent damage to original product packaging.

5) Exchange Goods Policy :

5.1 Repairs to Endoscope, Camera Head and Skills Simulators may qualify for Intuitive Surgical advanced exchange program. Please contact Customer Service or send email to CustomerSupport-ServiceSupport@intusurg.com to obtain information on our current exchange program.

6) Credit Policy :

6.1 Intuitive Surgical will issue credit against original purchase order after full inspection is complete. Credit for defective returns: Intuitive Surgical will issue credit on products based on failure analysis performed and individual warranty terms. For instruments, credit will be issued for the remaining lives, plus one additional life to compensate for usage at the time the issue was identified. Evidence of negligence, misuse and mishandling will not qualify for credit. Credit for excess inventory returns: Excess Inventory returns will be valued at the invoice price less a 15% restocking fee. Original packaging must be unmarked, undamaged and seals intact to qualify for credit. Credit will be issued if the products were shipped less than 12 months prior to return request, the original package is intact and the product is within expiration date. Intuitive Surgical will retain all returned product.

7) Miscellaneous :

7.1 Warranty: Warranties are applied for manufacturing defects. Endoscope, Camera, Simulator, and System upgrades – 1 year warranty. Accessories – 90 day warranty. Instruments: see above for credit.

7.2 Any term or condition contained in your purchase order or similar forms which is different from, inconsistent with, or in addition to these terms shall be void and of no effect unless agreed to in writing and signed by your authorized representative and authorized representative of Intuitive Surgical.

The terms and conditions of this quote, including pricing, are confidential and proprietary information of Intuitive Surgical and shall not be disclosed to any third party without the consent of Intuitive Surgical.

For questions please contact Customer Service at 800-876-1310

INTUITIVE SURGICAL®

da Vinci Xi SURGICAL SYSTEM

Intuitive Surgical, Inc.
1266 Kifer Road
Sunnyvale, CA 94086
800-876-1310

Taking surgical precision beyond the limits of the human hand

Quote Details

Quote ID	82229.0
Quote Date	6/21/2017
Valid Until	6/30/2017
Sales Rep	Mark Plunkett
Phone Number	1(314) 922-3878
Email	Mark.Plunkett@intusurg.com

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Contact Name	
Telephone	

Please submit orders electronically via GHX or fax to 408-523-2377

Items

Part Number	Qty	Item	Uses	Units	Price	Subtotal
8MM Endowrist Instruments						
470179	4	Hot Shears™ Monopolar Curved Scissors	10	1	$3,200.00	$12,800.00
470205	4	Fenestrated Bipolar Forceps	10	1	$2,700.00	$10,800.00
470172	4	Maryland Bipolar Forceps	10	1	$2,700.00	$10,800.00
470318	4	Small Graptor™ Grasping Retractor	10	1	$2,400.00	$9,600.00
470309	3	Mega™ SutureCut™ Needle Driver	10	1	$2,400.00	$7,200.00
470006	6	Large Needle Driver	10	1	$2,200.00	$13,200.00
470093	4	ProGrasp™ Forceps	10	1	$2,200.00	$8,800.00
470347	2	Tip-Up Fenestrated Grasper	10	1	$2,200.00	$4,400.00
470230	2	Large Clip Applier	100	1	$1,400.00	$2,800.00
8MM - 12MM Reusable Accessory						
470004	4	8mm Cannula Long	-	1	$650.00	$2,600.00
470002	8	8mm Cannula	-	1	$600.00	$4,800.00
470009	1	8mm Blunt Obturator Long	-	1	$590.00	$590.00
470008	2	8mm Blunt Obturator	-	1	$550.00	$1,100.00
8MM - 12MM Disposable Accessory						
400180	1	Tip Cover Accessory - 10 Units/Box (used with Monopolar Curved Scissors)	1	10	$200.00	$200.00
470361	4	5mm - 8mm Universal Seal 10 Units/Box	1	10	$180.00	$720.00
470357	2	8mm Bladeless Obturator 6 Units/Box	1	6	$150.00	$300.00
470358	1	8mm Bladeless Obturator Long 6 Units/Box	1	6	$150.00	$150.00
Vision System/Accessory						
470027	1	8mm Endoscope with Camera 30°	-	1	$25,000.00	$25,000.00
470026	1	8mm Endoscope with Camera 0°	-	1	$25,000.00	$25,000.00
Cables						
470383	1	Monopolar Energy Instrument Cord	-	1	$270.00	$270.00
470384	1	Bipolar Energy Instrument Cord	-	1	$270.00	$270.00
Advanced Instruments						
381251	1	da Vinci® Xi® EndoWrist® Stapler System Starter Kit • Two of PN 470298 EndoWrist® Stapler 45 Instrument • One of PN 410370 EndoWrist Stapler Sheath • Two of PN 470443 EndoWrist® Stapler Cannula Kit (Includes: One of P/N 470376 EndoWrist® 12 mm & Stapler Blunt Obturator, One of P/N 470375 EndoWrist® 12 mm & Stapler Cannula) • One of PN 470380 12 mm & Stapler Cannula Seal • Two of PN 470381 EndoWrist® 12 - 8 mm Cannula Reducer • One of PN 381250-T EndoWrist Stapler In-Service Kit * Starter Kit provides 5 initial firings free of charge for training purposes	-	1	$17,995.00	$17,995.00
480322	1	Vessel Sealer 6 Units/Box	1	6	$3,570.00	$3,570.00
48645W	1	EndoWrist® Stapler 45 White Reload 12 Units/Box	1	12	$2,160.00	$2,160.00
48445G	2	EndoWrist® Stapler 45 Green Reload 12 Units/Box	1	12	$2,160.00	$4,320.00
48645B	2	EndoWrist® Stapler 45 Blue Reload 12 Units/Box	1	12	$2,160.00	$4,320.00
Disposable System Accessory						
470015	2	Arm Drape 20 Units/Box	1	20	$1,040.00	$2,080.00
470341	1	Column Drape 20 Units/Box	1	20	$360.00	$360.00

Sterilization						
400490	2	Endoscope Sterilization Tray	-	1	$1,100.00	$2,200.00
Total						$178,405.00

Terms and Conditions

1) System Terms and Conditions:

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3.1 To place an order, please fax Purchase Order to Intuitive Surgical Customer Service at 408-523-2377 or submit through the Global Health Exchange (GHX). Payment Terms Net 30 Days from invoice date. Delivery is subject to credit approval by Intuitive Surgical. Estimated 2-Day standard delivery. Standard shipping terms are FCA from Intuitive Surgical™ warehouse and are subject to inventory availability. Pricing is subject to applicable shipping costs and taxes. Pricing is subject to change without notice. A $9.95 handling charge will be applied for any shipments using a customer designated carrier.

4) Return Goods Policy :

4.1 All returns must be authorized through Intuitive Surgical Customer Service, please call 800-876-1310 to obtain a Return Material Authorization Number (RMA#). All items must be accompanied with valid RMA# for processing and are requested to be received within 14 days of issuance or the RMA could be subject to cancellation. Intuitive Surgical will prepay for the return of the defective instruments. Upon identification of a defective instrument, please call Intuitive Surgical Customer Service within 5 business days. Prior to returning to Intuitive Surgical, items must be cleaned and decontaminated in accordance with the then current local environmental and safety laws and standards. For all excess inventory returns, items are required to be in the original packaging with no markings, seals intact, and to have been purchased within the last 12 months. Package excess returned inventory in a separate shipping container to prevent damage to original product packaging.

5) Exchange Goods Policy :

5.1 Repairs to Endoscope, Camera Head and Skills Simulators may qualify for Intuitive Surgical advanced exchange program. Please contact Customer Service or send email to CustomerSupport-ServiceSupport@intusurg.com to obtain information on our current exchange program.

6) Credit Policy :

6.1 Intuitive Surgical will issue credit against original purchase order after full inspection is complete. Credit for defective returns: Intuitive Surgical will issue credit on products based on failure analysis performed and individual warranty terms. For instruments, credit will be issued for the remaining lives, plus one additional life to compensate for usage at the time the issue was identified. Evidence of negligence, misuse and mishandling will not qualify for credit. Credit for excess inventory returns: Excess Inventory returns will be valued at the invoice price less a 15% restocking fee. Original packaging must be unmarked, undamaged and seals intact to qualify for credit. Credit will be issued if the products were shipped less than 12 months prior to return request, the original package is intact and the product is within expiration date. Intuitive Surgical will retain all returned product.

7) Miscellaneous :

7.1 Warranty: Warranties are applied for manufacturing defects. Endoscope, Camera, Simulator, and System upgrades – 1 year warranty. Accessories – 90 day warranty. Instruments: see above for credit.

7.2 Any term or condition contained in your purchase order or similar forms which is different from, inconsistent with, or in addition to these terms shall be void and of no effect unless agreed to in writing and signed by your authorized representative and authorized representative of Intuitive Surgical.

The terms and conditions of this quote, including pricing, are confidential and proprietary information of Intuitive Surgical and shall not

be disclosed to any third party without the consent of Intuitive Surgical.

For questions please contact Customer Service at 800-876-1310

Trumpf Medical
1046 Legrand Blvd.
Charleston, SC 29492
843-534-0606

Intuitive
Sample Quote
New Xi Purchase

QUOTE

Quote #	TRUQ1495-03
Sales Rep	Alasdair Owen
Issue Date	05/05/16
Expiration	06/04/16

Item	Qty	Catalog #	Description	List Price	Sale Price	Ext Sale Price
			New daVinci Xi Purchase			
1	1	111916	TruSystem 7000dV Package	$114,000.00	$77,520.00	$77,520.00
			Includes: Double Joint Head Section, Short Leg Section, 2 dV Remote Controls, Charging Cable, Pads and dV Connection Cable			
			Accessories include 2 Armboards with pads, Lightweight Transfer Board, 1 Universal Arm Support, 1 Component Cart, 1 Patient Restraint Strap			
			The da Vinci Xi Surgical System requires a purchased upgrade to enable Integrated Table Motion. Please contact Intuitive Surgical for more information.			
1.1	1	111920	dV SmartCare Complete+ 2 Years (Exclusive for NEW dV Sales) 2 Year comprehensive service coverage to include all necessary software updates to enable and sustain ITM, and 2 PM's at 12 and 24 months	$7,175.00	$0.00	$0.00

Total List Price	$121,175.00
Total Sale Price	**$77,520.00**

000013

DIVIDER II

PROPOSAL DESCRIPTION

DIVIDER II. PROPOSAL DESCRIPTION

1. Provide a complete detailed project description and include equipment bid quotes.

Saint Francis Medical Center ("Applicant") seeks a Certificate of Need to purchase a daVinci Xi robotic surgery system. The device will be installed in the Applicant's hospital. The initial targeted services that will be performed on the daVinci robot platform include: general surgery, colorectal, renal, and gynecologic. The Applicant currently offers robotic surgery services on its daVinci SI systems; however, these systems lack the ability to access all four quadrants of the abdomen. The purchase and installation of the daVinci Xi system at the Applicant's hospital will make this technology available to patients, and enable patients to continue to receive the high level care they have come to expect from Applicant.

Further, the daVinci Xi system allows procedures that are traditionally performed in an open environment to be performed in a minimally invasive fashion. The daVinci Xi system allows 4-quadrant access and utilizes advanced technology to address complexities in colorectal, gynecologic, urology, thoracic, and general surgery applications.

2. Provide a legible city or county map showing the exact location of the proposed facility.

See attached.

3. Define the community to be served.

The Applicant evaluated its existing patient population and determined that the community to be served includes patients in Bollinger, Butler, Cape Girardeau, Carter, Dunklin, Iron, Madison, Mississippi, New Madrid, Pemiscot, Perry, Reynolds, Ripley, Scott, St. Francois, Ste. Genevieve, Stoddard, and Wayne Counties. Please see the attached service area map.

4. Provide 2020 population projections for the proposed geographic service area.

The 2020 population projection for the proposed geographic service area is a total population of 456,013.

5. Provide other statistics to document the size and validity of any user-defined geographic service area.

The 2020 population projections for the counties in the proposed geographic service area are as follows:

Bollinger – 12,683
Butler – 43,000

Cape Girardeau – 81,754
Carter – 6,302
Dunklin – 30,487
Iron – 9,429
Madison – 12,894
Mississippi – 13,289
New Madrid – 16,359
Pemiscot – 17,206
Perry – 20,160
Reynolds – 6,599
Ripley – 14,422
Scott – 39,553
St. Francois – 70,831
Ste. Genevieve – 18,444
Stoddard – 29,794
Wayne – 12,807

6. Identify specific community problems or unmet needs the proposal would address.

The Applicant constantly strives to provide outstanding patient care, which is the reason why it seeks to purchase the daVinci Xi surgery system. As set forth above, patients have come to expect a high level of care from Applicant, and the purchase of this daVinci Xi system will allow greater access to robotic surgery services, and would benefit the community by allowing the Applicant to offer 4-quadrant access services with various benefits, such as:

(a) Lower rates of complications, blood loss, and transfusions;
(b) Shorter time in the intensive care unit and/or shorter hospital stays;
(c) Lower hospital readmission rates;
(d) Quicker return of body-system functions;
(e) Reduced risk of infection;
(f) Lower levels of post-operative pain;
(g) Reduction in post-operative narcotics use;
(h) Increased patient satisfaction; and,
(i) Smaller incisions for minimal scarring.[1]

1 *See* "da Vinci® Surgery - Coronary Bypass (Revascularization) Surgery" daVinci Surgery, http://davincisurgery.com/da-vinci-cardiac/revascularization.php (Accessed 6/26/2017); "da Vinci® Hysterectomy (Benign)" daVinci Surgery, http://davincisurgery.com/da-vinci-gynecology/hysterectomy_benign.php (Accessed 6/26/2017); "da Vinci Colon Surgery (Colectomy)" daVinci Surgery, http://davincisurgery.com/da-vinci-colorectal/da-vinci-colectomy.php (Accessed 6/26/2017); "da Vinci® Surgery" daVinci Surgery, http://davincisurgery.com/da-vinci-colorectal/da-vinci-rectal-resection.php (Accessed 6/26/2017); "da Vinci® Hernia Surgery" daVinci Surgery, http://davincisurgery.com/da-vinci-general-surgery/da-vinci-hernia-surgery.php (Accessed 6/26/2017); "da Vinci® Single-Site® Surgery: An Almost Scarless Procedure" da Vinci Surgery, http://davincisurgery.com/da-vinci-gynecology/single_site_hysterectomy_benign.php (Accessed 6/26/2017); "da Vinci® Hysterectomy: Cancer Surgery" da Vinci Surgery, http://davincisurgery.com/da-vinci-gynecology/hysterectomy_cancer.php (Accessed 6/26/2017); "da Vinci® Cystectomy (Bladder Cancer)" da Vinci Surgery, http://davincisurgery.com/da-vinci-urology/da_vinci_cystectomy.php (Accessed 6/26/2017).

7. **Provide historical utilization for each of the past three (3) years and utilization projections through the first three (3) full years of operation of the new equipment.**

2015 – 502
2016 – 443
2017 – 460
First Year Post New Equipment – 520
Second Year Post New Equipment – 572
Third Year Post New Equipment – 630

8. **Provide the methods and assumptions used to project utilization.**

The utilization projections are based on historical volumes and trends specific to surgeons that have utilized the Applicant's existing robotic surgery system or will utilize the daVinci Xi system, increased conservatively for expected demand.

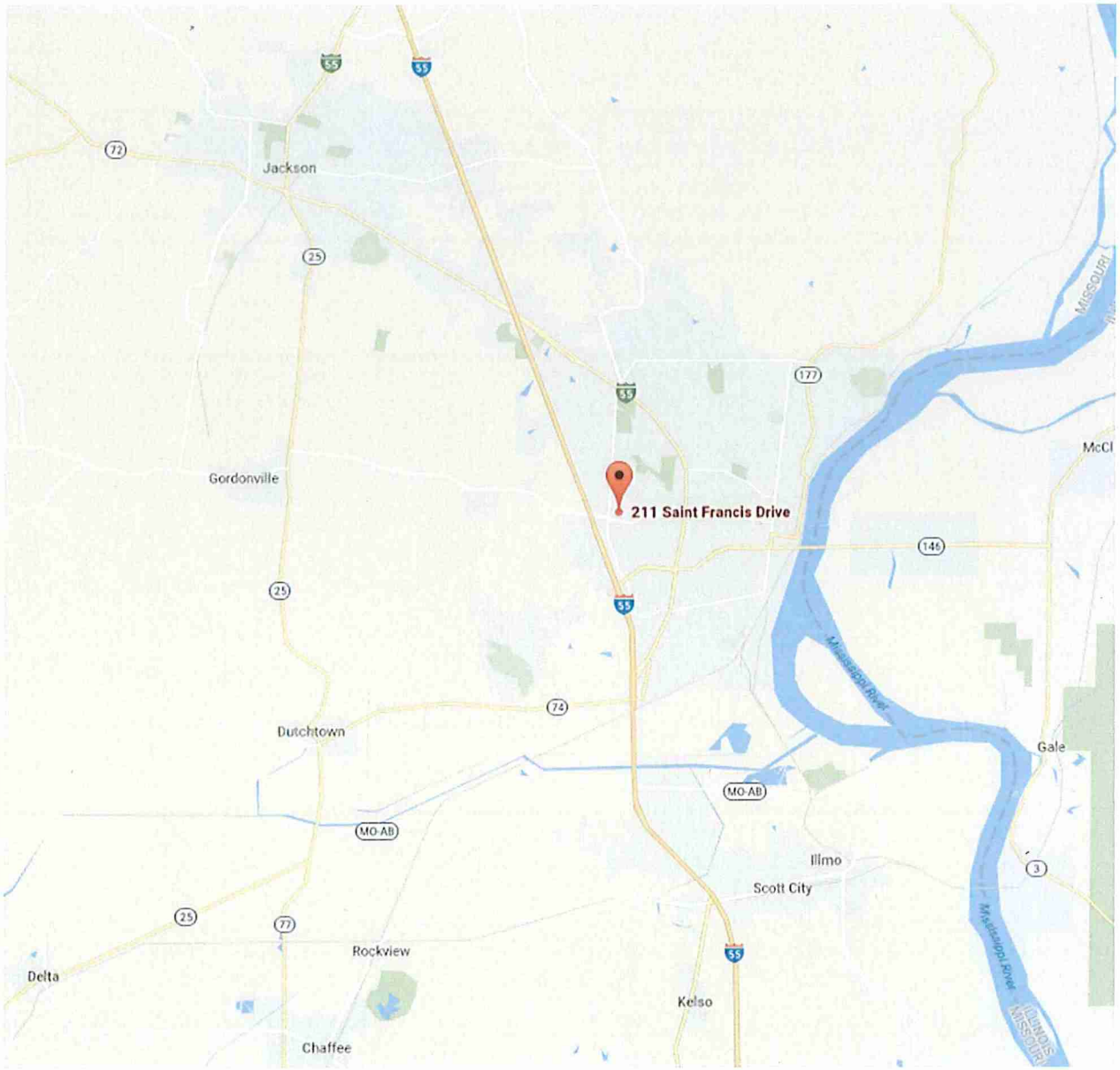
9. **Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.**

An advertisement was included in the June 28, 2017 edition of the Southeast Missourian. Please see the attached ad proof.

10. **Provide copies of any petitions, letters of support or opposition received.**

See attached. The Applicant shall forward any additional letters as it receives them.

Map Showing Location of Facility



Missouri Counties

2020 Population Projections

County	Total Pop.
Bollinger	12,683
Butler	43,000
Cape Girardeau	81,754
Carter	6,302
Dunklin	30,487
Iron	9,429
Madison	12,894
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Pemiscot	17,206
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Reynolds	6,599
Ripley	14,422
Scott	39,553
St. Francois	70,831
Ste. Genevieve	18,444
Stoddard	29,794
Wayne	12,807
Totals	**456,013**

NOTICE

Saint Francis Medical Center is seeking Certificate of Need approval from the Missouri Health Facilities Review Committee to purchase a daVinci surgical robot for its hospital at 211 Saint Francis Drive, Cape Girardeau, Missouri 63703. Comments should be addressed to Richard D. Watters, 714 Locust Street, St. Louis, Missouri 63101.

(June 28, 2017)(450952)

CAPITOL OFFICE
MISSOURI STATE SENATE, ROOM 225
JEFFERSON CITY, MO 65101
TELEPHONE: (573) 751-2459
WWW.SENATE.MO.GOV/WALLINGFORD

DISTRICT OFFICE
P.O. BOX 514
CAPE GIRARDEAU, MO 63702
WAYNE.WALLINGFORD@SENATE.MO.GOV

MISSOURI SENATE

JEFFERSON CITY

WAYNE WALLINGFORD
27TH DISTRICT

June 27, 2017

Karla Houchins
Program Coordinator
Certificate of Need Program
3418 Knipp Drive, Suite F
Jefferson City, MO 65102

RE: Saint Francis Medical Center – daVinci Xi Robotic Surgical System
Project No. 5481 HS

Dear Ms. Houchins,

I am writing this letter in support of Saint Francis Healthcare System's ("Saint Francis") application for a Certificate of Need to add a Da Vinci Xi surgical robot. Saint Francis submitted this application due to its need to keep pace with rapidly improving technology. The Xi enhances the surgeons' capabilities to perform major cases without opening the abdomen offering the patient a shorter recovery period with fewer postoperative complications.

Although Saint Francis has existing robots, they are not capable of the recent advances in dexterity particularly important for colon surgery. These procedures now have to be performed with a large open incision. It is also my understanding that this robot with its increased technological capability will be beneficial in other cancer surgeries such as gynecological and prostate. This robot will assist Saint Francis in containing cost through readmission reduction, lower complication rate, a decrease in conversion rates from laparoscopic surgery to open incision surgery, and a decrease in the patient length of stay.

Saint Francis and its physicians have been very responsive to the medical needs of our region. In 2005, Saint Francis formed an exclusive local affiliation with MD Anderson Physicians Network to give local credentialed physicians access to evidence-based treatment protocols and processes developed by MD Anderson Cancer Center. Saint Francis serves patients from 18 Southeast Missouri counties and has outreach clinics in Perryville, Sikeston, and Dexter.

I respectfully request this application for a Certificate of Need be approved to improve outcomes and reduce complications for patients seeking treatment with Saint Francis.

Sincerely,

Wayne Wallingford
State Senator, District 27

CAPITOL OFFICE

State Capitol Building
201 W Capitol Ave, Room 115-C
Jefferson City, MO 65101-6806

Tele: (573) 751-1443
E-Mail: kathryn.swan@house.mo.gov

COMMITTEES

Chair
Elementary and Secondary Education

Member
Budget
Fiscal Review
Subcommittee on Appropriations-Health, Mental Health, and Social Services
Legislative Task Force on Dyslexia
Joint Committee on Education

MISSOURI HOUSE OF REPRESENTATIVES

Kathryn Swan

State Representative
District 147

June 7, 2017

Karla Houchins
Program Coordinator
Certificate of Need Program
3418 Knipp Drive
Suite F
Jefferson City, MO 65102

RE: ***Saint Francis Medical Center – daVinci Xi Robotic Surgical System***
Project No. 5481 HS

Dear Ms. Houchins,

Please accept this letter in support of Saint Francis Healthcare System's ("Saint Francis") application for a Certificate of Need to add a Da Vinci Xi surgical robot. Saint Francis submitted this application due to its need to keep pace with rapidly improving technology. The Xi enhances the surgeons' capabilities to perform major cases without opening the abdomen offering the patient a shorter recovery period with fewer postoperative complications.

Although Saint Francis has existing robots, they are not capable of the recent advances in dexterity particularly important for colon surgery. These procedures now have to be performed with a large open incision. It is also my understanding that this robot with its increased technological capability will be beneficial in other cancer surgeries such as gynecological and prostate. This robot will assist Saint Francis in containing cost through readmission reduction, lower complication rate, a decrease in conversion rates from laparoscopic surgery to open incision surgery, and a decrease in the patient length of stay.

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I respectfully request this application for a Certificate of Need be approved to improve outcomes and reduce complications for patients seeking treatment with Saint Francis.

Please feel free to contact my office if you have any questions or if we may be of further assistance.

Sincerely,

Representative Kathryn Swan
District 147
Missouri House of Representatives

June 23, 2017

Missouri Health Facilities Review Committee
Certificate of Need Program
Missouri Department of Health & Senior Services
P.O. Box 570
Jefferson City, MO 65102

Dear Review Committee:

This letter is written in support of Saint Francis Medical Center's Certificate of Need application to acquire a daVinci Xi robotic surgery system. I request your favorable consideration of Saint Francis Medical Center's application to acquire the new system in order to provide healthcare treatment in a manner that is high quality, low cost, and close to home for the Medical Center's patients.

I believe this acquisition will be a positive addition at Saint Francis Medical Center. This addition will increase the capability of performing complex procedures in the area of general surgery, urology, and gynecology. As a physician that utilizes the current robotic system at Saint Francis, the daVinci XI system will allow us to offer minimally invasive surgery to more patients due to the increased visualization capabilities of the system. Additionally, I believe we will continue to experience improved outcomes with the new daVinci Xi system.

I urge you to approve Saint Francis Medical Center's application for the daVinci Xi robotic surgery system. Thank you for your consideration.

Sincerely,

Ronald M. Richmond, M.D.
Section of General Surgery

/pgl

June 23, 2017

Missouri Health Facilities Review Committee
Certificate of Need Program
Missouri Department of Health & Senior Services
P.O. Box 570
Jefferson City, MO 65102

Dear Review Committee:

This letter is written in support of Saint Francis Medical Center's Certificate of Need application to acquire a daVinci Xi robotic surgery system. I request your favorable consideration of Saint Francis Medical Center's application to acquire the new system in order to provide healthcare treatment in a manner that is high quality, low cost, and close to home for the Medical Center's patients.

I believe this acquisition will be a positive addition at Saint Francis Medical Center. This addition will increase the capability of performing complex procedures in the area of general surgery, urology, and gynecology. As a physician that utilizes the current robotic system at Saint Francis, the daVinci XI system will allow us to offer minimally invasive surgery to more patients due to the increased visualization capabilities of the system. Additionally, I believe we will continue to experience improved outcomes with the new daVinci Xi system.

I urge you to approve Saint Francis Medical Center's application for the daVinci Xi robotic surgery system. Thank you for your consideration.

Sincerely,

Gregg S. Hallman, M.D.
Section of Urology

/pgl

June 23, 2017

Missouri Health Facilities Review Committee
Certificate of Need Program
Missouri Department of Health & Senior Services
P.O. Box 570
Jefferson City, MO 65102

Dear Review Committee:

This letter is written in support of Saint Francis Medical Center's Certificate of Need application to acquire a daVinci Xi robotic surgery system. I request your favorable consideration of Saint Francis Medical Center's application to acquire the new system in order to provide healthcare treatment in a manner that is high quality, low cost, and close to home for the Medical Center's patients.

I believe this acquisition will be a positive addition at Saint Francis Medical Center. This addition will increase the capability of performing complex procedures in the area of general surgery, urology, and gynecology. As Department Chairperson for surgery, I believe this acquisition will be a positive addition at Saint Francis Medical Center. This system will allow us to offer minimally invasive surgery to more patients due to the increased visualization capabilities of the system. Additionally, I believe we will continue to experience improved outcomes with the new daVinci Xi system.

I urge you to approve Saint Francis Medical Center's application for the daVinci Xi robotic surgery system. Thank you for your consideration.

Sincerely,

James Outman III, D.O.
Department Chairperson of Surgery

/pgl

June 23, 2017

Missouri Health Facilities Review Committee
Certificate of Need Program
Missouri Department of Health & Senior Services
P.O. Box 570
Jefferson City, MO 65102

Dear Review Committee:

This letter is written in support of Saint Francis Medical Center's Certificate of Need application to acquire a daVinci Xi robotic surgery system. I request your favorable consideration of Saint Francis Medical Center's application to acquire the new system in order to provide healthcare treatment in a manner that is high quality, low cost, and close to home for the Medical Center's patients.

I believe this acquisition will be a positive addition at Saint Francis Medical Center. This addition will increase the capability of performing complex procedures in the area of general surgery, urology, and gynecology. As a physician that utilizes the current robotic system at Saint Francis, the daVinci XI system will allow us to offer minimally invasive surgery to more patients due to the increased visualization capabilities of the system. Additionally, I believe we will continue to experience improved outcomes with the new daVinci Xi system.

I urge you to approve Saint Francis Medical Center's application for the daVinci Xi robotic surgery system. Thank you for your consideration.

Sincerely,

W. Ray Sillman, M.D.
Section of General Surgery

/pgl

June 23, 2017

Missouri Health Facilities Review Committee
Certificate of Need Program
Missouri Department of Health & Senior Services
P.O. Box 570
Jefferson City, MO 65102

Dear Review Committee:

This letter is written in support of Saint Francis Medical Center's Certificate of Need application to acquire a daVinci Xi robotic surgery system. I request your favorable consideration of Saint Francis Medical Center's application to acquire the new system in order to provide healthcare treatment in a manner that is high quality, low cost, and close to home for the Medical Center's patients.

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I urge you to approve Saint Francis Medical Center's application for the daVinci Xi robotic surgery system. Thank you for your consideration.

Sincerely,

Kevin Bartow, M.D.
Section of General Surgery

/pgl

DIVIDER III

SERVICE SPECIFIC CRITERIA AND STANDARDS

DIVIDER III. SERVICE SPECIFIC CRITERIA AND STANDARDS

1. **For new units address the need formula for the proposed geographic service area.**

   Not applicable. There is no need formula for robotic surgery systems.

2. **For new units, address the minimum annual utilization standard for the proposed geographic service area.**

   Not applicable. There are no utilization standards for robotic surgery systems.

3. **For any new unit where specific need and utilization standards are not listed, provide the methodology for determining need.**

   The Applicant determined its need to add the daVinci Xi robotic surgery system based upon physician request. As compared to other surgical techniques, the daVinci Xi system offers the ability to perform complex multi-quadrant procedures, greater anatomical access (which translates to more efficient workflow), and higher definition 3D vision for superior surgical capability. The purchase and installation of the daVinci system in the Applicant's hospital will make robotic surgery technology more available to patients, reduce wait times, and enable patients to continue to receive the high level care they have come to expect from Applicant.

4. **For additional units, document compliance with the optimal utilization standard, and if not achieved, provide documentation to justify the additional unit.**

   Not applicable. There are no optimal utilization standards for robotic surgery systems.

5. **For evolving technology address the following:**

   - **Medical effects as described and documented in published scientific literature;**

     Not applicable.

   - **The degree to which the objectives of the technology have been met in practice;**

     Not applicable.

   - **Any side effects, contraindications or environmental exposures;**

     Not applicable.

- **The relationships, if any, to existing preventive, diagnostic, therapeutic or management technologies and the effects on the existing technologies;**

  Not applicable.

- **Food and Drug Administration approval;**

  Not applicable.

- **The need methodology used by this proposal in order to assess efficacy and cost impact of the proposal; and,**

  Not applicable.

- **The degree of partnership, if any, with other institutions for joint use and financing.**

  Not applicable.

DIVIDER IV

FINANCIAL FEASIBILITY REVIEW CRITERIA AND STANDARDS

DIVIDER IV. FINANCIAL FEASIBILITY REVIEW CRITERIA AND STANDARDS

1. **Document that sufficient financing is available by providing a letter from a financial institution or an auditors statement indicating that sufficient funds are available.**

   See attached.

2. **Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) full years beyond project completion.**

   See attached.

3. **Document how patient charges are derived.**

   Patient charges were derived based on Applicant's historical charges from its existing robotic surgery unit and Medicare reimbursement principles.

4. **Document responsiveness to the needs of the medically indigent.**

   See attached policy.

Kerber, Eck & Braeckel LLP

CPAs and
Management Consultants

1116 W. Main Street
Carbondale, IL 62901-2335
ph 618.529.1040
fax 618.549.2311
www.kebcpa.com

INDEPENDENT AUDITORS' REPORT

Board of Directors
Saint Francis Medical Center
Cape Girardeau, Missouri

Report on the Financial Statements

We have audited the accompanying financial statements of Saint Francis Medical Center (a nonprofit health care entity) which comprise the statements of financial position as of June 30, 2016 and 2015, and the related statements of activities, changes in financial position and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Other Locations

Belleville, IL • Litchfield, IL • Springfield, IL • Cape Girardeau, MO • St. Louis, MO • Milwaukee, WI • Columbia, IL

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Saint Francis Medical Center as of June 30, 2016 and 2015, and the results of its activities, changes in financial position, and its cash flows for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise Saint Francis Medical Center's basic financial statements. The statistical section is presented for purposes of additional analysis and is not a required part of the basic financial statements. The statistical section has not been subjected to the auditing procedures applied in the audit of the basic financial statements and, accordingly, we do not express an opinion or provide any assurance on it.

Kerber, Eck + Braeckel LLP

Carbondale, Illinois
September 29, 2016

SAINT FRANCIS MEDICAL CENTER

STATEMENTS OF FINANCIAL POSITION

June 30

ASSETS

	2016	2015
CURRENT ASSETS		
Cash and cash equivalents	$ 55,683,979	$ 89,888,727
Assets whose use is limited (Note D)	671,942	1,578,684
Accounts receivable		
Patient, less estimated uncollectibles of $61,400,000 in 2016 and $54,700,000 in 2015	66,581,295	61,048,824
Supplies	11,180,815	11,015,861
Prepaid expenses	7,069,585	8,578,790
Total current assets	141,187,616	172,110,886
ASSETS WHOSE USE IS LIMITED (Note D)		
Trusteed bond funds	4,150,959	3,243,178
By board designation	367,645,505	365,441,783
	371,796,464	368,684,961
INTEREST IN NET ASSETS OF SAINT FRANCIS FOUNDATION	2,176,875	1,855,289
PROPERTY AND EQUIPMENT, AT COST (Notes E)	348,688,901	305,873,065
OTHER ASSETS		
Deferred financing costs	1,868,047	2,004,659
Intangible assets, net of accumulated amortization	9,615,114	3,774,854
	11,483,161	5,779,513
	$ 875,333,017	$ 854,303,714

LIABILITIES AND NET ASSETS

	2016	2015
CURRENT LIABILITIES		
Current maturities of long-term debt (Note F)	$ 4,360,000	$ 4,205,000
Accounts payable		
Trade	23,027,097	23,738,799
Third-party reimbursement programs (Note C)	30,846,862	32,941,136
Accrued liabilities		
Payroll and related expenses	25,622,956	28,679,940
Interest	644,982	638,819
Estimated professional liability insurance deductibles (Note K)	6,668,365	6,019,523
Total current liabilities	91,170,262	96,223,217
LONG-TERM DEBT (Note F)	189,031,331	194,031,507
Total liabilities	280,201,593	290,254,724
COMMITMENTS AND CONTINGENCIES (Notes F, H and K)		
NET ASSETS - Unrestricted	595,131,424	564,048,990
	$ 875,333,017	$ 854,303,714

The accompanying notes are an integral part of these statements.

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Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: Saint Francis Medical Center - DaVinci Xi Robotic Surgical System **Project #:** 5481 HS

Historical Financial Data for Latest Three Full Years plus Projections Through Three Full Years Beyond Project Completion

Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.	Year 2015	Year 2016	Year 2017
Amount of Utilization:*	502	443	460
Revenue:			
Average Charge**	$56,680	$65,159	$68,352
Gross Revenue	$28,453,360	$28,865,437	$31,441,920
Revenue Deductions	18,284,280	18,791,746	20,973,385
Operating Revenue	10,169,080	10,073,691	10,468,535
Other Revenue	0	0	0
TOTAL REVENUE	**$10,169,080**	**$10,073,691**	**$10,468,535**
Expenses:			
Direct Expenses			
Salaries	933,288	842,950	864,024
Fees	308,000	308,000	308,000
Supplies	1,280,974	1,484,937	1,543,140
Other	1,578,015	1,434,328	1,535,264
TOTAL DIRECT	$4,100,277	$4,070,215	$4,250,428
Indirect Expenses			
Depreciation	473,623	473,623	473,623
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	1,291,180	1,289,126	1,405,297
TOTAL INDIRECT	$1,764,803	$1,762,749	$1,878,920
TOTAL EXPENSES	**$5,865,080**	**$5,832,964**	**$6,129,348**
NET INCOME (LOSS):	**$4,304,000**	**$4,240,727**	**$4,339,187**

*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

**Indicate how the average charge/procedure was calculated.

***Only on long term debt, not construction.

****Indicate how overhead was calculated.

Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: Saint Francis Medical Center - Da Vinci Xi Robotic Surgical System **Project #:** 5481 HS

Historical Financial Data for Latest Three Full Years plus Projections Through Three Full Years Beyond Project Completion

Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.	Year 1	Year 2	Year 3
Amount of Utilization:*	520	572	630
Revenue:			
Average Charge**	$70,403	$72,515	$74,690
Gross Revenue	$36,609,560	$41,478,580	$47,054,700
Revenue Deductions	24,776,643	28,462,371	32,736,870
Operating Revenue	11,832,917	13,016,209	14,317,830
Other Revenue	0	0	0
TOTAL REVENUE	**$11,832,917**	**$13,016,209**	**$14,317,830**
Expenses:			
Direct Expenses			
Salaries	885,624	907,765	930,459
Fees	308,000	462,000	462,000
Supplies	1,787,866	1,966,653	2,217,401
Other	1,787,418	2,025,144	2,294,489
TOTAL DIRECT	$4,768,908	$5,361,562	$5,904,349
Indirect Expenses			
Depreciation	504,994	536,366	536,366
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	1,636,106	1,853,708	2,100,251
TOTAL INDIRECT	$2,141,100	$2,390,074	$2,636,617
TOTAL EXPENSES	**$6,910,008**	**$7,751,636**	**$8,540,966**
NET INCOME (LOSS):	**$4,922,909**	**$5,264,573**	**$5,776,864**

*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

**Indicate how the average charge/procedure was calculated.

***Only on long term debt, not construction.

****Indicate how overhead was calculated.

Saint Francis Medical Center Policy and Procedures

Section: **ADMINISTRATIVE**	Originating Department: **BUSINESS OFFICE**	Effective Date: **09/09/1997**
Title: **Financial Assistance Program**		Executive Approval: **STEVEN C.BJELICH**
Date of Med. Exec. Committee Approval (If Applicable): **N/A**	Originator: **BRENDA HANLE**	
Required by (Agency): **INTERNAL REVENUE SERVICE**		

POLICY: To provide financial assistance to qualified patients for emergency and medically necessary care provided by members of Saint Francis Medical Center ("SFMC").

GOAL: To identify by written application, presumptive charity assessment, or payor source those patients who meet specific guidelines for financial assistance.

SCOPE OF PROGRAM:

To ensure financial assistance to patients who are indigent and demonstrate an inability to pay for services provided. This program reflects SFMC's tradition as a Catholic institution and our commitment to serving the health care needs of our community, by offering discounts of Uninsured, Presumptive Charity, and Charity. A list of providers that are covered by this program is attached, and available at www.sfmc.net, or available in hardcopy upon in-person request, or by mailed request to Business Office, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, MO, 63703. This program shall apply to: (a) all facility charges by SFMC; (b) all professional charges for emergency or medically necessary services performed at SFMC's hospital facility by those providers covered under this program; and, (c) all charges for emergency or medically necessary services performed at the provider office locations (i.e., physician offices) of those providers covered under this program, except for Piedmont Physician Associates (which shall utilize its own program).

SFMC's policy is to provide emergency and medically necessary services to patients without regard to race, creed, or ability to pay. Subject to the terms and conditions set forth below, uninsured patients who do not have the means to pay for services provided at SFMC's hospital facility may request to be considered for awards of financial assistance under this program.

Patients that qualify for this program shall only be charged an amount equivalent to the amounts generally charged to individuals with insurance ("AGB"), as determined by the "look back" method described in 26 C.F.R. § 1.501(r)-5(b)(3). For CY 2016, this amount shall be 25% of SFMC's gross charges.

The definition of uninsured patient is a patient or guarantor: (a) without health insurance for services furnished during the current year; or (b) without health insurance for the services furnished by SFMC (i.e., the service furnished by SFMC is not included in the individual's health benefits coverage through a health insurer, and for which there is no other legally liable third party).

Saint Francis Medical Center Policy and Procedures

1. All uninsured patients of SFMC shall be eligible for financial assistance, in an amount specified below, upon verification that the patient is uninsured. No application shall be required for any financial assistance offered under this Section.
2. All uninsured patients receiving services at SFMC will receive a discount of 75% from gross charges.
3. In the event that an uninsured patient does not pay those amounts specified under this Section, SFMC may take those actions as specified under its Credit and Collections Policy, located at www.sfmc.net, or available in hardcopy upon in-person request, or by mailed request to Business Office, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, MO, 63703.
4. SFMC shall provide written notice to the patient of his or her qualification for financial assistance under this Section, how to apply for CHARITY financial assistance, and an application for CHARITY financial assistance.
5. In the event that the patient is later found to possess insurance coverage or Third Party Liability coverage, The Uninsured Discount will be reversed, and the patient's insurance provider will be billed pursuant to SFMC's regular billing policies at the insurance provider's contracted discount.

PRESUMPTIVE CHARITY

1. Any patient shall be eligible for financial assistance under this Section upon qualification under SFMC's presumptive scoring program, in an amount specified below. No application shall be required for any financial assistance offered under this Section.
2. All self-pay accounts will be processed through a presumptive scoring program to determine if they qualify for assistance, taking into consideration the patient's: household income; marital status; employment; estimate of household size; and, estimate of residential value.
3. If the patient qualifies for presumptive charity assistance, the patient account will be reduced to zero (i.e., the patient will not be charged for any medical care delivered by SFMC). Any and all collections and or legal proceedings will cease upon approval.
4. If the patient does not meet the qualifications of this Section, set forth above, SFMC may take those actions specified under its Credit and Collections Policy, located at www.sfmc.net, or available in hardcopy upon in-person request, or by mailed request to Business Office, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, MO, 63703.
5. Financial assistance under this Section will only be provided after insurance benefits have been exhausted.

CHARITY:

1. Charity Guidelines:
   a. Any patient that provides documentation that their taxable income is at or below **200%** of the national poverty guidelines (according to family size published by the United States Department of Health and Human Services) and that their assets are less than $50,000, excluding principal residence and personal vehicle, will be provided medical care at no cost. Patients must submit an application and necessary documentation to verify their qualification with the requirements of this Section.
   b. Documentation needed:

i. Complete copies of the most current Federal Income Tax return including all attached schedules/forms for all applicants or IRS verification of non-filing. Also acceptable is a Social Security / Disability benefits statement. When these documents are unattainable an Income Verification Letter from an employer will be accepted.

ii. Current and complete bank statements for all accounts – summary not acceptable.

c. If SFMC determines that a patient is eligible for financial assistance under this Section after SFMC has initiated collection proceedings under its Credit and Collections Policy, such collection proceeding shall cease and be reversed (i.e., removing adverse information from credit reports), and the patient will be eligible for assistance under this Section.

d. Financial assistance may be granted for rendered service or anticipated future services.

e. Approval or Denial will remain in force for the remainder of the current calendar year following SFMC's determination.

f. Financial assistance under this Section will only be provided after insurance benefits have been exhausted.

g. If the patient does not meet the qualifications of this Section, set forth above, SFMC may take those actions specified under its Credit and Collections Policy, located at www.sfmc.net, or available in hardcopy upon in-person request, or by mailed request to Business Office, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, MO, 63703.

2. Charity Process:

a. An application for financial assistance under this Section shall be provided to patient upon in-person request, by mailed request to Business Office, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, MO, 63703, and it may also be accessed on SFMC's website at www.sfmc.net.

b. A completed application for financial assistance under this Section must be returned to SFMC's Business Office, located at Business Office, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, MO, 63703.

c. Upon receipt of a patient's application for financial assistance, SFMC shall suspend any collection proceedings as specified in its Credit and Collections Policy.

d. A patient who has applied for financial assistance under this Section will be notified of SFMC's decision regarding the patient's eligibility by mail.

e. The amount due from patient will be reduced to zero upon SFMC's receipt and approval of a patient's application for financial assistance under this Section. Funds received from patients prior to approval will be refunded or returned if the amount exceeds $5.49.

f. An incomplete application will be returned to the patient with instructions as to how to fully complete the application, as well as a description of any additional, required information needed by SFMC in order to determine the patient's eligibility.

g. SFMC's Business Office is available to provide information regarding the FAP or to assist patients with the SFMC application process, and may be reached at (573) 331-5182 or (573) 331-5256.

PUBLICATION

1. Copies of this program, a plain language version of this program, and any application for financial assistance under this program shall be available at SFMC's www.sfmc.net, or available

in hardcopy upon in-person request, or by mailed request to Business Office, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, MO, 63703.

2. A plain language version of this program shall be offered to patients as part of the discharge process.
3. A conspicuous notice regarding this program; the availability of financial assistance under this program; copies of this program, a plain language version of this program, and any application for financial assistance under this program shall be available at SFMC's website at www.sfmc.net.
4. A conspicuous notice regarding this program and a telephone number of the SFMC department that can provide assistance with this program shall be placed on all billing statements issued by SFMC.

Reviewed Date: 06/2000, 04/2010, 02/2011, 01/28/2013, 2/3/15
Revised Date: 04/13/06, 05/11/06, 05/08, 10/03/2008, 10/03/2008, 05/09, 07/2011, 02/20/2012, 01/01/2014, 04/30/2014, 09/12/2014, 10/06/2014, 2/3/15, 05/20/15, 07/27/15, 11/04/2015,12/15/16, 01/26/17
Approved:
Steven C. Bjelich, FACHE-D
President & CEO

OSHA Category III

/cc

* * * END OF POLICY * * *

MEDICAL PARTNERS

Anesthesiology

Cape Anesthesia Group
211 Saint Francis Drive
Cape Girardeau, MO 63703
573-331-5150

Anesthesiologists:
David Babcock, DO, DABA
Stephen M. Brennan, MD, DABA
Jason Conway, MD
C. Michele Decker, MD, DABA
Robert J. Gile, MD, DABA
Scott Kernan, MD, DABA
Kurt Lancaster, DO, DABA
Eric M. Nelson, MD, DABA
Jason D. Oberle, MD, DABA
Cliff C. Peda, MD, DABA
Jeffrey S. Steele, MD, DABA, DAPTE
Marc E. Young, DO, DABA

Bariatric Surgery

Weight Loss Solutions
211 Saint Francis Drive
Cape Girardeau, MO 63703
573-331-3993

Bariatric Surgeons:
Carson Cunningham, MD
Ryan A. LeGrand, MD

Cancer – Gynecologic

Cape Gynecologic Oncology
211 Saint Francis Drive
Cape Girardeau, MO 63703
573-331-5515

Gynecologic Oncologist:
Joseph H. Jacob, MD, FACOG, FACS

Cancer – Medical

Cape Medical Oncology
211 Saint Francis Drive, Suite 372
Cape Girardeau, MO 63703
573-331-5525

Medical Oncologist:
Mark A. Meadors, DO

Medical Oncologists/Hematologists:
Olivia Aranha, MD, PhD
Carlos Robles, MD
Prem Sobti, MD

Cancer – Radiation

Cape Radiation Oncology
211 Saint Francis Drive
Cape Girardeau, MO 63703
573-334-2230

Sikeston Radiation Oncology
1124 N. Main Street
Sikeston, MO 63801
573-471-1765

Radiation Oncologists:
Benjamin D. Goodman, DO
Emily L. Militzer, MD
Tapan Roy, MD, FACR

Cardiac Surgery

Cape Thoracic & Cardiovascular Surgery
3250 Gordonville Road, Suite 358
Cape Girardeau, MO 63703
573-331-3155

Cardiothoracic Surgeons:
Edward M. Bender, MD, FACS
Bruce A. Jones, MD, FACS

Vascular Surgeons:
Joseph Mayo Jr., MD, FACS
Colleen J. Moore, MD, FACS, RPVI

Cardiology

Cape Cardiology Group
211 Saint Francis Drive, Suite 15
Cape Girardeau, MO 63703
573-331-3333

Cardiologist:
Joseph C. Dwyer, MD, FACC

Cardiologist/Electrophysiologist:
Sandra S. McCearley, MD

Cardiologist/Echocardiologist:
Rebecca L. Smith, MD, FACC, FASE

Interventional Cardiologists:
Paul H. Holcomb Jr., MD, FACC, FSCAI
Steven Joggerst, MD
William K. LaFoe, MD, FACC, FSCAI
Duc T. Nguyen, DO
Clifford R. Talbert Jr., MD, FACC

Diabetes/Endocrinology

Cape Diabetes and Endocrinology
211 Saint Francis Drive
Cape Girardeau, MO 63703
573-339-8718

Endocrinologists:
Ahmad Z. Sheikh, MD, FACE, ECNU, CCD
Phenu Zachariah, DO

Ear, Nose and Throat

Cape ENT Group
150 S. Mount Auburn Road, Suite 420
Cape Girardeau, MO 63703
573-335-4448

Otolaryngologists:
D. Curtis Coonce, MD, FACS
Adam S. Morgan, MD
Marc A. Sachs, MD

Emergency Medicine

211 Saint Francis Drive
Cape Girardeau, MO 63703
573-331-5110

Emergency Medicine Physicians:
Chad Armstrong, DO
Brendon Gelford, MD
M. Kevin Hammond, MD, FACEP
Michael Killen, MD, FACEP
R. Joe Leckie, DO
Justin W. Morgan, MD
Sara Nowicki, DO
Charles H. Pancoast, MD
Kirti Patel, MD
Steven D. Rothert, MD
David Schnur, DO
Teena L. Sharrock, MD
Timothy N. Thomas, DO
Jeffrey Umfleet, DO, FACOEP, FACEP

Gastroenterology

Cape Gastroenterology Specialists
28 S. Mount Auburn Road
Cape Girardeau, MO 63703
573-331-3350

Gastroenterologists:
Michael R. Freeman, MD
Rafid J. Hussein, DO
Wilfred Lee, MD
Wilson P. Pais, MD, MBA, FACP, FRCP

Hospitalists

211 Saint Francis Drive
Cape Girardeau, MO 63703
573-331-5770

Internal Medicine Hospitalists:
Michael Dodd, DO
Bindu Finnell, MD
Michael S. Flaim, DO
Nefretiti Garrison-North, MD
Meera Krishnan, MD
Stephen Miinch, DO
Gretchen E. Price, DO
Andrew Ralls, DO
Kellie Rogers, DO
Matthew D. Shepard, MD
Reena A. Thomas, MD

Internal Medicine/Pediatric Hospitalists:
Karin L. Barnes, MD, FAAP
J. Christopher Bauer, MD
Ryan M. Davis, MD
Devika R. Nagaraj, MD

Inpatient Rehabilitation

211 Saint Francis Drive
Cape Girardeau, MO 63703
573-331-5811

Physical Medicine and Rehabilitation Physician:
Heidi J. Hunter, MD

Neonatology

Cape Neonatology Specialists
211 Saint Francis Drive
Cape Girardeau, MO 63703
573-331-5504

Neonatologists:
Laura E. Al-Sayed, MD, FAAP
Alan R. Barnette, MD, FAAP
Karlyle K. Christian-Ritter, MD, FAAP

Neurology

Cape Neurology Specialists
3004 Gordonville Road
Cape Girardeau, MO 63703
573-332-1972

Sikeston Neurology Specialists
807 N. Main St.
Sikeston, MO 63801
573-472-1321

Neurologists:
Andrew Godbey, MD, MSPH
Sisira Yadala, MD

Poplar Bluff Neurology Specialists
2210 Barron Road, Suite 112
Poplar Bluff, MO 63901
573-785-0889

Neurologist:
Shahid K. Choudhary, MD

Neurosurgery

Cape Spine & Neurosurgery
150 S. Mount Auburn Road, Suite 342
Cape Girardeau, MO 63703
573-331-5677

Neurosurgeons:
Kaywan (Kev) Gamadia, DO
Brandon J. Scott, DO

Cape Neurosurgical Associates
150 S. Mount Auburn Road, Suite 320
Cape Girardeau, MO 63703
573-339-0900

Neurosurgeons:
Joel W. Ray, MD, FACS
David G. Yingling, MD

Obstetrics/Gynecology

Cape Care for Women
150 S. Mount Auburn Road, Suite 318
Cape Girardeau, MO 63703
573-339-1166

Obstetricians/Gynecologists:

Ann E. Behrend-Uhls, MD, FACOG
Wendi M. Carns, MD, FACOG
Jessica H. Lemmons, MD, FACOG
Sara A. Lorenz, MD, FACOG
Grant D. McWilliams, DO, FACOG
Kimberly K. Roos, MD, FACOG

Occupational Medicine

Cape Occupational Medicine
211 Saint Francis Drive
Cape Girardeau, MO 63703
573-331-5388

Occupational Medicine Physicians:
Glen E. Cooper, DO, MPH, MRO
Dennis J. Straubinger, DO, MPH, MRO

Pain Management

Pain Management Center
211 Saint Francis Drive
Cape Girardeau, MO 63703
573-331-5329

Anesthesiologist:
Andrew F. Walker, MD, DABA

Pain Management Specialist:
Carmen N. Keith, MD

Perinatology

Cape Perinatology Services
150 S. Mount Auburn Road, Suite 369
Cape Girardeau, MO 63703
573-331-5511

Perinatologist:
Naomi L. Wahl, MD, FACOG

Primary Care

Cape Pediatric Group
35 Doctors Park
Cape Girardeau, MO 63703
573-334-9498

Pediatrician:
Gary S. Olson, MD, FAAP, FCP

Cape Physician Associates
3250 Gordonville Road, Suite 301
Cape Girardeau, MO 63703
573-334-9641

Family Practice Physician:
Matthew B. Schumer, MD

Internal Medicine Physicians:
Robert W. Dodson, MD
Michael T. Jedlinski, MD, FACP
Deborah D. Price, DO, FACOI
Jay D. Willey, MD

Internal Medicine Physician/Pediatrician:
Sarah A. Aydt, MD, FAAP, FACP

Pediatricians:
Beverly L. Brown, MD, FAAP
Jean Diemer, MD, FAAP
James E. Hoffman, DO, FAAP
Andrew Sledd, MD, FAAP

Rheumatologists:
Nevidita Nagam, MD
Amjad Roumany, MD
Philip W. Taylor, MD, FACP

Cape Primary Care
1702 N. Kingshighway
Cape Girardeau, MO 63701
573-339-0483

Family Practice Physicians:
Janna R. Crosnoe, MD
Erica E. Gibson, MD
Philip E. Tippen, MD
Sandra Zakroff, MD

Internal Medicine Physician/Pediatrician:
Joy L. LeDoux Johnson, MD

Family Nurse Practitioners:
Kimberly A. Keser, DNP, APRN, FNP-BC
Dolores J. McDowell, APRN, FNP-BC

Charleston Family Care
400 S. Main Street
Charleston, MO 63834
573-683-3739

Family Practice Physician:
Robert L. Robbins Jr., DO

Farmington Physician Associates
515 Maple Valley Drive
Farmington, MO 63640
573-760-7920

Family Practice Physicians:
Brett M. Dickinson, MD
William D. Johnson, DO
Karl D. Killion, DO
Rustico A. Ramos, MD
Dennis Sumski, DO

Internal Medicine Physician:
Carla Prince, MD

Jackson Family Care
545 Broadridge Drive
Jackson, MO 63755
573-243-8408

Family Practice Physicians:
Kennett D. Asher, DO, CMD
Laura E. Glueck, DO

Jackson Physician Associates
2130 E. Jackson Blvd.
Jackson, MO 63755
573-243-3115

Family Practice Physician:
Ramiro Icaza, MD

Kneibert Clinic
686 Lester Street
Poplar Bluff, MO 63901
573-686-2411

Family Practice Physicians:
Gary W. Dausmann, MD
Wendell H. Elliott, MD
Edith S. Hickey, MD
Michael D. Roach, DO
Kirby L. Turner, MD
James W. Wilkerson, MD

Internal Medicine Physicians:
Charles R. Lawson, MD
Kenneth C. Li, MD
Navid S. Siddiqui, MD
Prem K. Varma, MD

Pediatricians:
R. Kingsley Bost, MD
Rebecca J. Pinchoff, MD

Pediatrician/Endocrinologist:
Shaun A. Ross, MD

Psychiatrist/Behavioral Health Physician:
Naveed J. Mirza, MD

Physicians Park Primary Care
225 Physicians Park Drive, Suite 400
Poplar Bluff, MO 63901
573-727-5500

Family Practice Physicians:
Christopher Montgomery, MD
Gilbert Smith, MD

Internal Medicine Physicians:
F. Michael Caldwell, MD
Stephen Nagy, MD
Donald S. Piland, MD
Matthew Riffle, MD

Piedmont Physician Associates
Route 4 Box 4515
Piedmont, MO 63957
573-223-4233

Family Practice Physicians:
Samuel W. Ferreri, MD
Andrew Gayle, MD
David R. Gayle, DO

Pulmonology/Sleep

Cape Pulmonology and Sleep Medicine
24 S. Mount Auburn Road
Cape Girardeau, MO 63703
573-331-5544

Pulmonologist/Critical Care Physician:
Anand N. Venkata, MD

Pulmonologists/Sleep Medicine Physicians:
Bradley K. Bittle, MD, FCCP, D-ABSM
W. Keith Graham, MD, D-ABSM

Trauma

Cape Trauma Specialists
211 Saint Francis Drive
Cape Girardeau, MO 63703
573-331-5522

Trauma Surgeons:
Michael P. Heid, DO, MA, FACOS
Joseph M. McClain, MD, MS, FACS
Richard H. Roettger, MD, FACS

Urgent Care

Immediate Convenient Care – Cape Girardeau
1702 N. Kingshighway
Cape Girardeau, MO 63701
573-339-2000

Family Medicine Physician:
Jesse D. Hoff, MD

Internal Medicine Physician:
Ronald L. Robinson, MD

Immediate Convenient Care – Jackson
2130 E. Jackson Blvd.
Jackson, MO 63755
573-243-2154

Family Practice Physician:
Ramiro Icaza, MD

Immediate Convenient Care – Poplar Bluff
225 Physicians Park Drive, Suite 400
Poplar Bluff, MO 63901
573-727-5500

Family Practice Physician:
Christopher Montgomery, MD

Internal Medicine Physician:
F. Michael Caldwell, MD

Wound Care

Wound Healing and Hyperbaric Center
211 Saint Francis Drive
Cape Girardeau, MO 63703
573-331-5330

Family Medicine Physicians:
Janna R. Crosnoe, MD
Matthew B. Schumer, MD

Vascular Surgeon:
Colleen J. Moore, MD, FACS, RPVI

Patient will receive separate statements of service from the following practices. Those charges will not appear on your Saint Francis Healthcare System statement.

Advanced Orthopedic Associates
48 Doctors Park
Cape Girardeau, MO 63703

Cape Girardeau Surgical Clinic
60 Doctors Park
Cape Girardeau, MO 63703

Cape Girardeau Urology Associates
3 Doctors Park
Cape Girardeau, MO 63703

Cape Laboratory & Pathology, LLC
211 Saint Francis Drive
Cape Girardeau, MO 63703

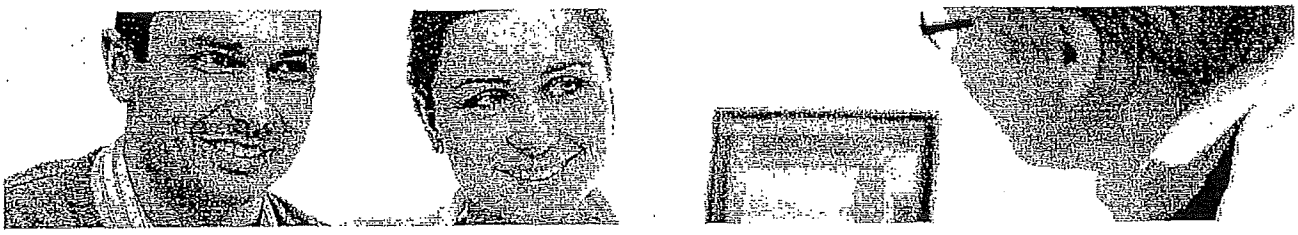
Cape Radiology Group
70 Doctors Park
Cape Girardeau, MO 63703

SAINT FRANCIS HEALTHCARE SYSTEM
Medicine to the Highest Power

For more information call:
573.331.3000

Saint Francis Healthcare System is smoke- and tobacco-free.

search our site



FINANCIAL ASSISTANCE

Saint Francis Healthcare System ("SFHS") offers financial assistance to financially needed patients that see certain physicians, under SFHS's financial assistance program ("FAP"). Under SFHS's FAP, patients may not be charged more than the amounts generally charged to patients with insurance, for emergency or other medically necessary care.

There are certain categories of patients that automatically receive deductions from their bills:

1. Uninsured patients automatically receive a discount of

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75 percent from the amounts billed to them. Patients are not required to submit an application to qualify for this discount.

2. Certain patients may automatically receive a discount of 100 percent from the amounts billed to them, based upon certain publicly available information, including the patient's: household income; marital status; employment; estimate of household size; and, estimate of residential value. Patients are not required to submit an application to qualify for this discount.

If a patient does not qualify for either of these discounts, or, if a patient only qualifies for the uninsured patient discount, the patient may apply for Charity Care. Patients are eligible to receive Charity Care, a 100 percent discount from the amounts billed, if the patient's taxable income is at or below 300 percent of the national poverty guidelines and the patient's assets are less than $50,000 (excluding principal residence and personal vehicle).

In order to apply for Charity Care, a patient must submit an application, their most recent Federal Tax Return (or IRS verification of non-filing) and current and complete bank statements for all accounts (summaries are not acceptable) to SFHS at: Business Office, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, Missouri, 63703.

The FAP policy and application are available in-person at, or by mailed request to, Business Office, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, Missouri, 63703, or online at www.sfmc.net. SFHS's Business Office is available to provide information regarding the FAP or to assist patients with the SFHS application process, and may be reached at 573-331-5217.

BUSINESS

HEALTH

ASSESSMENTS

The FAP Policy, application, and this plain language summary are available in other languages, upon request.

Complete Financial Information is available here

A list of participating providers is available here

Credit and Collection Policy is available here

Financial Guidelines

Patient will need:

- Last year's tax returns
- Current bank statements
- Total earnings from all family members living in the household

Patients must also show that family income is at or below 300 percent of the national poverty guidelines, according to the family size, as published by the U.S. Department of Health & Human Services. Assets must not total more than $50,000, except for permanent residence.

Family Size/Annual Gross Household Income

1 ..... $35,310

2 ..... $47,790

3 ..... $60,270

4 ..... $72,750

5 ..... $85,230

6 ..... $97,710

7 ..... $110,190

8 ..... $122,670

Add $12,480 for each additional member above eight.

Updated July 1, 2016

HEALTH SERVICES FINANCING

Not all patients are able to pay for their out-of-pocket expenses upon receipt of their invoice. Therefore, special arrangements have been made with Commerce Bank to offer a Health Services Financing account as a payment option that offers:

- Easy enrollment
- One monthly payment
- Ability to fund multiple services on one account
- 0% interest

For more information, contact your business office today at 573-331-5217.

CONTACT

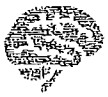
Click below to download an application for financial assistance or visit the Saint Francis Business Office to request an application. Please call 573-331-5217 if you have any questions.

- English Application
- Spanish Application

CANCER INSTITUTE

EMERGENCY SERVICES

HEART HEALTH


NEUROSCIENCES INSTITUTE

ORTHOPEDIC INSTITUTE

PRIMARY CARE

SAINT FRANCIS HEALTHCARE SYSTEM
Medicine to the Highest Power

LANGUAGE ASSISTANCE

العربية (Arabic) 繁體中文 (Chinese) فارسی (Farsi) English Français (French) Deutsch (German)

한국어 (Korean) Afaan Oromo (Oromo) Pennsylvania-Dutch Português (Portuguese) Русский (Russian) Srpsko-hrvatski (Serbo-Croatian)

Español (Spanish) Tagalog (Tagalog – Filipino) Tiếng Việt (Vietnamese)

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SAINT FRANCIS MEDICAL CENTER

!

Saint Francis Medical Center/Saint Francis Medical Partners
Patient Assistance Program
211 Saint Francis Drive
Cape Girardeau, MO 63703-8399

Dear Sir or Madame,

Please complete the enclosed application for patient financial assistance and mail to the above address. You may also bring the application to Saint Francis Medical Center's cashier window. You will receive either an approval or denial letter once your application has been processed.

The following documentation is required for the applicant and joint applicant before the application can be processed.

(In order to aid in timely processing, this checklist has been provided for your convenience to ensure that you have included all required documentation.)

__ Complete copies of your current federal income tax forms, including all attached schedules/forms, or IRS Verification of Nonfiling (to obtain a copy, call 1-800-829-1040)

__ Current payroll stubs showing current and year-to-date earnings

__ Current bank statements for all accounts (complete, summary not acceptable)

If you have any questions, please do not hesitate to contact our office.
Saint Francis Medical Center
Patient Accounts
Financial Assistance Program
573-331-5217

Medicine to the Highest Power

SAINT FRANCIS MEDICAL CENTER

Medicine to the Highest Power

Financial Assistance Application

Do not write above this line.

SECTION A – INFORMATION REGARDING APPLICANT

Full Name (Last, First, Middle): _____

Current Street Address: _____

City: _____ State: _____ ZIP: _____ Primary Phone: _____

Social Security Number: _____ Date of Birth (MM/DD/YYYY): _____

SECTION B – INFORMATION REGARDING SPOUSE OR JOINT APPLICANT

Full Name (Last, First, Middle): _____ Primary Phone: _____

Social Security Number: _____ Date of Birth (MM/DD/YYYY): _____

SECTION C – DEPENDENT INFORMATION

Dependent's Name	Date of Birth (MM/DD/YYYY)	Relationship to applicant

SECTION D – FINANCIAL INFORMATION

Do you have a checking account? ___Yes ___No Do you have a savings account? ___Yes ___No

List your monthly expenses (mortgage, rent, utilities, telephone, credit cards, installment contract, etc.):

Creditor	Monthly payment	Past due? (yes, no)

(continued on the reverse)

211 Saint Francis Drive • Cape Girardeau, MO 63703 • 573-331-5567 • www.sfmc.net

Additional Comments:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

SECTION E – DISCLAIMER

Everything that I have stated in this application is correct to the best of my knowledge. Saint Francis Medical Center is authorized to check my credit and employment history. This program will only cover Saint Francis Medical Center and Saint Francis Medical Partners bills. It will not cover any outside doctor services, such as Cape Radiology or Pathology Associates, or any other physician contractors providing services at Saint Francis Medical Center. Those providers will bill their services separately.

Applicant's Signature: _____ Date: _____

Joint Applicant's Signature: _____ Date: _____