



Orthopedic & Sports Medicine Center, LLC DBA Platte City  
Imaging

New MRI

Project # 6155 HS

November 1, 2024

# Divider I

## Application Summary

### Appendix Divider I

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Certificate of Need Program  
**NEW OR ADDITIONAL EQUIPMENT APPLICATION**  
 Applicant's Completeness Checklist and Table of Contents

Project Name: Orthopedic & Sports Medicine Center LLC, DBA Platte City Imaging Project No: 6155 HS

Project Description: Purchase of New MRI Unit

Done Page N/A Description

**Divider I. Application Summary:**

- 10  1. Applicant Identification and Certification (Form MO 580-1861)
- 11-14  2. Representative Registration (From MO 580-1869)
- 15  3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.

**Divider II. Proposal Description:**

- 19  1. Provide a complete detailed project description and include equipment bid quotes.
- 19  2. Provide a timeline of events for the project, from CON issuance through project completion.
- 20-24  3. Provide a legible city or county map showing the exact location of the project.
- 24  4. Define the community to be served and provide the geographic service area for the equipment.
- 25-26  5. Provide other statistics to document the size and validity of any user-defined geographic service area.
- 27  6. Identify specific community problems or unmet needs the proposal would address.
- 27  7. Provide the historical utilization for each of the past three years and utilization projections through the first three (3) **FULL** years of operation of the new equipment.
- 27  8. Provide the methods and assumptions used to project utilization.
- 27  9. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
- 28  10. Provide copies of any petitions, letters of support or opposition received.
- 28  11. Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper.
- 28-29  12. Document that providers of all affected facilities in the proposed service area were addressed letters regarding the application.

**Divider III. Service Specific Criteria and Standards:**

- 105  1. For new units, address the minimum annual utilization standard for the proposed geographic service area.
- 105  2. For any new unit where specific utilization standards are not listed, provide documentation to justify the new unit.
- 105  3. For additional units, document compliance with the optimal utilization standard, and if not achieved, provide documentation to justify the additional unit.
- 105-106  4. For evolving technology address the following:
  - 105  - Medical effects as described and documented in published scientific literature;
  - 105  - The degree to which the objectives of the technology have been met in practice;
  - 105  - Any side effects, contraindications or environmental exposures;
  - 105  - The relationships, if any, to existing preventive, diagnostic, therapeutic or management technologies and the effects on the existing technologies;
  - 105  - Food and Drug Administration approval;
  - 106  - The need methodology used by this proposal in order to assess efficacy and cost impact of the proposal;
  - 106  - The degree of partnership, if any, with other institutions for joint use and financing.

**Divider IV. Financial Feasibility Review Criteria and Standards:**

- 109  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.
- 109  2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) **FULL** years beyond project completion.
- 109  3. Document how patient charges are derived.
- 109  4. Document responsiveness to the needs of the medically indigent.

No. LC0015037

# STATE OF MISSOURI



**Rebecca McDowell Cook**  
**Secretary of State**

CERTIFICATE OF ORGANIZATION  
LIMITED LIABILITY COMPANY

WHEREAS,

ORTHOPEDIC CLINIC OF ST. JOSEPH, L.L.C.

FILED ITS ARTICLES OF ORGANIZATION WITH THIS OFFICE ON THE 23RD DAY OF SEPTEMBER, 1997, AND THAT FILING WAS FOUND TO CONFORM TO THE MISSOURI LIMITED LIABILITY COMPANY ACT;

NOW, THEREFORE, I, REBECCA McDOWELL COOK, SECRETARY OF STATE, STATE OF MISSOURI, BY VIRTUE OF AUTHORITY VESTED IN ME BY LAW, DO CERTIFY AND DECLARE THAT ON THE 23RD DAY OF SEPTEMBER, 1997, THE ABOVE ENTITY IS A LIMITED LIABILITY COMPANY, ORGANIZED IN THIS STATE AND ENTITLED TO ANY RIGHTS GRANTED TO LIMITED LIABILITY COMPANIES.

IN TESTIMONY WHEREOF, I HAVE SET MY HAND AND IMPRINTED THE GREAT SEAL OF THE STATE OF MISSOURI, ON THIS, THE 23RD DAY OF SEPTEMBER, 1997.

*Rebecca McDowell Cook*  
Secretary of State



\$105.00

**ARTICLES OF ORGANIZATION  
FOR  
ORTHOPEDIC CLINIC OF ST. JOSEPH, L.L.C.**

FIRST: The name of the Limited Liability Company is Orthopedic Clinic of St. Joseph, L.L.C.

SECOND: The latest date of which the Limited Liability Company is to dissolve is December 31, 2050.

THIRD: The purpose of the Limited Liability Company is to own and operate real and personal property and to conduct or promote any lawful business or purpose for which a limited liability company may be formed under the laws of the State of Missouri.

FOURTH: The Limited Liability Company's registered office in the State of Missouri is located at Suite 320, Robidoux Center, 400 Jules Street, St. Joseph, Missouri 64501. Its resident agent at that address for service of process is James H. Counts.

FIFTH: Additional members may be admitted into the Limited Liability Company as provided in the Operating Agreement.

SIXTH: Upon the occurrence of an event which terminates the continued membership of a member in the Limited Liability Company, the Limited Liability Company shall terminate unless members holding 80% of the remaining membership interests agree to continue the business of the Limited Liability Company.

SEVENTH: The Limited Liability Company shall be managed by a manager selected by the members. The name and address of the initial manager is: Douglas L. Stokes, 3107 Frederick Ave., St. Joseph, Missouri 64506.

EIGHTH: The Limited Liability Company reserves the right to amend, alter, change or repeal any provision contained in these Articles of Organization, in the manner now or hereafter prescribed by the Missouri Limited Liability Company Act and provided for in the Operating Agreement.

NINTH: The name and address of the organizers are:

Douglas L. Stokes  
12320 Donovan Dr.  
St. Joseph, MO 64505

C. Daniel Smith  
3107 Frederick  
St. Joseph, MO 64506

William G. Humphreys  
2610 Indian Tr.  
St. Joseph, MO 64506

Richard J. Brennan  
602 N. 25th  
St. Joseph, MO 64506

Bruce D. Smith  
3405 W. Colony Sq.  
St. Joseph, MO 64506

FILED AND CERTIFICATE  
ISSUED

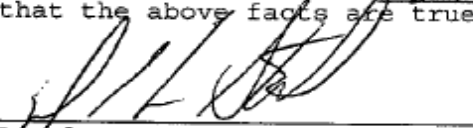
SEP 23 1997

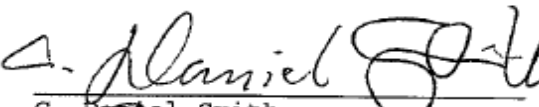
*Rebecca McDowell Cook*  
SECRETARY OF STATE

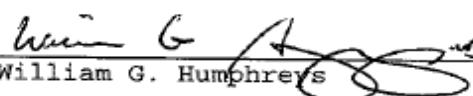
TENTH: The Limited Liability Company will operate as a partnership for tax purposes.


ELEVENTH: These Articles of Organization shall be effective upon the filing hereof, in duplicate, with the Office of the Secretary of State of Missouri.

IN WITNESS WHEREOF, the undersigned for the purpose of forming a limited liability company pursuant to the Missouri Limited Liability Company Act, do hereby make these Articles of Organization as of the 29th day of August, 1997 and affirms that the above facts are true.

  
\_\_\_\_\_  
Douglas L. Stokes

  
\_\_\_\_\_  
C. Daniel Smith

  
\_\_\_\_\_  
William G. Humphreys

  
\_\_\_\_\_  
Richard J. Brennan

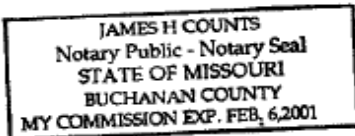
  
\_\_\_\_\_  
Bruce D. Smith

STATE OF MISSOURI )  
 ) SS.  
COUNTY OF BUCHANAN )

I, James H. Counts, a notary public, do hereby certify that on this 29<sup>th</sup> day of August, 1997, personally appeared before me Douglas L. Stokes, C. Daniel Smith, William G. Humphreys, Richard J. Brennan and Bruce D. Smith, who, being by me first duly sworn, declared that they are the organizers of Orthopedic Clinic of St. Joseph, L.L.C., that they signed the foregoing document as organizers of said L.L.C., and that the statements therein contained are true.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my notarial seal at my office in aforesaid county, the day and year first above written.

My Commission expires: 2-6-2001



James H. Counts  
Notary Public



State of Missouri
Rebecca McDowell Cook, Secretary of State
P.O. Box 778, Jefferson City, Mo. 65102
Corporation Division

Amendment of Articles of Organization
(Submit in duplicate with filing fee of \$25)

FILED

FEB 02 2000

Rebecca McDowell Cook
SECRETARY OF STATE

1. The name of the limited liability company is:

Orthopedic Clinic of St. Joseph, L.L.C.

2. The effective date of this document is the date it is filed by the Secretary of State of Missouri, unless a future date is indicated, as follows:

(Date may not be more than 90 days after the filing date in this office)

3. State date of occurrence that required this amendment: January 1, 2000

Month/Day/Year

4. (Check as applicable) This amendment is required to be filed because:

- management of the limited liability company is vested in one or more managers where management had not been so previously vested.
management of the limited liability company is no longer vested in one or more managers where management was previously so vested.
a change in the name of the limited liability company.
a change in the time set for in the articles of organization for the limited liability company to dissolve.

The articles of organization are hereby amended as follows:

The name of the limited liability company is hereby changed to:

The Orthopedic and Sports Medicine Center, L.L.C.

5. This amendment is (check either or both):

- authorized under the operating agreement
required to be filed under the provisions of RSMo Chapter 347

In affirmation thereof, the facts stated above are true:

Douglas L. Stokes

Authorized signature

Authorized signature

Authorized signature



No. LC0015037

# STATE OF MISSOURI



**Rebecca McDowell Cook**  
**Secretary of State**

LIMITED LIABILITY COMPANY  
AMENDED ARTICLES OF ORGANIZATION

WHEREAS,

THE ORTHOPEDIC AND SPORTS MEDICINE CENTER, L.L.C.

Formerly,

ORTHOPEDIC CLINIC OF ST. JOSEPH, L.L.C.

filed its amended Articles of Organization in duplicate with this office and WHEREAS that filing was found to conform to the Missouri Limited Liability Company Act;

NOW, THEREFORE, I, REBECCA McDOWELL COOK, Secretary of State of Missouri, by virtue of authority vested in me by law do hereby certify and declare that the above entity's Articles of Organization are amended.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 2nd day of FEBRUARY, 2000.



*Rebecca McDowell Cook*  
Secretary of State

\$25.00





Certificate of Need Program

**APPLICANT IDENTIFICATION AND CERTIFICATION**

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

<b>1. Project Location</b> <i>(Attach additional pages as necessary to identify multiple project sites.)</i>			
Title of Proposed Project Orthopedic & Sports Medicine Center, LLC DBA Platte City Imaging		Project Number 6155 HS	
Project Address (Street/City/State/Zip Code) 1305 Plaza Court, Suite A-C, Platte City, MO 64079		County Platte	
<b>2. Applicant Identification</b> <i>(Information must agree with previously submitted Letter of Intent.)</i>			
<b>List All Owner(s):</b> <i>(List corporate entity.)</i> Address (Street/City/State/Zip Code) Telephone Number			
Orthopedic & Sports Medicine Center, LLC		3107 Frederick Ave, Suite B, St. Joseph, MO 64079 816-233-9888	
<i>(List entity to be licensed or certified.)</i>			
<b>List All Operator(s):</b> <i>(List entity to be licensed or certified.)</i> Address (Street/City/State/Zip Code) Telephone Number			
Orthopedic & Sports Medicine Center, LLC		3107 Frederick Ave, Suite B, St. Joseph, MO 64079 816-233-9888	
<b>3. Ownership</b> <i>(Check applicable category.)</i>			
<input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Individual <input type="checkbox"/> City <input type="checkbox"/> District <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> County <input type="checkbox"/> Other _____			
<b>4. Certification</b>			
<p>In submitting this project application, the applicant understands that:</p> <p>(A) The review will be made as to the community need for the proposed beds or equipment in this application;</p> <p>(B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within the service area;</p> <p>(C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute;</p> <p>(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;</p> <p>(E) Notification will be provided to the CON Program staff if and when the project is abandoned; and</p> <p>(F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee.</p> <p>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:</p>			
<b>5. Authorized Contact Person</b> <i>(Attach a Contact Person Correction Form if different from the Letter of Intent.)</i>			
Name of Contact Person Matthew Cannella		Title Operations Manager	
Telephone Number 917-670-5668	Fax Number 816-233-0414	E-mail Address mcannella@osmcortho.com	
Signature of Contact Person 		Date of Signature 10/28/24	

MO 580-1861 (03/13)



Certificate of Need Program

**REPRESENTATIVE REGISTRATION**

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

Project Name <b>Orthopedic &amp; Sports Medicine Center, LLC DBA Platte City Imaging</b>		Number <b>6155 HS</b>		
<i>(Please type or print legibly.)</i>				
Name of Representative <b>Matthew Cannella</b>		Title <b>Operations Manager</b>		
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) <b>Orthopedic &amp; Sports Medicine Center, LLC</b>		Telephone Number <b>917-670-5668</b>		
Address (Street/City/State/Zip Code) <b>3107 Frederick Ave, Suite B, St. Joseph, MO 64506</b>				
Who's interests are being represented? <i>(If more than one, submit a separate Representative Registration Form for each.)</i>				
Name of Individual/Agency/Corporation/Organization being Represented <b>Orthopedic &amp; Sports Medicine Center, LLC</b>		Telephone Number <b>816-233-9888</b>		
Address (Street/City/State/Zip Code) <b>3107 Frederick Avenue, Suite B, St. Joseph, MO 64506</b>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Check one. Do you:</p> <p><input checked="" type="checkbox"/> Support</p> <p><input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Neutral</p> <p>Other Information:</p> <p>_____</p> <p>_____</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Relationship to Project:</p> <p><input type="checkbox"/> None</p> <p><input checked="" type="checkbox"/> Employee</p> <p><input type="checkbox"/> Legal Counsel</p> <p><input type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Lobbyist</p> <p><input type="checkbox"/> Other (explain):</p> <p>_____</p> <p>_____</p> </td> </tr> </table>			<p>Check one. Do you:</p> <p><input checked="" type="checkbox"/> Support</p> <p><input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Neutral</p> <p>Other Information:</p> <p>_____</p> <p>_____</p>	<p>Relationship to Project:</p> <p><input type="checkbox"/> None</p> <p><input checked="" type="checkbox"/> Employee</p> <p><input type="checkbox"/> Legal Counsel</p> <p><input type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Lobbyist</p> <p><input type="checkbox"/> Other (explain):</p> <p>_____</p> <p>_____</p>
<p>Check one. Do you:</p> <p><input checked="" type="checkbox"/> Support</p> <p><input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Neutral</p> <p>Other Information:</p> <p>_____</p> <p>_____</p>	<p>Relationship to Project:</p> <p><input type="checkbox"/> None</p> <p><input checked="" type="checkbox"/> Employee</p> <p><input type="checkbox"/> Legal Counsel</p> <p><input type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Lobbyist</p> <p><input type="checkbox"/> Other (explain):</p> <p>_____</p> <p>_____</p>			
<p>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: <i>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.</i></p>				
Original Signature 		Date <b>10/28/24</b>		

MO 580-1869 (11/01)



Certificate of Need Program

**REPRESENTATIVE REGISTRATION**

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

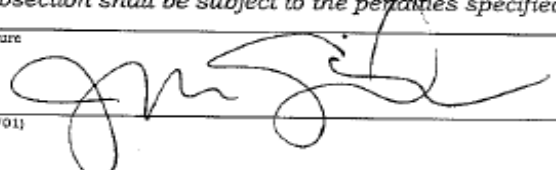
Project Name		Number	
Orthopedic & Sports Medicine Center, LLC DBA Platte City Imaging		6155 HS	
<i>(Please type or print legibly.)</i>			
Name of Representative		Title	
Cheryl Kidwell		CEO	
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)		Telephone Number	
Orthopedic & Sports Medicine Center, LLC		816-233-9888	
Address (Street/City/State/Zip Code)			
3107 Frederick Ave, Suite B St. Joseph, MO 64506			
Who's interests are being represented? <i>(If more than one, submit a separate Representative Registration Form for each.)</i>			
Name of Individual/Agency/Corporation/Organization being Represented		Telephone Number	
Orthopedic & Sports Medicine Center		816-233-9888	
Address (Street/City/State/Zip Code)			
3107 Frederick Ave, Suite B, St. Joseph, MO 64506			
Check one. Do you:		Relationship to Project:	
<input checked="" type="checkbox"/> Support		<input type="checkbox"/> None	
<input type="checkbox"/> Oppose		<input checked="" type="checkbox"/> Employee	
<input type="checkbox"/> Neutral		<input type="checkbox"/> Legal Counsel	
		<input type="checkbox"/> Consultant	
		<input type="checkbox"/> Lobbyist	
Other Information:		<input type="checkbox"/> Other (explain):	
_____		_____	
_____		_____	
<p>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: <i>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.</i></p>			
Original Signature		Date	
Cheryl A. Kidwell		10.28.24	

MO 580-1869 (11/01)



Certificate of Need Program  
**REPRESENTATIVE REGISTRATION**

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


Project Name		Number
Orthopedic & Sports Medicine Center, LLC DBA Platte City Imaging		6155 HS
<i>(Please type or print legibly.)</i>		
Name of Representative		Title
J. Michael Smith, M.D.		Managing Member
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)		Telephone Number
Orthopedic & Sports Medicine Center, LLC		816-233-9888
Address (Street/City/State/Zip Code)		
3107 Frederick Ave, Suite B, St. Joseph, MO 64506		
Who's interests are being represented? <i>(If more than one, submit a separate Representative Registration Form for each.)</i>		
Name of Individual/Agency/Corporation/Organization being Represented		Telephone Number
Orthopedic & Sports Medicine Center, LLC		816-233-9888
Address (Street/City/State/Zip Code)		
3107 Frederick Ave, Suite B, St. Joseph, MO 64506		
<p>Check one. Do you:</p> <p><input checked="" type="checkbox"/> Support</p> <p><input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Neutral</p>	<p>Relationship to Project:</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Legal Counsel</p> <p><input type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Lobbyist</p> <p><input checked="" type="checkbox"/> Other (explain):  <b>Managing Member</b></p>	
<p>Other Information:</p> <p>_____</p> <p>_____</p>		
<p>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: <i>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.</i></p>		
Original Signature		Date
		10-30-24

MO 580-1869 (11/01)



Certificate of Need Program  
**REPRESENTATIVE REGISTRATION**

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

Project Name		Number
Orthopedic & Sports Medicine Center, LLC DBA Platte City Imaging		6155 HS
<i>(Please type or print legibly.)</i>		
Name of Representative		Title
Blake E. Peterson, M.D.		Physician/ Partner
Firm/ Corporation/ Association of Representative (may be different from below, e.g., law firm, consultant, other)		Telephone Number
Orthopedic & Sports Medicine Center, LLC		816-233-9888
Address (Street/City/State/Zip Code)		
3107 Frederick Ave, Suite B, St. Joseph, MO 64506		
Who's interests are being represented? <i>(If more than one, submit a separate Representative Registration Form for each.)</i>		
Name of Individual/ Agency/ Corporation/ Organization being Represented		Telephone Number
Orthopedic & Sports Medicine Center, LLC		816-233-9888
Address (Street/City/State/Zip Code)		
3107 Frederick Ave, Suite B, St. Joseph, MO 64506		
Check one. Do you: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral	Relationship to Project: <input type="checkbox"/> None <input type="checkbox"/> Employee <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input checked="" type="checkbox"/> Other (explain): Physician/ Partner	
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: <i>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.</i>		
Original Signature		Date
		10/28/24

MO 580-1869 (11/01)



**Certificate of Need Program  
PROPOSED PROJECT BUDGET**

<u>Description</u>	<u>Dollars</u>
<b>COSTS:*</b>	<i>(Fill in every line, even if the amount is "\$0".)</i>
1. New Construction Costs ***	\$160,488
2. Renovation Costs ***	\$0
3. <b>Subtotal Construction Costs (#1 plus #2)</b>	<b>\$160,488</b>
4. Architectural/Engineering Fees	\$23,000
5. Other Equipment (not in construction contract)	\$0
6. Major Medical Equipment	\$972,823
7. Land Acquisition Costs ***	\$0
8. Consultants' Fees/Legal Fees ***	\$10,000
9. Interest During Construction (net of interest earned) ***	\$20,000
10. Other Costs ***	\$0
11. <b>Subtotal Non-Construction Costs (sum of #4 through #10)</b>	<b>\$1,025,823</b>
12. <b>Total Project Development Costs (#3 plus #11)</b>	<b>\$1,186,311 **</b>
<b>FINANCING:</b>	
13. Unrestricted Funds	\$0
14. Bonds	\$0
15. Loans	\$1,186,311
16. Other Methods (specify)	\$0
17. <b>Total Project Financing (sum of #13 through #16)</b>	<b>\$1,186,311 **</b>
18. New Construction Total Square Footage	0
19. New Construction Costs Per Square Foot *****	\$0
20. Renovated Space Total Square Footage	0
21. Renovated Space Costs Per Square Foot *****	\$0
<p>* Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs.</p> <p>** These amounts should be the same.</p> <p>*** Capitalizable items to be recognized as capital expenditures after project completion.</p> <p>**** 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.</p> <p>***** Divide new construction costs by total new construction square footage.</p> <p>***** Divide renovation costs by total renovation square footage.</p>	

MO 580-1863 (02/13)





10/23/2024

Missouri Health Facilities Review Committee  
920 Wildwood Drive  
P.O. Box 570  
Jefferson City, MO 65109

To, Missouri Health Facilities Review Committee

Please find the enclosed application fee for the Orthopedic & Sports Medicine Center, LLC  
DBA Platte City Imaging CON application for full review. The said application will be  
submitted through the online Drop Box.

Project # 6155 HS

Best regards,

Matthew Cannella  
Operations Manager  
Orthopedic & Sports Medicine Center, LLC  
3107 Frederick Ave, Suite B  
St. Joseph, MO 64506

Certified Mail Article Number  
9589 0710 5270 2321 6616 60

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**CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

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<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Sent To  
Missouri Health Facilities Review Committee  
Street and Apt. No., or PO Box No.  
920 Wildwood Drive  
City, State, ZIP+4®  
Jefferson City, MO 65109

PS Form 3800, January 2023 PSN 7530-02-000-9007 See Reverse for Instructions

9589 0710 5270 2321 6616 60

**Divider II**  
**Proposal Description**

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

The Orthopedic & Sports Medicine Center, LLC is opening a new location in Platte City, MO, and is committed to expanding the accessibility of essential healthcare services for the local community. As part of this expansion, we plan to purchase and install a state-of-the-art MRI unit, specifically designed to support advanced imaging for orthopedic cases. Currently, Platte City lacks in-town MRI services, requiring residents to travel outside the area for this level of diagnostic imaging. This gap often leads to delayed diagnosis and treatment, which can result in worsened patient outcomes for time-sensitive orthopedic conditions.

As Platte City's population grows, so does the need for comprehensive healthcare resources that allow residents to seek timely care within their community. By providing an accessible, high-quality MRI service, we aim to reduce diagnostic wait times, improve treatment outcomes, and enhance local access to orthopedic care. Additionally, the presence of this advanced imaging technology will not only support existing healthcare providers but also attract new specialists and services, enhancing the area's medical infrastructure.

This new MRI unit will play a critical role in our mission to offer comprehensive, convenient, and cutting-edge orthopedic care to Platte City residents and those in surrounding communities. By investing in these medical resources, we will foster a healthier, more connected community with the capacity to address its growing healthcare needs.

FujiFilm Echelon Synergy 1.5T Open MRI

The total estimated cost of this project is \$1,186,311

See attachment Fujifilm Proforma Invoice

**2. Provide a timeline of events for the project, from CON issuance through project completion.**

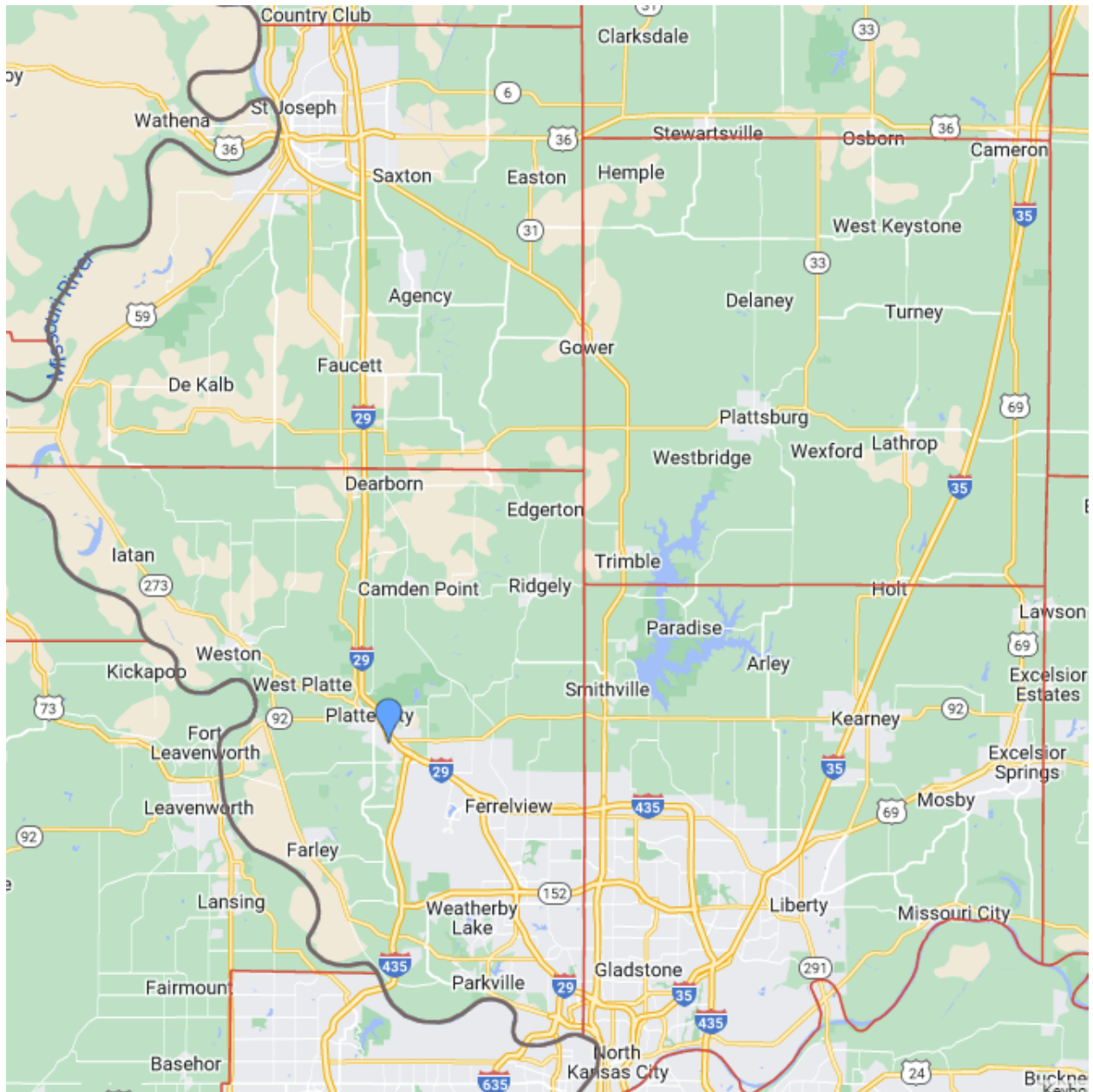
Fall of 2024 Construction is to begin

Equipment is Estimated to be delivered Summer of 2025

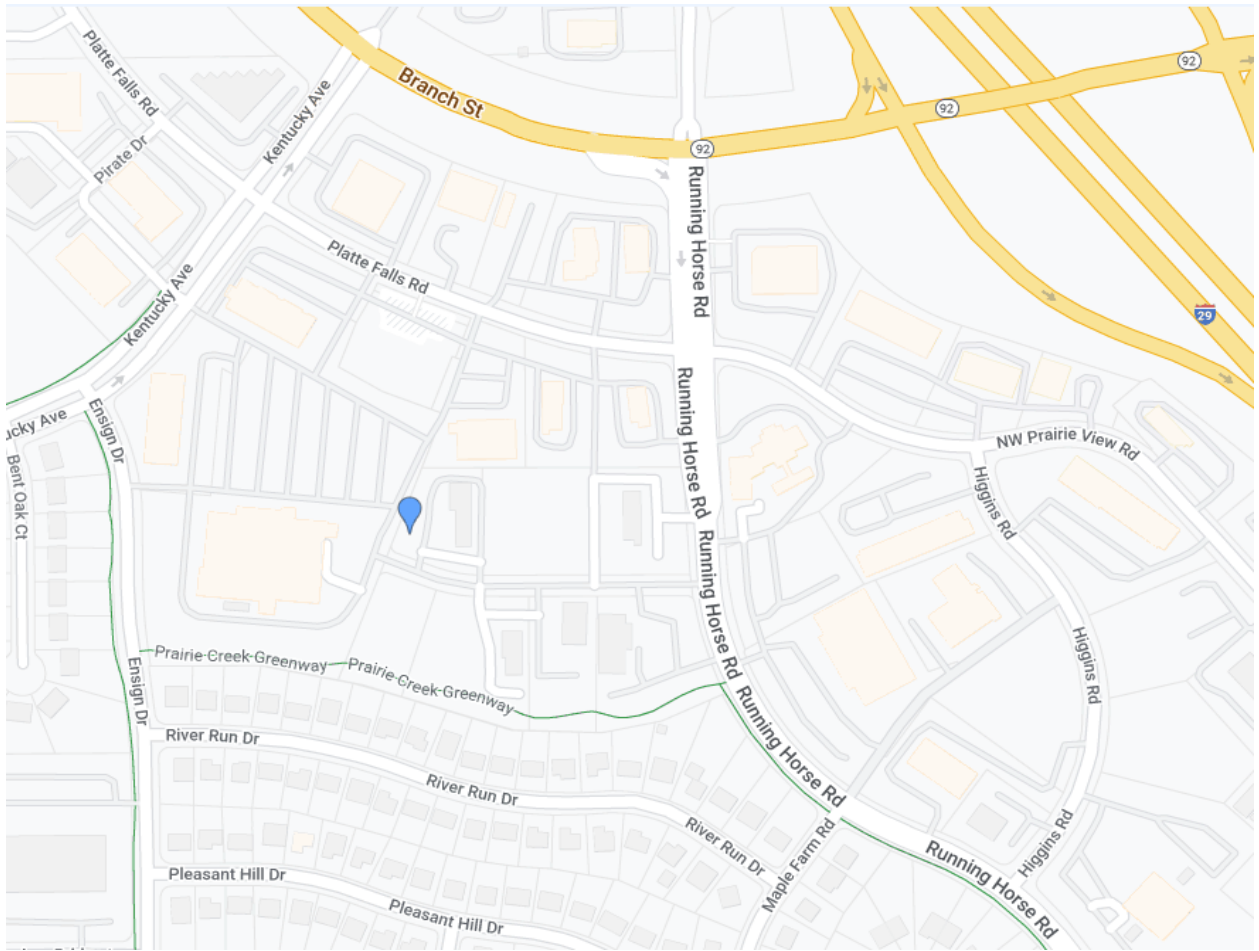
First Patient Study is projected to be taken in Fall of 2025

**3. Provide a legible city or county map showing the exact location of the project.**

County Map Exact Location Blue Balloon

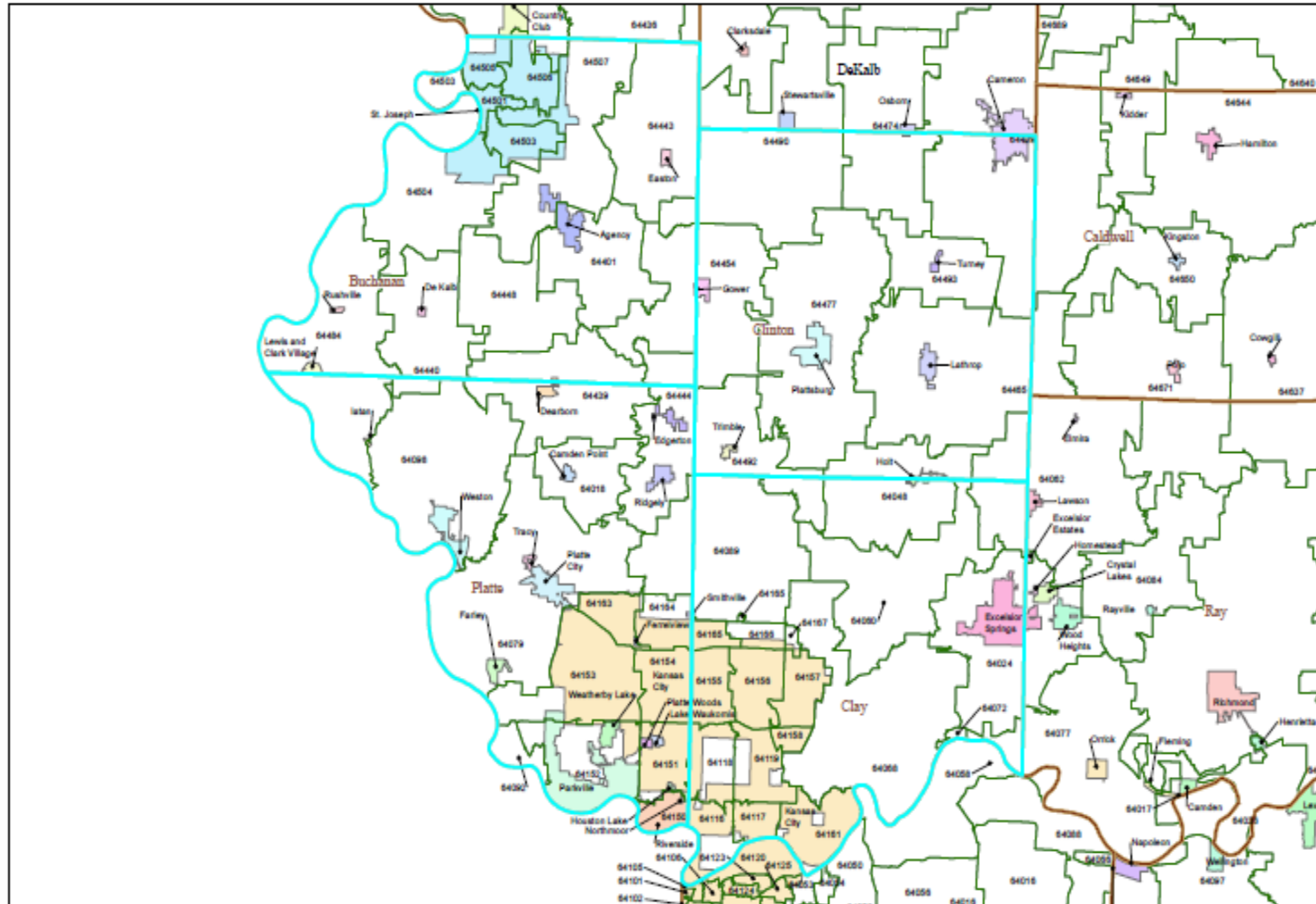


Zoomed in from County Map to See Exact Location by Blue Balloon.



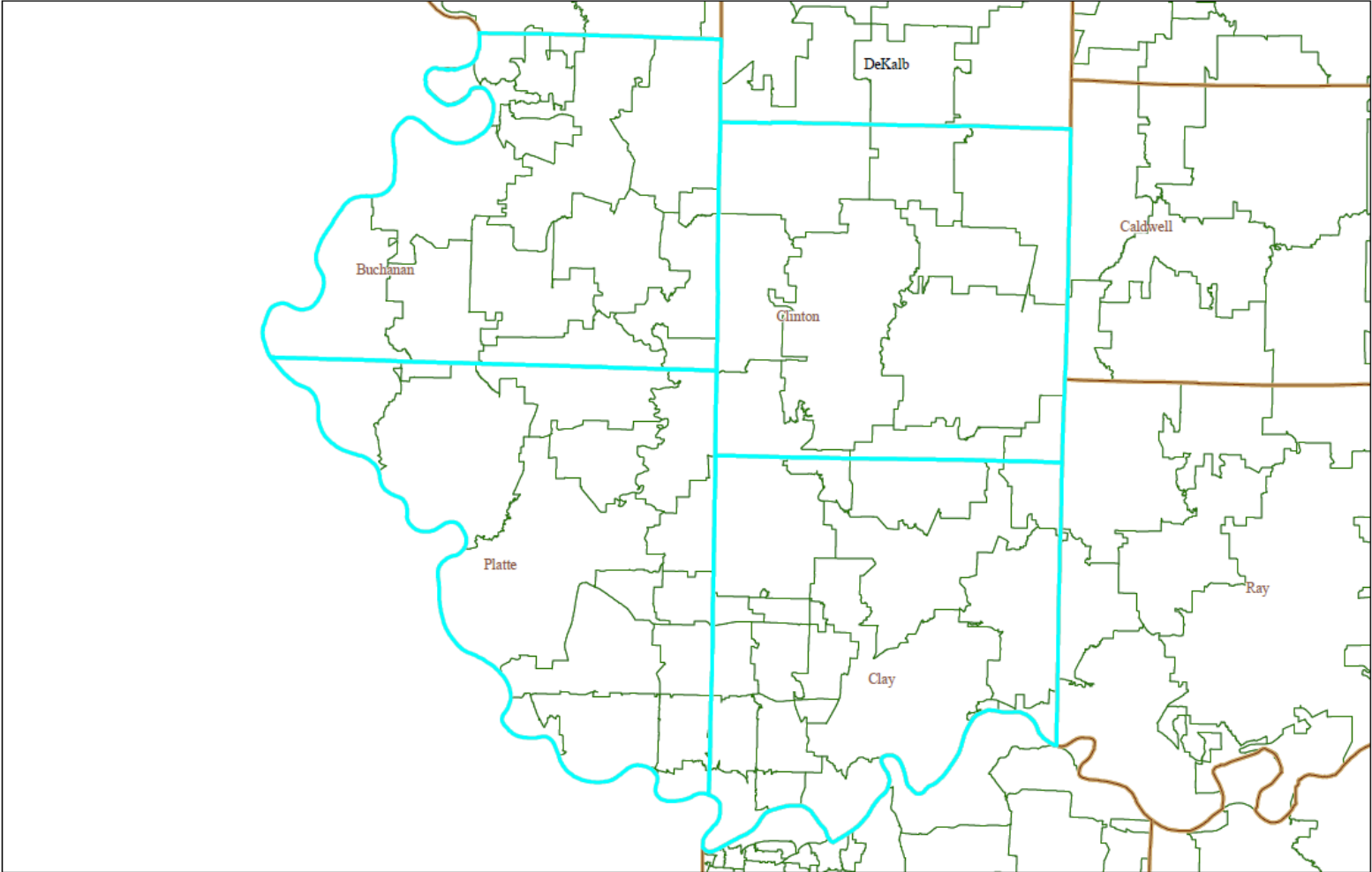
# CON Geographic Service Area Request

Buchanan, Clinton, Platte, and Clay Counties

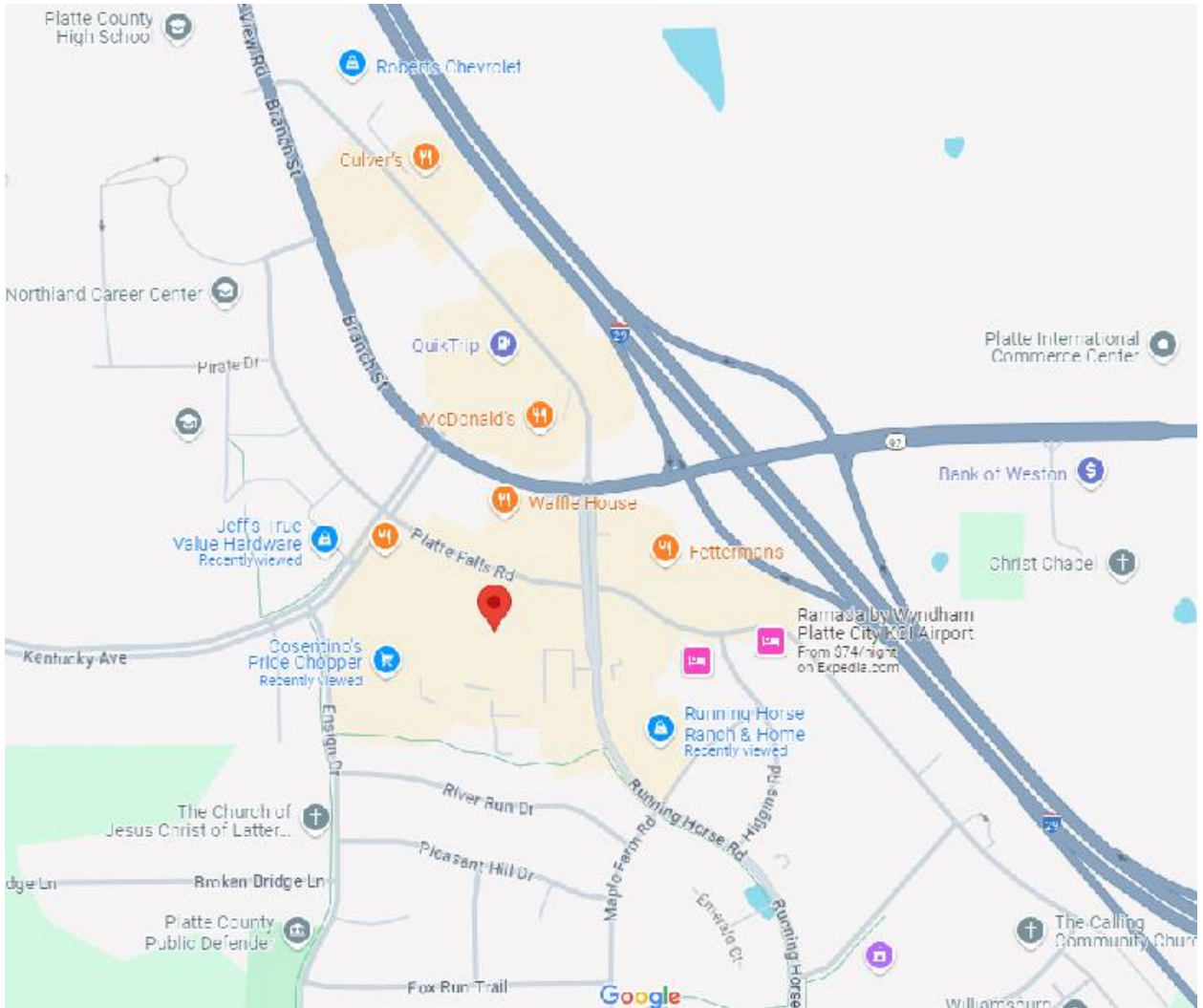


# CON Geographic Service Area Request

Buchanan, Clinton, Platte, and Clay Counties



## Additional Street View Map



#### 4. Define the community to be served and provide the geographic service area for the equipment.

The Orthopedic & Sports Medicine Center, LLC is a Private Practice Orthopedic Clinic, with a wide range of specialty care Provider for varying injuries and pathologies including Ankle, Elbow, Foot, Hand, Hip, Joint Replacement, Knee, Ortho Trauma, Pediatric Orthopedics, Shoulder, Spine, Sports Medicine and Wrist. The Orthopedic and Sports Medicine Center, LLC is committed to being a productive member to the communities in which we serve. The primary service area will be Platte County, in addition to a secondary service area of Buchanan, Clinton and Clay counties.



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

The Orthopedic & Sports Medicine Center, LLC serves a large and growing community, as depicted in the chart below. The community in which this new equipment will serve is not just limited to the residents of Platte City/Platte County, but to all the surrounding communities, towns, cities, or counties. According to the 2022 US Census a large portion of the communities we serve have continued to grow. Platte City has steadily grown in size with an estimated population of 4,773 in 2020 to 4,828 in 2023. Platte County itself has grown from 107,193 residents in 2020 to 111,940 in 2023.

County	US Census 2022		Mo. Dep. Health Projections
	2021	2022	2025
Buchanan County, Missouri	83,853	82,911	86,745
Clay County, Missouri	255,518	257,033	269,569
Clinton County, Missouri	21,095	21,155	20,833
Platte County, Missouri	108,569	110,534	117,165

*The following data was pulled from the 2022 US Census and the Missouri Bureau of Health Care Analysis and Data Dissemination*

Core Service Lines:

**Orthopedic Urgent Care**

Providing immediate access to specialized orthopedic care, our urgent care service eliminates the need for primary care referrals, ensuring timely attention for acute orthopedic needs.

**Outpatient Physical Therapy**

Our skilled therapists focus on pain management, functional and sports injury rehabilitation, and pre- and postoperative care for injuries involving the back, hip, knee, ankle, shoulder, elbow, and hand. Our goal is to restore function and optimize recovery.

**Orthopedic and Sports Medicine Injury Treatment**

Our board-certified surgeons address a full spectrum of orthopedic conditions, from acute sports injuries to chronic orthopedic issues, delivering expert care and comprehensive treatment options.

#### Total and Partial Joint Replacement

Utilizing the latest techniques and technologies, we perform joint replacement procedures that empower patients to return to active, pain-free lifestyles.

#### Orthopedic Trauma Care

Our highly trained Orthopedic Trauma Surgeon provides expert, compassionate care for complex trauma cases, specializing in fractures and injuries of the foot, ankle, and other trauma-related conditions.

#### Spine Care

With fellowship-trained expertise, our spine care service manages a wide range of spinal conditions, including degenerative disc disease, herniated discs, scoliosis, spinal stenosis, and more, offering innovative treatments for optimal patient outcomes.

#### Diagnostic and Ancillary Services

#### **Electromyography (EMG)**

Advanced diagnostics for muscle and nerve function.

#### **X-Ray and MRI**

On-site imaging services, including the planned addition of a state-of-the-art MRI unit to enhance diagnostic accuracy and reduce travel for residents of Platte City and surrounding areas.

Each of these service lines is rooted in our mission to provide high-quality, accessible orthopedic care for the community. By expanding our offerings with advanced diagnostic capabilities, such as MRI, we are committed to bridging gaps in local healthcare access and delivering timely, comprehensive care to our growing population.

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

The implementation of a new MRI unit into Platte City and the surrounding area, will help narrow the divide for the limited access to advanced medical imaging. Presently this disparity in the lack of access in the service area, forces patients to seek outside sources of care to be able to utilize Orthopedic Medical services. As a result of the increased Orthopedic presence there will be decrease in the delays for patient needing Orthopedic and Sports Medicine Injury care. Synchronously addressing the growing demand for Orthopedic Services in the community. Currently in the primary as well as parts of the secondary service area average wait times for an MRI are about three to four weeks.

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

Below depicts the annual projected utilization

<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>
831	3531	3739	4154

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

To develop these figures, we utilized current volumes, regional utilization data, historical, current, and projected population data to form our utilization assumptions.

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

Patients increasingly request robotic surgery due to its minimally invasive approach, which significantly reduces recovery time and discomfort. The addition of MRI capabilities in our facility will enhance preoperative planning and precision for these procedures, offering patients a streamlined pathway from diagnosis to recovery. As robotic techniques become the standard of care, with academic programs now

training all new surgeons in these methods, MRI will play a vital role in supporting accurate diagnostics and optimized surgical outcomes for our community.

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

We will provide any letters or documentation as they become available.

**11. Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper.**

A public notice seeking comment has been published in the Platte County Citizen Appendix 2E, The News Press Now in Buchanan County Appendix 2F, the Courier Tribune in Clay County Appendix 2G, as well as the Clinton County Leader Appendix 2H.

**12. Document that providers of all affected facilities in the proposed service area were addressed letters regarding the application.**

Each affected facility within the proposed service area was contacted via email or certified letter. Certified letters were sent when we were unable to reach a facility by email or if the facility declined to provide email contact information. Confirmation receipts for both the emails and certified letters, along with copies of the certified letters, are included in the appendix at the end of this section.

<b>Buchanan County</b>	<b>City</b>	<b>Zip Code</b>	<b>County</b>
Diagnostic Imaging Centers - St. Joseph	St. Joseph	64506	Buchanan
Heartland Regional Medical Center	St. Joseph	64506	Buchanan
Mosaic Life Care at St. Joseph - Radiation Oncology	St. Joseph	64507	Buchanan
Mosaic Life Care at St. Joseph Radiology & Outpatient Imaging	St. Joseph	64506	Buchanan
Open MRI of St. Joseph	St. Joseph	64506	Buchanan
Phoenix Urology of St. Joseph	St. Joseph	64506	Buchanan

<b>Clay County</b>	<b>City</b>	<b>Zip Code</b>	<b>County</b>
Diagnostic Imaging	Kansas City	64118	Clay
Diagnostic Imaging Center - North	Kansas City	64118	Clay
Element Medical Imaging	Kansas City	64157	Clay
Envision Healthcare, LLC	Kansas City	64116	Clay
Excelsior Springs Hospital	Excelsior Springs	64024	Clay
Kindred Hospital Northland	Kansas City	64118	Clay

Liberty Hospital	Liberty	64068	Clay
Liberty Radiation Oncology	Liberty	64068	Clay
NKCH Medical Imaging Center	Kansas City	64155	Clay
North Kansas City Hospital	North Kansas City	64116	Clay
St. Luke's North Hospital- Smithville	Smithville	64089	Clay
Imaging for Women LLC	Kansas City	64118	Clay

**Clinton County**

Cameron Regional Medical Center	Cameron	64429	Clinton
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**Platte County**

Northland Medical Imaging Center	Kansas City	64151	Platte
Northland Open MRI	Kansas City	64154	Platte
Saint Luke's North Hospital	Kansas City	64154	Platte
University of Kansas Cancer Center - North	Kansas City	64154	Platte

**Jackson County**

Kansas City Internal Medicine	Kansas City	64132	Jackson
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**No longer Active**

Encompass Medical Group - Premier Imaging Englewood	Gladstone	64118	Clay
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**Business Terminated - Attached Secretary of State Letter**

Prenatal Imaging Centers, LLC	Kansas City	64151	Platte
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## Appendix Divider II

Appendix 2A FujiFilm Proforma Invoice.....	pg31
Appendix 2B MRI Construction Cost Breakdown.....	pg33
Appendix 2C Missouri Population Data & Maps Order.....	pg34
Appendix 2D Echelon Synergy Specification Data.....	pg35
Appendix 2E Echelon Brochure.....	pg47
Appendix 2F Platte County Citizen Affidavit of Publication.....	pg67
Appendix 2G St. Joseph News Press Affidavit of Publication.....	pg68
Appendix 2H Courier Tribune Affidavit of Publication.....	pg69
Appendix 2I Clinton County Leader Affidavit of Publication.....	pg70
Appendix 2J Notification of CON for MRI Purchase Email Receipts.....	pg71
Appendix 2K Notification of CON for MRI Purchase Letter with Certified Mail Receipt.....	pg83
Appendix 2L Articles of Termination.....	pg102



FUJIFILM Healthcare Americas Corp.  
 81 HARTWELL AVENUE  
 LEXINGTON, MA-02421  
 Telephone: 1-800-431-1850

**Proforma Invoice**  
**ORIGINAL**

Page 1 of 2  
 07/24/2024 13:24:03

CUSTOMER NO.	DOCUMENT NO.	DATE
80105759	1184377	07/24/2024

**SOLD TO:**

ORTHOPEDIC AND SPORTS MEDICINE  
 CENTER D/B/A OPEN MRI OF ST. JOSEPH  
 3107 FREDERICK AVE  
 SAINT JOSEPH, MO 64506

**SHIP TO:**

OPEN MRI OF ST JOSEPH  
 3107 FREDERICK AVE  
 SAINT JOSEPH, MO 64506

PAYMENT TERMS	CUSTOMER P.O.	SYSTEMS SERIAL NO.
NET 30 DAYS	No PO: 2024-106493	

MATERIAL NO. OLD MATERIAL NO.	DESCRIPTION	QTY ORD	BO ORD QTY	UNIT	UNIT PRICE	AMOUNT
HC00407	SYS/MR/EHELON SYNERGY 1.5T	1	1	EA	870,835.00	870,835.00
H596310 596310	CHILLER/HASKRIS/VELO/SYN/OPC12-SEIS	1	1	EA	0.00	0.00
H601525 601525	HEAT EXCHNGER/OVAL/WW4-HHA-001	1	1	EA	0.00	0.00
H327590 327590	CONSOLE TABLE/FIXED HT/MR/CT/E-NEWTABLE	1	1	EA	0.00	0.00
H566931 566931	CABINET/COIL/OVAL	1	1	EA	0.00	0.00
H641147 641147	DELL SONIC WALL SOHO/02-SSC-6447/3702937	1	1	EA	0.00	0.00
HC00429	VIVID DONGLE/SYNERGY/DOE098FH	1	1	EA	0.00	0.00
HC00416	COIL/FLEX S/SYN/DOC782/MR-TGP-156S	1	1	EA	0.00	0.00
H762974 762974	RIGGING ALLOWANCE/OVAL	1	1	EA	0.00	0.00
H236570 236570	MONTHS OF STD WARRANTY/OVAL	24	0	EA	0.00	0.00
HC00439	MONTHS OF EXT ADD WARRANTY/SYNERGY	12	0	EA	0.00	0.00
H7363278C 7363278C	PAD/INNER BORE PAD/WH/OVAL/25-340910	2	2	EA	0.00	0.00
H7342044G 7342044G	TAPE/MAGIC TAPE/5 X250/FML/LOOP/7342044G	4	4	EA	0.00	0.00

PLEASE CONTINUE ON NEXT PAGE



FUJIFILM Healthcare Americas Corp.  
 81 HARTWELL AVENUE  
 LEXINGTON, MA-02421  
 Telephone: 1-800-431-1830

**Proforma Invoice  
 ORIGINAL**

Page 2 of 2  
 07/24/2024 13:24:03

CUSTOMER NO.	DOCUMENT NO.	DATE
80105759	1184377	07/24/2024

**SOLD TO:**

ORTHOPEDIC AND SPORTS MEDICINE  
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 SAINT JOSEPH, MO 64506

PAYMENT TERMS	CUSTOMER P.O.	SYSTEMS SERIAL NO.
NET 30 DAYS	No PO: 2024-106493	

MATERIAL NO. OLD MATERIAL NO.	DESCRIPTION	QTY ORD	BO ORD QTY	UNIT	UNIT PRICE	AMOUNT
HC00428	SW/KEY/HIMAR PLUS/SYNERGY	1	0	EA	0.00	0.00
HC00427	SW/KEY/MICRO TE(UTE)/SYNERGY	1	0	EA	1,890.00	1,890.00
HC00422	SW/KEY/T2 STAR RELAXMAP/SYNERGY	1	0	EA	2,499.00	2,499.00
H862359 862359	MRI AUDIO MUSIC SYS/MRIAUDIO1400	1	1	EA	7,379.06	7,379.06
H165301 165301	KIT/COMPUTER ONLY UPS/VELO	1	0	EA	4,200.00	4,200.00
>H595201	UPS/COMPUTER ONLY/VELO/DOD172/MR-UPS-3X <i>Component of: H165301</i>	1	1	EA		
<b>Item Sub-Total</b>						<b>886,803.06</b>
Handling / Surcharges						0.00
<b>Sub-Total</b>						<b>886,803.06</b>
<b>Tax</b>						<b>86,019.90</b>
<b>Total Amount</b>						<b>972,822.96</b>

\* Handling / Surcharges and Freight will be recalculated at the time of final billing  
 \*\* Taxes will be recalculated at the time of billing



Appendix 2B

MRI				
Concrete				12000
Drywall				10000
insulation				6000
Metal Stud				15000
Structural				8000
Misc Drywall				10000
ACT				2000
Flooring				4904
Door				2500
Fire Sprinkler				3500
Plumbing				
HVAC				3500
Electrical				46495
FFE				5000
Contengency				15000
GC				14000
		Subtotal		145899
			10%	14589.9
		TRU		160488.9

Department of Health & Senior Services - Certificate of Need

Missouri Population Data & Maps Order Form  
Certificate of Need (CON)

Please allow up to 15 business days for the population data and maps to be prepared.

Should you have questions, please contact the CONP staff at [conp@health.mo.gov](mailto:conp@health.mo.gov) or 573-751-6403.

Please complete this form to request Missouri population data and maps for a Letter of Intent (LOI) or application. Applicable fees are published on the Fee Schedule located at <https://health.mo.gov/data/pdf/feeschedule.pdf>. Invoices will be distributed via email once the request has been filled. Payment must be received in full before the requested information may be released. This form should be emailed to [Andrew.Hunter@health.mo.gov](mailto:Andrew.Hunter@health.mo.gov), faxed to 573-526-4102, or mailed to:

CON Request

Bureau of Health Care Analysis and Data Dissemination  
Missouri Department of Health and Senior Services  
930 Wildwood Drive, PO Box 570, Jefferson City, MO 65109  
Phone: 573-522-2808

Order Date: 10/11/24

(Today's Date) 10/11/24

REQUESTOR INFORMATION		
Last Name <b>Cannella</b>	First Name <b>Matthew</b>	Title <b>Operations Manager</b>
Organization's Name <b>Orthopedic &amp; Sports Medicine Center</b>	Address 1 <b>3107 Frederick Ave</b>	Address 2 <b>Suite B</b>
City <b>St. Joseph</b>	State <b>MO</b>	Zip Code <b>64506</b>
Telephone Number <b>817-670-5668</b>	Fax Number <b>816-233-0414</b>	E-Mail Address (Required-order will be emailed.) <b>Mcannella@OSMCortho.com</b>
Requestor Type (Please check.) <input type="checkbox"/> Consulting Firm <input type="checkbox"/> Other:	<input type="checkbox"/> Hospital <input type="checkbox"/> Long-Term Care Facility	<input checked="" type="checkbox"/> Business/Industry <input type="checkbox"/> Non-Profit Organization

Project Site If exact address is known, please provide the United States Postal Service (USPS) address.

Number & Street	City	Zip Code
<b>1305 Plaza Court suites A-C</b>	<b>Platte City, MO</b>	<b>64079</b>

- OR - if the exact address is unknown (do not provide both or your form will be rejected), please provide:

\_\_\_\_\_ / \_\_\_\_\_  
Latitude Longitude

POPULATION DATA & MAP REQUEST			
CON Project	Type of Population	Area	Selection
New LTC Beds	Projected 65+ population for year 2025	15-mile radius of project site	<input type="checkbox"/>
New LTCH Beds	Projected total population for year 2025	15-mile radius of project site	<input type="checkbox"/>
New/Replacement Hospital	Projected total population for year 2025	Applicant's geographic service area (usually a set of counties*)	<input type="checkbox"/>
Major Medical Equipment	Projected total population for year 2025	Applicant's geographic service area (usually a set of counties*)	<input checked="" type="checkbox"/>
Data in Addition to the Required Data Above (Describe information needed): <b>MAP of counties Listed as well</b>			

\*For geographic service area population requests, please list the Missouri counties requested:

Platte    Clay    \_\_\_\_\_    \_\_\_\_\_  
Buchanan    Clinton    \_\_\_\_\_    \_\_\_\_\_

Indicate special instructions if any:



---

# ***ECHELON Synergy***

Specification Data



**NEVER  
STOP**

---

# ***ECHELON Synergy***

## **Key Components and Specifications**

- 1.5T Superconducting Magnet with 70 cm Wide Bore
- Workflow and Comfort-focused Patient Management
- Dual Gantry Monitors with Hydro-AG+
- Gradient System - 33 mT/m and 130 T/m/s
- 32 Channel RF System
- FlexFit Neuro coil with integrated spine and blanket coils
- Vertex III Computer System and Celeris MRI Operating Software
- AutoExam one-touch scanning controls for maximum efficiency
- Synergy DLR-Deep Learning Reconstruction minimizes scan times and delivers increased SNR and high image quality





# Inspired By Your Patients

## Magnet System

Echelon Synergy features a 70 cm wide bore for maximum patient accessibility and comfort, virtually ZERO Helium boil-off, high homogeneity, ultimate stability, and a full 50 cm FOV in all directions. Synergy also includes HOAST™ (Higher Order Active Shim Technology) applied per patient assuring exceptional magnetic field uniformity.

- Superconducting magnet
- 1.5 Tesla
- Horizontal field
- Homogeneity: <0.5 ppm @ 40 cm DSV (VRMS)
- Shimming:
  - Installation: Computer mapped passive shim
  - Patient: Linear and Higher order per patient active shim
- Active magnetic shielding
- 5G Fringe field
  - Axial: 4.0 m (13.1 ft)
  - Radial: 2.5 m (8.2 ft)
- Helium frequency: Once every six years with Fujifilm's Customer Support Program



## Comfort-Focused Patient Management

Fujifilm's mastery of patient-focused MRI imaging is demonstrated in Echelon Synergy's attention to patient comfort. It begins with the 70 cm wide bore design, which accommodates the 62 cm wide table with a 550 lb weight capacity. It lowers to 45 cm allowing easy access even for wheelchair patients. A positive patient experience is enhanced with adjustable airflow, lighting, and two-way communication. Dual gantry-mounted monitors on either side of the table provide the operator with patient, coil, and gating information to further speed patient preparation.

- Patient aperture: 70 cm
- Table weight capacity: 550 lb (250 kg)
- Table width: 62 cm
- Longitudinal travel: >7 ft (230 cm)
- Vertical range: 45 cm-85 cm (17.7-33.5 in)
- Class II laser positioning
  - +/-1 mm accuracy
  - Automatic movement to isocenter

### Table control

- Up/Down
- In/Out (Slow/Fast)
- Table position in mm
- Move to isocenter
- Return to zero position
- Stop
- Release
- Laser
- Clear

### Scan control

- Start/Abort/Pause

### Patient amenities

- Two-way intercom
- Technologist alert system
- Adjustable bore illumination
- Adjustable bore ventilation
- Patient pads and immobilization straps

## Gradient System

High gradient performance is key to high performance imaging. Echelon Synergy includes a 33/130 capable gradient system. This high slew rate enables selection of low TR, TE, and IET in combination with small FOV and thin slices. This level of gradient capability positions Synergy to adapt to changing MRI technology and widening applications far into the future.

- Peak amplitude: 33 mT/m
- Peak slew rate: 130 T/m/s
- Active shielding
- Water cooling
- Gradient noise reduction: Mechanical gradient sound dampening

## Radiofrequency System with WIT Receiver Coils

Echelon Synergy's FlexFit RF receiver system manages multiple coil connection points on the table. The integrated RF coil system provides coil arrays that can be used individually or in combination to give the operator maximum flexibility for positioning patients of all sizes. The FlexFit receive coil system includes the FlexFit Neuro coil, spine coil, and blanket coils that can be easily placed on the patient for imaging.

Virtually all of Synergy's array, surface, and volumetric coils are multiple element designs for high signal uniformity, high SNR, and compatibility with IP-RAPID and Synergy DLR (Deep Learning Reconstruction) for maximum clinical flexibility and image quality. Analog to Digital conversion in the scan room with optical digital transmission of MRI signal data prevents electrical noise pickup and ensures highest possible SNR.

### RF Transmit:

- 18 kw Power Amplifier

### Digital Drive Dx Receiver:

- 32 channels
- 4 coil connection points
- Ultra low noise coil mounted preamplifiers
- A/D conversion on gantry with optical digital transmission to equipment room

### Available Coil Set Includes:

- FlexFit Neuro Coil
- Spine Coil
- FlexFit Blanket Coil A
- FlexFit Blanket Coil B
- Flex M Coil
- Extremity Coil

- Hand/Wrist Coil
- Breast Coil
- Foot/Ankle Coil
- Shoulder Coil
- Micro Coil A
- Micro Coil B
- Flex S Coil
- QD T/R Body



# Workflow & Efficiency

## Vertex III Computer System with Celeris MRI Operating Software

From patient registration through scan planning, scanning, image processing, and image management, Echelon Synergy's Vertex III computer and Celeris MRI operating software deliver seamless workflow. The Celeris Clinical Study Library, Graphical User Interface (GUI), Intelligent Parameter Guidance, and real-time Image Quality Calculator make scan planning a breeze for even the most complex examinations.

Simultaneous scan, reconstruction, and multi-tasked image processing keep patient volume high, and Workflow Plus™ interoperability features ensure seamless HIS/RIS integration. With Synergy, your operational efficiency is assured.

### VERTEX III Workstation

Fast GUI, simultaneous scan and reconstruction drive high workflow efficiency.

#### CPU:

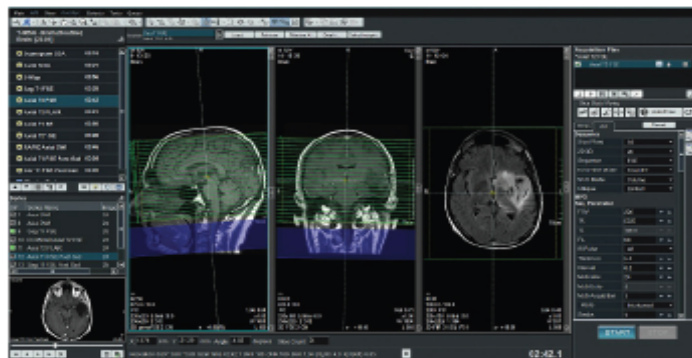
- Xeon 3.8 GHz
- 32 GB RAM
- Display
  - 24" LCD color monitor
  - Display matrix 1920x1200
- Solid State Drive:
  - 1 TB storage capacity
  - Stores up to 400,000 images (256x256)
- DVD archive
  - Media capacity: 4.7 GB
  - Stores up to 30,000 images (256x256)
  - CD/DVD writer with auto-launching PC viewer software\*

#### Scan/Reconstruction Engine:

- Multiple processors
  - Pulse sequence control
  - Digital receive
  - Image reconstruction
  - Post- image reconstruction
  - Simultaneous scan and reconstruction

#### Celeris MRI Operating Software

- Log-on security features
  - Login with password
  - Normal and Audit user privileges
  - Timeout
  - Audit log
- Patient information management
  - Registration window
    - User-defined data fields
    - Automated study ID assignment
    - Rapid registration mode
  - Registration from HIS/RIS
  - Patient data correction feature
- Exam window
  - Multiple viewports for easy setup
  - 2-point and 3-point positioning
  - Multi-angle positioning
  - Image centering function
  - Interactive scan
- Easy sequence selection and parameter adjustment
- Basic and advanced parameter screens
- Preview window for quick review of completed scans
- Independent patient windows
- Patient directory
  - Directory management through drag and drop
  - Patient/study view
  - Modality Worklist Management
  - Search capability
- MRI software launcher
- Protocol library organized by anatomical groups
  - Fujifilm provided recommended protocols
  - User-defined custom protocols
- Graphical selection



\* Not intended for use in diagnosis

The powerful Vertex III Workstation with Celeris MRI operating software easily manages multiple patients and tasks simultaneously.



## Appendix 2D

- Processing tasks
    - Max/Min Intensity Projection (MIP/minIP)
    - Multi-Planar Reconstruction (MPR)
    - Vascular Volume Rendering
    - Signal Intensity Ratio Map (SIR Map)
    - Addition/subtraction
    - T1 and T2 calculated Images
    - T2 RelaxMap
    - T2\* RelaxMap
    - Dynamic analysis
    - Perfusion analysis
    - Diffusion analysis
      - Single direction analysis
      - Multi direction analysis
        - ADC trace
        - DWI trace
    - Tensor/Kurtosis analysis
      - Mean Diffusivity (MD)
      - Fractional Anisotropy (FA)
      - DWI trace
  - Post-Reconstruction functions
    - Filtering
  - Spectroscopy analysis
    - Single voxel
    - Dual voxel
    - Multi-voxel (CSI)
    - Breast Spectroscopy
  - Film, Archive, and Network Functions
    - Flexible filming options
    - Drag-and-Drop Archiving/Restoring
    - DICOM 3.0 Compliant
      - Print
      - Query/Retrieve
      - Storage
      - Storage Commitment
      - Modality Worklist Management
      - Modality Performed Procedure Step
- IHE Profiles
  - SWF/PIR
  - CPI
  - KIN
  - Basic Security
- Image review tools
  - WW/WL
  - Magnify
  - Pan
  - ROI
  - Image Rotation
  - Measurement
  - Cine
  - Comment/Label
  - Statistics
- Sentinel™ Remote Customer Support
  - Remote system and cryogen monitoring
  - Remote desktop
  - Remote diagnostics
  - Remote image review



# Clinical Capabilities

## Imaging Suites

Powerful imaging architecture that delivers outstanding clinical benefits is achieved through Synergy's Imaging Suites. Scanning and processing features encompassing a broad range of acquisition sequences, sequence enhancements and processing tools are available to meet the clinical challenges in Neuro, Orthopedic, Body, Breast, Prostate, Vascular and Cardiac imaging. Synergy DLR (Deep Learning Reconstruction) provides users the ability to reduce exam times while maximizing SNR and optimizing image quality.

## Pulse Sequences

General to advanced, the acquisition sequences you need to meet your clinical challenge.

- Spin Echo (SE)
  - Up to 4 echoes
- Inversion Recovery (IR)
  - FLAIR - Magnitude and Real
  - STIR (Real-IR) reconstruction
- 2D/3D Fast Spin Echo (FSE)
  - Echo Factors (ETL): 2–256
  - User defined inter-echo time
  - User defined echo allocation
    - Centric ◦ ADA
    - Anti-centric ◦ Sequential
  - Single Shot FSE—ultra fast high echo factor acquisition for MRCP, Urography, and Myelography
  - Driven Equilibrium—Increases SNR and contrast over conventional FSE without increasing TR
- opFSE—optimized image clarity, contrast and SNR
- primeFSE—user selectable receiver bandwidth
- isoFSE—3D isotropic acquisition (T1, T2, PD, IR)
- isoDIR-3D isotropic double-IR isoFSE
- Fast Inversion Recovery (FIR)
  - Echo Factors: 2–256
  - Inversion Time: 20–8,000
  - Driven Equilibrium
  - primeFIR
  - Double and Triple IR Black Blood acquisitions
- 2D/3D Gradient Echo (GE) and Multi-Echo Gradient Echo
- Micro TE—< 1ms TE acquisition
- ADAGE—combined echo imaging for high T2\* contrast
- 3D GEIR—combined with an IR pulse for an isotropic acquisition
- FatSep Fat Separation (Dixon)
  - 2-point RSSG - 2 or 3-point FSE
- RADAR Motion Compensation
  - Spin Echo - BASG
  - FSE - GE
  - FIR/FLAIR - TOF
- RAPID Parallel Imaging Acceleration
  - Image Based - K-space Based
- RADAR-RAPID
- IP-RAPID
  - IP-Recon (2D) - IP-SCAN (3D)
- IterativeRAPID
- Synergy DLR (Deep Learning Reconstruction)
- T1Map (2D)
- 2D PSIR
- TIGRE™—3D volume gradient echo with RF fat saturation
- HIMAR Plus: Advanced Metal Artifact Reduction
- 2D/3D Steady-State Acquisition Rewound Gradient Echo (SARGE SG)
  - RF-Spoiled SG (RSSG)—provides T1 weighted imaging
  - Rephased SG—flow compensation for reduced artifacts
  - Balanced SG (BASG)—provides high SNR and bright fluids
  - Phase Balanced SG (PBSG)
  - Phase-cycled fat suppression cardiac imaging
  - Time Reversed SG (TRSG)—T2 weighted fluoro imaging
- Diffusion Weighted Imaging (DWI)
  - Single Shot SE EPI
    - Multi B-Factor: 0-2,000
    - RF fat saturation
    - IR pulse
- Diffusion Tensor/Kurtosis—up to 30 axes
- Perfusion
  - Dynamic Susceptibility Contrast (DSC)
  - ASL Perfusion (non-contrast)
- BSI (3D multi-shot gradient echo EPI)
  - Contrast from tissue susceptibility differences
- 2D/3D TOF
- fMRI (BOLD)
- BeamSat TOF and VASC-ASL—selective cylindrical beam saturation
- FLUTE™—fluoro triggered MRA
- TRAQ™—time resolved MRA
- Phase Contrast MRA (PC-MRA)
  - Velocity encode: 5–400 cm/sec, increment 1 cm/sec
- Non-Contrast MRA
  - VASC™—BASG with walking pre-sat
  - VASC-ASL—arterial spin labeling method
  - VASC-FSE—gated acquisition with image subtraction

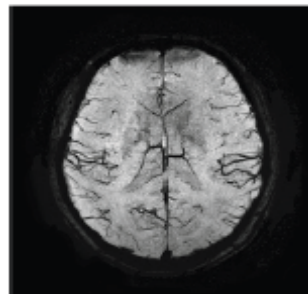
## Acquisition Features and Protocol Enhancements

Scan fast and deliver excellent results using these pulse sequence enhancements and features designed to minimize artifacts and increase ease-of-use.

- Image plane selection
  - Transverse, Sagittal, and Coronal
  - Single and Double Oblique
  - Multi-slice, Multi-angle
  - Radial for simplified MRCP, Knee acquisition planning
  - Multi-plane for combined Sagittal, Coronal, Axial acquisition (SC, SCA, CA, or SA)
  - Interactive Scan Control (I-Scan) enables efficient plane selection and real-time image collection with slice position, scan parameter change and update for MRI Fluoro
  - AutoPose: Automatic slice planning for brain imaging
- Prescan
  - RF power adjustment
  - Center frequency
  - Volume shim adjust
- User defined regional shim
- Image Processing Algorithm
  - Adjustable image quality parameter
  - Increases image clarity and sharpness
- NATURAL™ image quality enhancement algorithm
- Coil mode search optimizes SNR for multiple coil usage
- Real-time image quality indicator (relative SNR, CNR)
- Real-time spatial resolution update shows impact of parameter changes prior to scanning
- Image centering—Places center of prescribed slab at magnet isocenter automatically for best image quality
- Auto voice
- AutoExam one-touch scanning operation
- Dynamic scan time table provides graphical review of dynamic scan procedure (steps and timing) for simplified study planning
- Motion compensation Fat suppression techniques
  - RADAR radial acquisition (FSE, FIR, FLAIR, DWI, SE, primeFSE, BASG, GE, TOF)
  - Gradient rephasing
  - Presaturation pulses-up to eight
  - Walking presaturation
  - Cardiac gating with arrhythmia rejection
  - Cardiac retrospective gating
  - Peripheral Pulse Gating with arrhythmia rejection
  - Respiratory gating
  - Diaphragm Navigation Echo
  - Intermittent presaturation
  - Beam Navi
- Fat suppression techniques
  - SINC RF fat saturation (conventional SINC pulse)
  - H-SINC RF fat saturation (Light mode for lipid only, Heavy mode for lipid and olefinic suppression)
  - FatSep
  - Water Excitation (Binomial technique)
  - STIR, Fast STIR (FIR)
  - In/out of phase GE
- User defined variable bandwidth
- Dual Slice acquisition
- Rectangular Field of View
- Anti-aliasing
- User defined inter-echo spacing
- Half Scan and 3/4 scan
- Half Echo
- Asymmetric Measurement Imaging (AMI)
- Quantitative Mapping
  - T2 RelaxMap—cartilage map
  - T2\* RelaxMap—liver iron map
  - SIR Map—carotid plaque

## Imaging Parameters

- Slice thickness
  - 2D: 0.5–100mm
  - 3D: 0.05–10mm
- FOV: 3–50cm
- TR: 0.9–20,000ms
- TE: 0.25–7,680ms
- TI: 20–8,000ms
- Inter-echo time (IET)
  - FSE: 4.0–15ms
  - EPI: 0.4–7ms
- Flip angle (FA)
  - SE: 3–120
  - GE: 3–90
- Signals averaged: 1–99
- 3D multi-slab: 32
- Maximum number of 2D slices
  - 256 (512x512)
- Maximum number of 3D slices
  - 512 (512 × 512)
  - Acquisition matrices
    - Up to 1024 × 1024
  - Reconstruction matrices
    - Up to 2048 × 2048
    - Flexible Recon Matrix



BSI



VASC ASL

## Low Cost of Ownership

Echelon Synergy continues the Fujifilm tradition of advancing MRI systems beyond the technology you expect with cost-effective siting and operation with its remarkable design attributes, making it accommodating to existing facilities and easily planned into new construction. As an acknowledged leader in imaging placements, Fujifilm offers a wealth of site planning experience and a proven system for efficient siting, installation, and start-up.

### Siting Considerations:

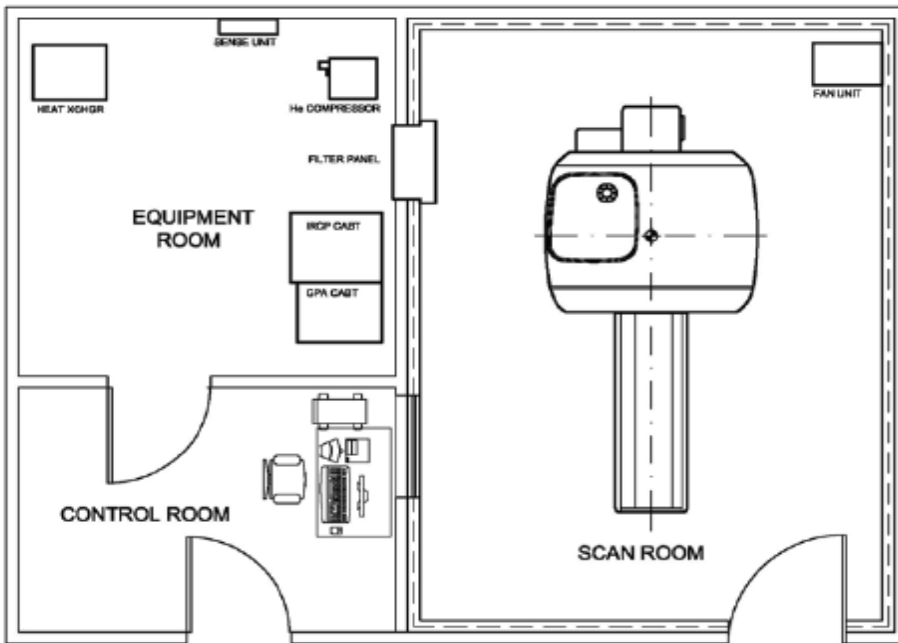
- Typical room size
  - Scan room
    - 19' × 16.4' (5.8 m × 5 m)
    - Min. ceiling height: 8.2' (2.5 m)
  - Equipment room
    - 11.5' × 6.6' (3.5 m × 2 m)
    - Min. ceiling height: 7.9' (2.4 m)
  - Control room
    - 7.9' × 7.9' (2.4 m × 2.4 m)
    - Min. ceiling height: 7.2' (2.2 m)
- 5 gauss line magnetic leakage flux
  - Axial: 13.1' (4.0 m)
  - Radial: 8.2' (2.5 m)
- RF-shielding scan room
  - RF noise <0dB  $\mu$ V/m from 10-80 MHz
- AC power
  - Voltage: 3 phase AC 460V, 480V (60Hz)
  - Frequency 60/60 Hz +/-1% or less
  - Capacity 100 kVA
- Air conditioning
  - Scan room
    - Ambient operating temp: 68–75°F (20–24°C)
  - Equipment room
    - Ambient operating temp: 64–75°F (18–24°C)
  - Control room
    - Ambient operating temp: 64–70°F (18–26°C)



# Site Planning

## Component Dimensions

- Gantry (with covers)
  - Length: 70.9 in (180 cm)
  - Width: 86.6 in (220 cm)
  - Height: 90.6 in (230 cm)
  - Weight: 12,787 lbs (5,800 kg) (70% helium level)
- Bore
  - Wide bore design: 70 cm
  - Length: <63 in (160 cm)
- Computer
  - QWERTY keyboard
  - 2-button mouse with scroll
- Patient table
  - Length: 88 in (223.5 cm)
  - Width: 29.5 in (75 cm)
  - Tabletop width: 24.4 in (62.1 cm)
  - Height
    - Max: 33.7 in (86.7 cm)
    - Min: 17.7 in (45 cm)
- LCD monitor
  - 24 in LCD monitor
- RF Coil Cabinet
  - Length: 84 in (213.4 cm)
  - Width: 28 in ( 71.1 cm)
  - Height: 58.25 in (148 cm)
- Switch/Microphone
  - Scan control
  - Patient intercom
  - ECG/Auto voice volume
- IRCP unit
  - Width: 32.3 in (82 cm)
  - Depth: 39.4 in (100 cm)
  - Height: 74 in (188 cm)
- GPA unit
  - Width: 26.2 in (66.5 cm)
  - Depth: 37.2 in (94.5 cm)
  - Height: 76 in (193 cm)
- Helium compressor
  - Width: 17.7 in (45 cm)
  - Depth: 19.1 in (48.5 cm)
  - Height: 23.3 in (59.1 cm)
- Magnet Supervisory Unit
  - Width: 30 in (76 cm)
  - Depth: 28 in (71 cm)
  - Height: 34 in (86 cm)
- Heat Exchanger
  - Width: 19.2 in (48.8 cm)
  - Depth: 12 in (30.6 cm)
  - Height: 2.8 in (7 cm)
- Sense unit
  - Width: 23.8 in (60.4 cm)
  - Depth: 6.7 in (17.1 cm)
  - Height: 45.4 in (115.2 cm)



Fujifilm reserves the right to change specifications described herein without prior notice. This document provides general technical descriptions of both optional and standard features.





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***ECHELON Synergy***  
*Next Generation MRI*



**NEVER  
STOP**



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WORKFLOW

QUALITY

CAPABILITY



## Appendix 2E

Echelon Synergy is designed to ease patient management and enhance patient comfort.

- 70 cm wide bore 1.5 Tesla
- Wide table - 62 cm
- FlexFit Technology
- AutoExam and One Touch Operation

**SynergyDrive powered by AI delivers 50% Scan Time Reductions from previous generation MRI.**

Maximizes your clinical capabilities and improves workflow with excellent image quality.

Synergy delivers consistent, high-quality imaging with Synergy DLR (Deep Learning Reconstruction) enabling ultra-fast exams while reducing image noise.



Appendix 2E



## Automated and Simplified Workflow

The majority of patients scheduled for MRI are experiencing some form of discomfort. Synergy is designed to improve efficiency and minimize discomfort through scan time optimization and minimized table time.

Clinicians benefit from positive patient satisfaction with improved workflow and increased throughput.

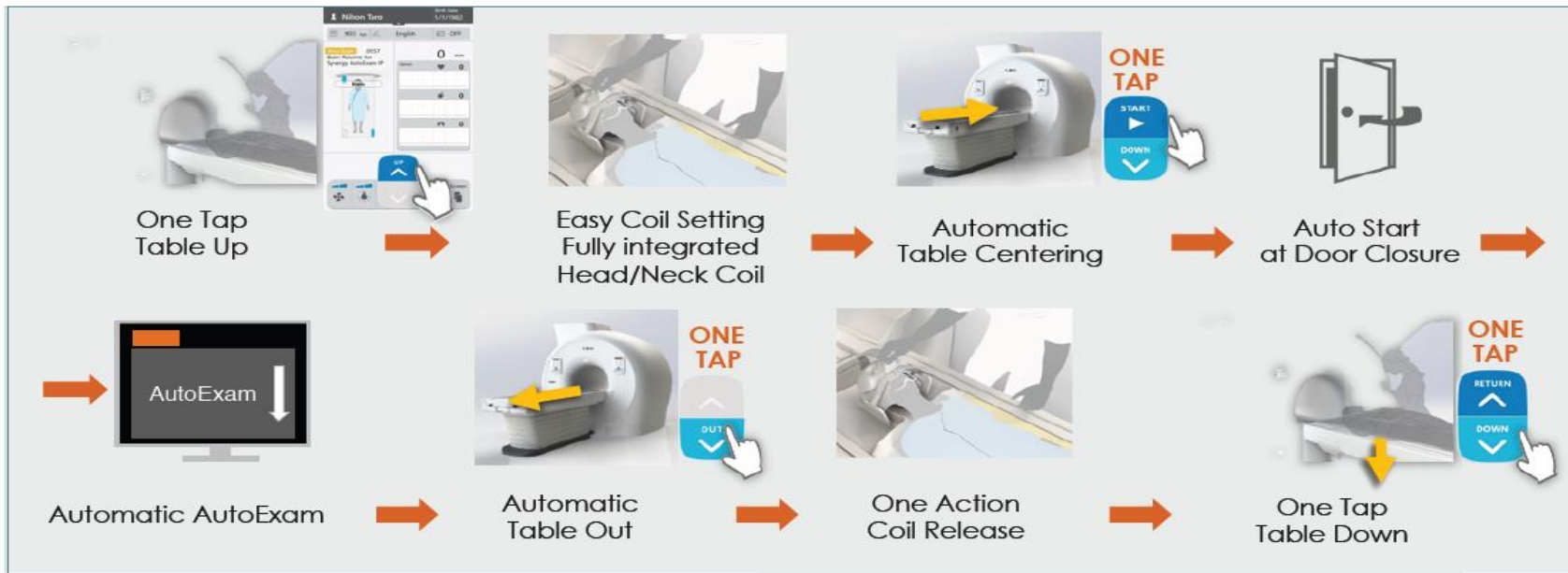
### Synergy Advantages

- Advanced Reconstruction with Deep Learning, Synergy DLR, enables shortest exams and reduces image noise
- 62 cm Wide table provides comfortable positioning
- Accelerated Imaging with IP-RAPID, IterativeRAPID
- Motion-compensated RADAR translates into excellent diagnostic sequences even with difficult patients
- Increased throughput without sacrificing image quality



# AutoExam and One Touch Operations

Reduced operator workload - enhances Workflow



AutoExam and One Touch Operations

## Advanced Imaging for Capability and Growth

Echelon Synergy delivers more data faster with AutoExam and One Touch operations while Synergy DLR optimizes image quality and minimizes scan time.

### Synergy Advantages

- Automated workflow is standard with AutoExam, AutoPose and One Touch Brain and Knee
- DLR reduces noise and enables short exams
- Synergy DLR delivers 5-minute brain exams that demonstrate our commitment to excellent image quality
- AI powered by REiLi merges human experience and AI technology
- Sensitive multichannel RF coil technology adjusts to all patients



Fujifilm's artificial intelligence initiative



Appendix 2E



## Fast Scanning for the smallest of patients

Children can be intimidated walking into a MRI suite, but with Echelon Synergy's ultra-fast scan times those fears can be eliminated.

Echelon Synergy delivers clinical benefits to aid in getting the pediatric patients done right the first time.

### Synergy Advantages

- RADAR motion compensation retains image quality while minimizing artifacts due to patient motion
- Fast scanning with Synergy Deep Learning Reconstruction – **50% scan time** reduction over previous generation 1.5T
- Blanket coils deliver quality imaging with comfortable positioning
- SoftSound™ gradient technology reduces acoustic noise



Appendix 2E





## Appendix 2E

# Population aging comes with challenges, Imaging shouldn't be one of them

Many senior patients have physical and mental limitations that can make an MRI exam a challenge. Synergy eradicates these obstacles.

### Synergy Advantages

- Table lowers for easy accessibility
- Motion-compensated RADAR translates into excellent diagnostic sequences even with difficult patients
- SoftSound gradient technology reduces acoustic noise
- Light-weight blanket coils allow for quick and comfortable positioning
- Custom pads provide comfort and stability
- RF coil technology designed for a wide range of body types



Appendix 2E



## Neuro Imaging

High resolution and excellent diagnostic performance raises the bar on image quality. Standard IP-RAPID technology combines parallel imaging, sparse sampling, and iterative processing to reduce exam time and boost resolution.

Patient positioning is a snap. And the streamlined user interface and automatic integrated coil element selection enable technologists to quickly maximize patient throughput.

### Synergy Advantages

- Sensitive multi-channel RF coil technology adjusts to all patients
- FlexFit Neuro coil offers patient comfort with open-designed coil and tilting
- IP-RAPID iterative processing and sparse sampling reduce scan time
- Higher Order Active Shimming (HOAST) and regional shimming deliver optimal RF fat saturation



Appendix 2E



## Dual Touch Panels for Operator Convenience

With features including dual intelligent gantry monitors, multiple languages, and One Touch scanning, Synergy is well suited for the most challenging of patients.

### Synergy Advantages

- Multiple on-gantry controls to reduce operator task load
- HydroAG+ applied to on-gantry touch panels
- Visual guidance of patient position, coil connections and patient name, DOB, weight
- AutoExam One Touch operation automatically starts exam after scan room door is closed
- Multiple languages to ease patient anxiety by using their native language



Fujifilm's exclusive HydroAG+ reduces microbe and fungal propagation



## Appendix 2E

### Clinical Confidence

Consistent excellent Image quality with the highest resolution and fastest scan times to increase productivity.

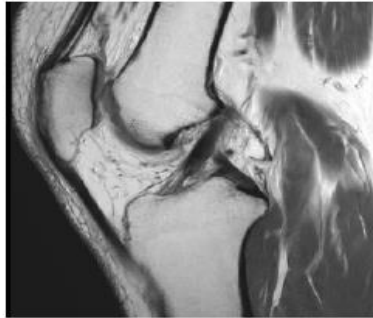
From head to toe, Echelon Synergy 1.5 Tesla MRI has clinical capabilities for all your patients. Technologists will embrace the new One Touch scan and radiologists can rely on high-quality images to make a confident diagnosis.

Next generation MRI scanner by Fujifilm will be a workhorse at your business.

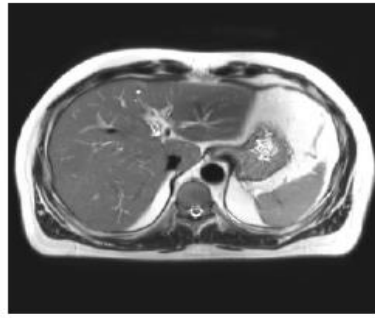
Echelon Synergy delivers clinical confidence and will exceed your expectations.



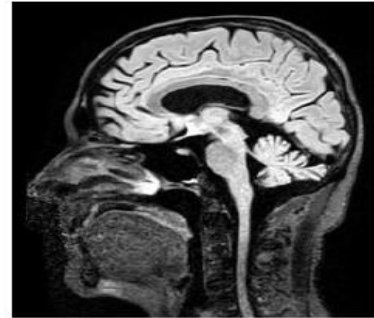
Appendix 2E



PD FSE  
320x320 1:26



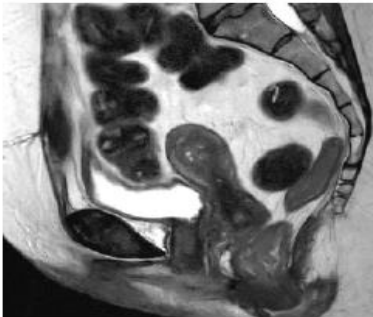
T2 SS-FSE BH  
256x256 0:16



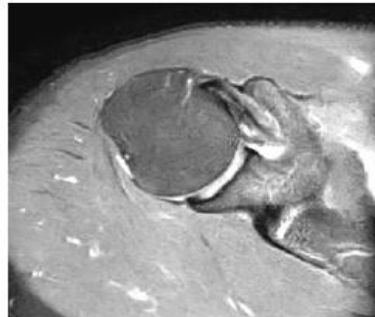
3D T2 FLAIR Fat Sat isoFSE  
224x224 300slices 4:06



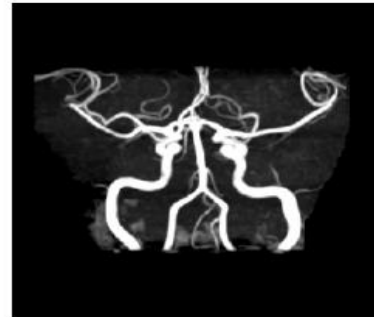
3D TOF  
224x224 1:39



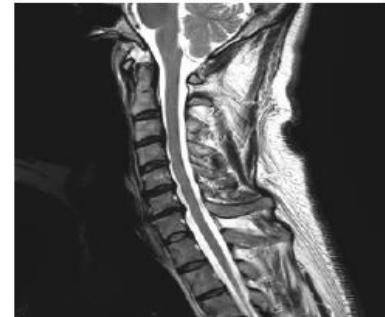
T2 FSE  
256x320 01:43



PD FSE Fat Sat  
256 x 256 1:57

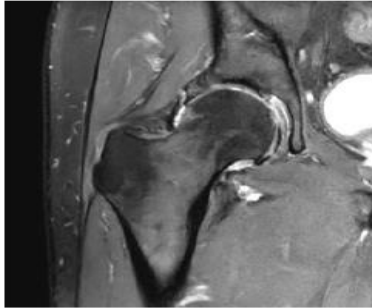


3D TOF  
384x256 0:54

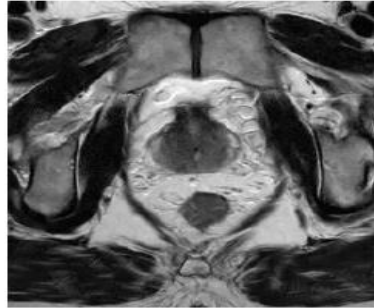


T2 FSE  
320x320 1:35

Appendix 2E



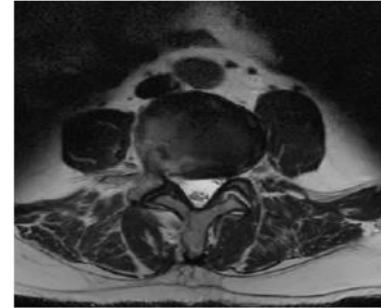
PD FSE Fat Sat  
224 x 256 1:52



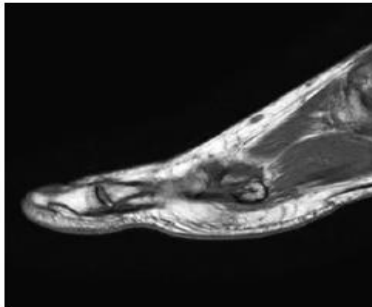
T2 FSE  
320 x 320 2:06



STIR  
256 x 320 01:50



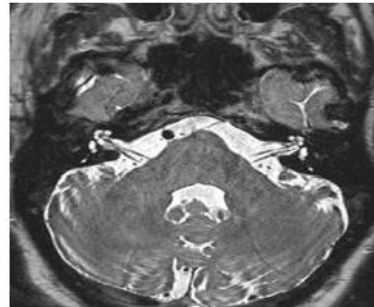
T2 FSE  
288 x 224 2:28



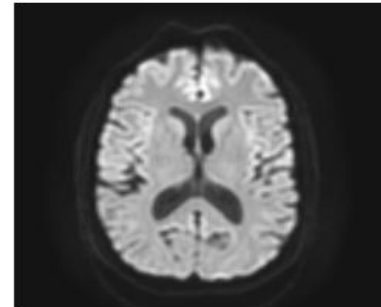
T1 SE  
224 x 224 1:58



3D T2\* GE  
320 x 320 3:49



3D T2 FSE 1mm  
320x320 1.0mm 4:15



Diffusion Tensor-3 mm-DWI b1000  
96x96 1mm 8:02



## Advantages of Next Generation MRI

FUJIFILM Healthcare is committed to advancing MRI globally for all communities. Echelon Synergy is built to meet these needs with siting flexibility, low power and helium consumption, ultra-fast exam times provided by IP-RAPID and Synergy DLR, and a very attractive low total cost of ownership.

### The Echelon Synergy delivers:

- Low power consumption and small footprint for flexible siting.
- FlexFit coil technology provides comfortable imaging for patients and excellent image quality for clinicians
- AutoExam and One Touch Operation reduces operator workload and enhances workflow
- Ease of use imaging platform to aid in increased throughput
- Experience IP-RAPID and IterativeRAPID for accelerated imaging using parallel imaging combined with noise reduction for fastest acquisition in all anatomical regions including body, neuro and orthopedic.



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**FUJIFILM Healthcare Americas Corporation**  
81 Hartwell Avenue, Suite 300, Lexington, MA 02421  
fujifilmhealthcare.com 800.431.1850  
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DOC-0057654-B



# The Platte County Citizen

Phone: (816) 858-5154 • Fax: (816) 858-2154

Post Office Box 888 • Platte City, MO 64079

## AFFIDAVIT OF PUBLICATION

STATE OF MISSOURI )  
                                  ) ss.  
COUNTY OF PLATTE )

The Orthopedic & Sports Medicine Center is submitting its application with the Missouri Certificate of Need Program to purchase a new MRI Unit. Please contact Matthew Cannella at [mcannella@osmcortho.com](mailto:mcannella@osmcortho.com) should you have any questions or concerns.

Published in the Platte County Citizen October 2, 2024

Being duly sworn according to law, I state that I am the publisher/manager of The Platte County Citizen, a weekly newspaper of general circulation in the county of Platte, State of Missouri, where located; which has been admitted to the Post Office as second-class matter in Platte City, Missouri, the city of publication; which newspaper has been published regularly and consecutively for a period of fifty-five years and has a list of bona fide subscribers voluntarily engaged as such who have paid a stated price for a subscription for a definite period of time, and that such newspaper has complied with the provisions of Section 493.050 Revised Statutes of Missouri 2000, and Section 59.310, Revised Statutes of Missouri 2000. The affixed notice appeared in said newspaper in the following consecutive issues:

1st Insertion 2<sup>nd</sup> Day of Oct. 20 24

2nd Insertion \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

3rd Insertion \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

4th Insertion \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

5th Insertion \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

Publication Fee \$ \_\_\_\_\_

Will Johnson  
Will Johnson, Publisher

Subscribed and sworn to before me  
this 2<sup>nd</sup> Day of Oct. 20 24

Brittany Byrd  
Notary Public

My Commission Expires: 2-14-2028

**AFFIDAVIT OF PUBLICATION**

*NPG Newspapers, Inc., P.O. Box 29, St. Joseph, MO 64502*

Reference: 342930 P.O. :  
Ad ID: 6757060 DESC :Notice MRI Unit

**MATTHEW CANNELLA**  
**ORTHOPEDIC & SPORTS MEDICINE CENTER**  
**3107 FREDERICK AVE STE B**  
**ST. JOSEPH, MO 64506**

County of Buchanan  
State of Missouri

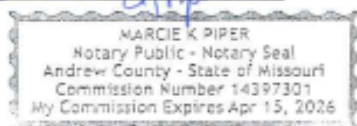
I, PAULA SHELTON, being duly sworn according to law, state that I am the Legal Advertising Coordinator of the ST. JOSEPH NEWS-PRESS, a weekly newspaper of general circulation in the County of Buchanan County, State of Missouri, where located; which newspaper has been admitted to the Post Office as periodical class matter in the City of St. Joseph, Missouri, the city publication; which newspaper had been published regularly and consecutively for a period of four years and has a list of bona fide subscribers voluntarily engaged as such who have paid or agree to pay a stated price for a subscription for a definite period of time. Affiant further declares that said newspaper is qualified under and has complied with provision of Section 493.050 to 493.090, Missouri Revised Statutes 1949, as amended. The affixed notice appeared in said newspaper on the following consecutive week(s):

(Published in the St. Joseph News-Press Fri, 10/11/24)

The Orthopedic & Sports Medicine Center, LLC is submitting its application with the Missouri Certificate of Need Program to purchase a new MRI Unit. Please contact Matthew Cannella at mcannella@smcortho.com should you have any questions or concerns.

Run Dates: 10/11/24 to 10/11/24  
Appearances: 1  
AD SPACE: 20  
TOTAL COST: \$100.00

(Signed) *Paula Shelton*  
Subscribed and sworn before me this  
11th day of October 2024  
Paula Shelton Notary Public



Appendix 2H

AFFIDAVIT OF PUBLICATION

COURIER-TRIBUNE  
PO BOX 1283  
HUTCHINSON, KS 67504-1283

STATE OF MISSOURI }  
COUNTY OF CLAY } SS

Account Number: 132301  
Ad Number: 2777210  
Description: Orthopedic & Sports Med Ctr  
Ad Cost: \$15.48

[Published in the Courier-Tribune Thurs. 10/17/24]  
The Orthopedic & Sports Medicine Center, LLC is submitting its application with the Missouri Certificate of Need Program to purchase a new MRI Unit. Please contact Matthew Cannella at mcannella@osmcorlho.com should you have any questions or concerns

Sandra Ridings, being first duly sworn, says:

That she is the Agent of the the Courier-Tribune, a weekly newspaper of general circulation, printed and published in Liberty, Clay County, Missouri; that the publication, a copy of which is attached hereto, was published in said newspaper on the following dates:

October 17, 2024

That said newspaper was regularly issued and circulated on those dates.

SIGNED:

*Kellie Horn*  
Agent

Subscribed to and sworn to me this 17<sup>th</sup> day of October 2024

*Rhonda Sue Lindbergh*  
Notary Public  
County Missouri  
ID#: 21823222  
My commission expires: 06-16-2025

**RHONDA SUE LINDBERGH**  
Notary Public, Notary Seal  
State of Missouri  
Clay County  
Commission # 21823222  
My Commission Expires 06-16-2025

KEVIN RICHMAN  
9450 SW GEMINI DR PMB 79042  
BEAVERTON, OR 97008  
express@column.us

**AFFIDAVIT OF PUBLICATION**  
STATE OF MISSOURI  
COUNTY OF CLINTON  
Orthopedic & Sports Medicine Center, LLC

I, JAMES R. HONEYCUTT or D'ANNA HONEYCUTT, being duly sworn according to law, state that I am the co-publisher of The Clinton County Leader, a weekly newspaper of general circulation, in the County of Clinton, where located; which has been admitted to the Post Office as second class matter in the City of Plattsburg, Missouri, the city of publication; which newspaper has been published regularly and consecutively for a period of three years and has a list of bona fide subscribers voluntarily engaged as such who have paid or agreed to pay a stated price for a subscription for a definite period of time. Affiant further declares that said newspaper is qualified under and has complied with the provisions of Sections 493.050 to 493.090, Missouri Revised Statutes 1949, as amended. The affixed notice appeared in said newspaper on the following consecutive weeks:

From October 17, 2024 to October 17, 2024, both inclusive.  
First Insertion dated October 17, 2024  
Second Insertion dated \_\_\_\_\_, 2024  
Third Insertion dated \_\_\_\_\_, 2024  
Fourth Insertion dated \_\_\_\_\_, 2024

Signed *James R. Honeycutt*

Co-Publisher of The Clinton County Leader

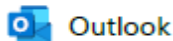
Amount Due for this Publication \$ 38.64

Subscribed and sworn to before me, this 17 day of October, 2024

*Rebecca Lynn Balliett* Notary Public

**NOTICE**  
The Orthopedic & Sports Medicine Center, LLC is submitting its application with the Missouri Certificate of Need Program to purchase a new MRI Unit. Please contact Matthew Cannella at mcannella@osmcortho.com should you have any questions or concerns.  
(10/17/24)





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**Notification of CON for MRI Purchase**

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**From** Matthew Cannella <mcannella@osmcortho.com>  
**Date** Wed 10/9/2024 10:02 AM  
**To** ajohnson@dic-kc.com <ajohnson@dic-kc.com>

Attention Administrator,

I am writing to inform you that the Orthopedic & Sports Medicine Center, LLC will be submitting an application for a Certificate of Need to the Missouri Health Facilities Review Committee, seeking to purchase a new MRI at 1305 Plaza Court Suites A-C, Platte City, MO 64079.

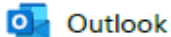
This application (project #6155 HS) will be filed in November 2024.

If you have any questions or comments, please contact us at [mcannella@osmcortho.com](mailto:mcannella@osmcortho.com).

**Matthew Cannella, MBA, MS, LAT, ATC**  
**Operations Manager**

3107 Frederick Avenue, Suite B, St. Joseph, MO 64506  
O: (816)-233-9888 | D: (816) 396-0639 | F: (816) 233-0414  
[osmcortho.com](http://osmcortho.com)

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Outlook

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**Notification of CON for MRI Purchase**

---

From Matthew Cannella <mcannella@osmcortho.com>

Date Wed 10/9/2024 10:04 AM

To Cowman, Sean <sean.cowman@mymhc.com>

Attention Administrator,

I am writing to inform you that the Orthopedic & Sports Medicine Center, LLC will be submitting an application for a Certificate of Need to the Missouri Health Facilities Review Committee, seeking to purchase a new MRI at 1305 Plaza Court Suites A-C, Platte City, MO 64079.

This application (project #6155 HS) will be filed in November 2024.

If you have any questions or comments, please contact us at [mcannella@osmcortho.com](mailto:mcannella@osmcortho.com).

**Matthew Cannella, MBA, MS, LAT, ATC**

Operations Manager

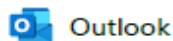
3107 Frederick Avenue, Suite B, St. Joseph, MO 64506

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**Notification of CON for MRI Purchase**

---

**From** Matthew Cannella <mcannella@osmcortho.com>  
**Date** Wed 10/9/2024 10:24 AM  
**To** aileen.rost@mymlc.com <aileen.rost@mymlc.com>

Attention Administrator,

I am writing to inform you that the Orthopedic & Sports Medicine Center, LLC will be submitting an application for a Certificate of Need to the Missouri Health Facilities Review Committee, seeking to purchase a new MRI at 1305 Plaza Court Suites A-C, Platte City, MO 64079.

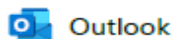
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If you have any questions or comments, please contact us at [mcannella@osmcortho.com](mailto:mcannella@osmcortho.com).

**Matthew Cannella, MBA, MS, LAT, ATC**  
**Operations Manager**

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**Notification of CON for MRI Purchase**

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**From** Matthew Cannella <mcannella@osmcortho.com>

**Date** Wed 10/9/2024 10:09 AM

**To** ttwente@dic-kc.com <ttwente@dic-kc.com>

Attention Administrator,

I am writing to inform you that the Orthopedic & Sports Medicine Center, LLC will be submitting an application for a Certificate of Need to the Missouri Health Facilities Review Committee, seeking to purchase a new MRI at 1305 Plaza Court Suites A-C, Platte City, MO 64079.

This application (project #6155 HS) will be filed in November 2024.

If you have any questions or comments, please contact us at [mcannella@osmcortho.com](mailto:mcannella@osmcortho.com).

**Matthew Cannella, MBA, MS, LAT, ATC**

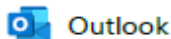
**Operations Manager**

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**Notification of CON for MRI Purchase**

---

From Matthew Cannella <mcannella@osmcortho.com>

Date Wed 10/9/2024 10:11 AM

To JZinchak@dic-kc.com <JZinchak@dic-kc.com>

Attention Administrator,

I am writing to inform you that the Orthopedic & Sports Medicine Center, LLC will be submitting an application for a Certificate of Need to the Missouri Health Facilities Review Committee, seeking to purchase a new MRI at 1305 Plaza Court Suites A-C, Platte City, MO 64079.

This application (project #6155 HS) will be filed in November 2024.

If you have any questions or comments, please contact us at [mcannella@osmcortho.com](mailto:mcannella@osmcortho.com).

**Matthew Cannella, MBA, MS, LAT, ATC**

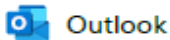
Operations Manager

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Outlook

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**Notification of CON for MRI Purchase**

---

From Matthew Cannella <[mcannella@osmcortho.com](mailto:mcannella@osmcortho.com)>

Date Wed 10/9/2024 10:12 AM

To Courtney.erdley@elementimaging.com <[Courtney.erdley@elementimaging.com](mailto:Courtney.erdley@elementimaging.com)>

Attention Administrator,

I am writing to inform you that the Orthopedic & Sports Medicine Center, LLC will be submitting an application for a Certificate of Need to the Missouri Health Facilities Review Committee, seeking to purchase a new MRI at 1305 Plaza Court Suites A-C, Platte City, MO 64079.

This application (project #6155 HS) will be filed in November 2024.

If you have any questions or comments, please contact us at [mcannella@osmcortho.com](mailto:mcannella@osmcortho.com).

**Matthew Cannella, MBA, MS, LAT, ATC**

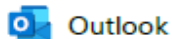
Operations Manager

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**Notification of CON for MRI Purchase**

---

**From** Matthew Cannella <[mcannella@osmcortho.com](mailto:mcannella@osmcortho.com)>  
**Date** Wed 10/9/2024 10:14 AM  
**To** [kdehart@esmc.org](mailto:kdehart@esmc.org) <[kdehart@esmc.org](mailto:kdehart@esmc.org)>

Attention Administrator,

I am writing to inform you that the Orthopedic & Sports Medicine Center, LLC will be submitting an application for a Certificate of Need to the Missouri Health Facilities Review Committee, seeking to purchase a new MRI at 1305 Plaza Court Suites A-C, Platte City, MO 64079.

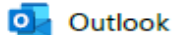
This application (project #6155 HS) will be filed in November 2024.

If you have any questions or comments, please contact us at [mcannella@osmcortho.com](mailto:mcannella@osmcortho.com).

**Matthew Cannella, MBA, MS, LAT, ATC**  
**Operations Manager**

3107 Frederick Avenue, Suite B, St. Joseph, MO 64506  
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**Notification of CON for MRI Purchase**

---

**From** Matthew Cannella <mcannella@osmcortho.com>  
**Date** Wed 10/9/2024 10:15 AM  
**To** josbahr@libertyhospital.org <josbahr@libertyhospital.org>

Attention Administrator,

I am writing to inform you that the Orthopedic & Sports Medicine Center, LLC will be submitting an application for a Certificate of Need to the Missouri Health Facilities Review Committee, seeking to purchase a new MRI at 1305 Plaza Court Suites A-C, Platte City, MO 64079.

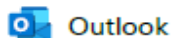
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If you have any questions or comments, please contact us at [mcannella@osmcortho.com](mailto:mcannella@osmcortho.com).

**Matthew Cannella, MBA, MS, LAT, ATC**  
**Operations Manager**

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**Notification of CON for MRI Purchase**

---

From Matthew Cannella <[mcannella@osmcortho.com](mailto:mcannella@osmcortho.com)>

Date Wed 10/9/2024 10:16 AM

To [ashlyn.hull@nkch.org](mailto:ashlyn.hull@nkch.org) <[ashlyn.hull@nkch.org](mailto:ashlyn.hull@nkch.org)>

Attention Administrator,

I am writing to inform you that the Orthopedic & Sports Medicine Center, LLC will be submitting an application for a Certificate of Need to the Missouri Health Facilities Review Committee, seeking to purchase a new MRI at 1305 Plaza Court Suites A-C, Platte City, MO 64079.

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If you have any questions or comments, please contact us at [mcannella@osmcortho.com](mailto:mcannella@osmcortho.com).

**Matthew Cannella, MBA, MS, LAT, ATC**

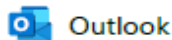
Operations Manager

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**Notification of CON for MRI Purchase**

---

**From** Matthew Cannella <[mcannella@osmcortho.com](mailto:mcannella@osmcortho.com)>  
**Date** Wed 10/9/2024 10:17 AM  
**To** [mlosh@cameronregional.org](mailto:mlosh@cameronregional.org) <[mlosh@cameronregional.org](mailto:mlosh@cameronregional.org)>

Attention Administrator,

I am writing to inform you that the Orthopedic & Sports Medicine Center, LLC will be submitting an application for a Certificate of Need to the Missouri Health Facilities Review Committee, seeking to purchase a new MRI at 1305 Plaza Court Suites A-C, Platte City, MO 64079.

This application (project #6155 HS) will be filed in November 2024.

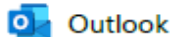
If you have any questions or comments, please contact us at [mcannella@osmcortho.com](mailto:mcannella@osmcortho.com).

**Matthew Cannella, MBA, MS, LAT, ATC**  
**Operations Manager**

3107 Frederick Avenue, Suite B, St. Joseph, MO 64506  
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---

**Notification of CON for MRI Purchase**

---

**From** Matthew Cannella <mcannella@osmcortho.com>  
**Date** Wed 10/9/2024 10:20 AM  
**To** mtietz@saintlukeskc.org <mtietz@saintlukeskc.org>

Attention Administrator,

I am writing to inform you that the Orthopedic & Sports Medicine Center, LLC will be submitting an application for a Certificate of Need to the Missouri Health Facilities Review Committee, seeking to purchase a new MRI at 1305 Plaza Court Suites A-C, Platte City, MO 64079.

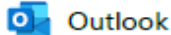
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If you have any questions or comments, please contact us at [mcannella@osmcortho.com](mailto:mcannella@osmcortho.com).

**Matthew Cannella, MBA, MS, LAT, ATC**  
**Operations Manager**

3107 Frederick Avenue, Suite B, St. Joseph, MO 64506  
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---

**Notification of CON for MRI Purchase**

---

**From** Matthew Cannella <mcannella@osmcortho.com>  
**Date** Wed 10/9/2024 10:21 AM  
**To** sgolden2@kumc.edu <sgolden2@kumc.edu>

Attention Administrator,

I am writing to inform you that the Orthopedic & Sports Medicine Center, LLC will be submitting an application for a Certificate of Need to the Missouri Health Facilities Review Committee, seeking to purchase a new MRI at 1305 Plaza Court Suites A-C, Platte City, MO 64079.

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If you have any questions or comments, please contact us at [mcannella@osmcortho.com](mailto:mcannella@osmcortho.com).

**Matthew Cannella, MBA, MS, LAT, ATC**  
**Operations Manager**

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Administrator  
Phoenix Urology of St. Joseph  
901 Heartland Road, Suite 1800  
St. Joseph, MO 64506

10/7/2024

Re: Notification of MRI Purchase

Attention Administrator,

I am writing to inform you that the Orthopedic & Sports Medicine Center, LLC will be submitting an application for a Certificate of Need to the Missouri Health Facilities Review Committee, seeking to purchase a new MRI at 1305 Plaza Court Suites A-C, Platte City, MO 64079.

This application (project #6155 HS) will be filed in November 2024. If you have any questions or comments, please contact us at [mcannella@osmcortho.com](mailto:mcannella@osmcortho.com).

Best regards,



Matthew Cannella  
Operations Manager  
Orthopedic & Sports Medicine Center, LLC

Certified Mail Article Number  
9589 0710 5270 2321 6667 57

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Extra Services & Fees (check box, enter fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
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PS Form 3800, January 2023 PSN 7520-02-000-9047 See Reverse for Instructions	

Appendix 2K

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:                  Administrator                  Phoenix Urology of St. Joseph                  901 Heartland Road, Suite 1800                  St. Joseph, MO 64506</p>	<p>B. Received by (Printed Name)                  IAN A WISE</p> <p>C. Date of Delivery                  10/11/24</p>
<p>2. Article Number (Transfer from service label)                  9590 9402 8420 3156 4954 65</p>	<p>D. Is delivery address different from item 1?                  If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>3. Service Type  <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>	<p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Mail Restricted Delivery (00)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

<p>USPS TRACKING#</p>  <p>9590 9402 8420 3156 4954 65</p>		<p>First-Class Mail                  Postage &amp; Fees Paid                  USPS                  Permit No. G-10</p>
<p>United States                  Postal Service</p>	<p>* Sender: Please print your name, address, and ZIP+4® in this box*</p> <p>Matthew Cannella                  Orthopedic &amp; Sports Medicine Center                  3107 Frederick Ave Suite B                  St. Joseph, MO 64506</p>	



Administrator  
Envision Healthcare, LLC  
2001 NE Parvin Rd.  
Kansas City, MO 64116

10/7/2024

Re: Notification of MRI Purchase

Attention Administrator,

I am writing to inform you that the Orthopedic & Sports Medicine Center, LLC will be submitting an application for a Certificate of Need to the Missouri Health Facilities Review Committee, seeking to purchase a new MRI at 1305 Plaza Court Suites A-C, Platte City, MO 64079.

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Best regards,

Matthew Cannella  
Operations Manager  
Orthopedic & Sports Medicine Center, LLC

Certified Mail Article Number  
9589 0710 5270 2321 6667 40

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Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage  
\$ \_\_\_\_\_

Total Postage and Fees  
\$ \_\_\_\_\_

Sent To  
**Administrator Envision Healthcare LLC**  
Street and Apt. No., or PO Box No.  
**2001 NE Parvin Rd.**  
City, State, ZIP+4®  
**Kansas city MO 64116**

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 2321 6667 40



Administrator  
Kansas City Internal Medicine  
6420 N. Prospect Avenue, Suite T101  
Kansas City, MO 64132

10/7/2024

Re: Notification of MRI Purchase

Attention Administrator,

I am writing to inform you that the Orthopedic & Sports Medicine Center, LLC will be submitting an application for a Certificate of Need to the Missouri Health Facilities Review Committee, seeking to purchase a new MRI at 1305 Plaza Court Suites A-C, Platte City, MO 64079.

This application (project #6155 HS) will be filed in November 2024. If you have any questions or comments, please contact us at [mcannella@osmcortho.com](mailto:mcannella@osmcortho.com).

Best regards,

Matthew Cannella  
Operations Manager  
Orthopedic & Sports Medicine Center, LLC

Certified Mail Article Number  
9589 0710 5270 2321 6613 25

9589 0710 5270 2321 6613 25

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage


Total Postage and Fees


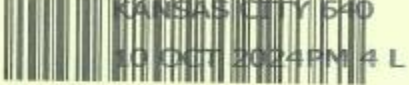
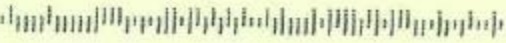
Sent To  
**Administrator Kansas City Internal Medicine**  
Street and Apt. No., or PO Box No.  
**6420 N. Prospect Avenue, Suite T101**  
City, State, ZIP+4®  
**Kansas City, MO 64132**

Postmark Here

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

Appendix 2K

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature X <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p>
<p>1. Article Addressed to: Administrator Kansas City Internal Medicine 6420 N. Prospect Ave, Suite T101 Kansas City, MO 64132</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
 9590 9402 8420 3156 4954 72	<p>3. Service Type <span style="float: right;"><input type="checkbox"/> Priority Mail Express®</span></p> <p><input type="checkbox"/> Adult Signature <span style="float: right;"><input type="checkbox"/> Registered Mail™</span></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <span style="float: right;"><input type="checkbox"/> Registered Mail Restricted Delivery</span></p> <p><input checked="" type="checkbox"/> Certified Mail® <span style="float: right;"><input type="checkbox"/> Signature Confirmation™</span></p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation™</span></p> <p><input type="checkbox"/> Collect on Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation™</span></p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <span style="float: right;"><input type="checkbox"/> Restricted Delivery</span></p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 2321 6613 25</p>	<p>Mail Restricted Delivery (M)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>	

USPS TRACKING#		<p>First-Class Mail Postage &amp; Fees Paid USPS Permit No. G-10</p>
 KANSAS CITY 540 10 OCT 2024 PM 4 L		
9590 9402 8420 3156 4954 72		
<p>United States Postal Service</p>	<p>* Sender: Please print your name, address, and ZIP+4® in this box*</p> <p>Matthew Cannella Orthopedic &amp; Sports Medicine Center, LLC 3107 Frederick Ave, Suite B St. Joseph, MO 64506</p>	
		



Administrator  
Mosaic Life Care at St. Joseph  
Radiation Oncology  
902 N. Riverside Rd. Suite 201  
St. Joseph, MO 64507

10/7/2024

Re: Notification of MRI Purchase

Attention Administrator,

I am writing to inform you that the Orthopedic & Sports Medicine Center, LLC will be submitting an application for a Certificate of Need to the Missouri Health Facilities Review Committee, seeking to purchase a new MRI at 1305 Plaza Court Suites A-C, Platte City, MO 64079.

This application (project #6155 HS) will be filed in November 2024. If you have any questions or comments, please contact us at [mcannella@osmcortho.com](mailto:mcannella@osmcortho.com).

Best regards,

Matthew Cannella  
Operations Manager  
Orthopedic & Sports Medicine Center, LLC

Certified Mail Article Number  
9589 0710 5270 2321 6666 96

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Postmark Here

Sent to  
Administrator Mosaic LifeCare Radiation Oncology  
Street and Apt. No., or PO Box No.  
902 N. Riverside RD Suite 201  
City, State, ZIP+4®  
St. Joseph, MO 64507


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Appendix 2K

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <i>Kellie B. Mollen</i></p>												
<p>1. Article Addressed to:                  Administrator                  Mosaic Life Care                  Radiation Oncology                  902 N. Riverside Rd Suite 201                  St. Joseph, MO 64507</p>	<p>B. Received by (Printed Name) _____ C. Date of Delivery                  10/10</p>												
 9590 9402 8420 3156 4954 03	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>												
<p>2. Article Number (Transfer from service label)                  9589 0710 5270 2321 6666 96</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<input type="checkbox"/> Collect on Delivery Restricted Delivery													
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>													

USPS TRACKING #  
 KANSAS CITY 640  
 10 OCT 2024 PM 4 L

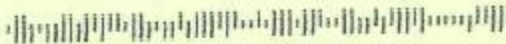
  
 9590 9402 8420 3156 4954 03

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Matthew Cannella  
 Orthopedic & Sports Medicine Center, LLC  
 3107 Frederick Ave, Suite B  
 St. Joseph MO 64506





Administrator  
Northland Medical Imaging Center  
5501 NW 62<sup>nd</sup> Terrace  
Kansas City, MO 64151

10/7/2024

Re: Notification of MRI Purchase

Attention Administrator,

I am writing to inform you that the Orthopedic & Sports Medicine Center, LLC will be submitting an application for a Certificate of Need to the Missouri Health Facilities Review Committee, seeking to purchase a new MRI at 1305 Plaza Court Suites A-C, Platte City, MO 64079.

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Best regards,

Matthew Cannella  
Operations Manager  
Orthopedic & Sports Medicine Center, LLC

Certified Mail Article Number  
9589 0710 5270 2321 6667 64

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Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To  
Administrator Northland Medical Imaging Center  
Street and Apt. No., or PO Box No.  
5501 NW 62<sup>nd</sup> Terrace  
City, State, ZIP+4®  
Kansas City, Mo 64151

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 2321 6667 64

Appendix 2K

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee  <i>Andrea Kaiser</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee  <i>Andrea Kaiser</i></p> <p>C. Date of Delivery  <i>10/10</i></p>														
<p>1. Article Addressed to:  <i>Administrator            Northland Medical Imaging Center            5501 NW 62nd Terrace            Kansas City, MO 64151</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>														
<p>2. Article Number (Transfer from service label)  <i>9590 9402 8420 3156 4953 66</i></p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Mail Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery	<input type="checkbox"/> Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery														
<input type="checkbox"/> Mail Restricted Delivery															
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>9590 0710 5270 2321 6667 64            Domestic Return Receipt</p>														

<p>USPS TRACKING #  <i>KANSAS CITY 640</i>  <i>10 OCT 2024 PM 4 L</i></p> <p>9590 9402 8420 3156 4953 66</p>		<p>First-Class Mail            Postage &amp; Fees Paid            USPS            Permit No. G-10</p>
<p>United States Postal Service</p> <p>* Sender: Please print your name, address, and ZIP+4* in this box*</p> <p><i>Matthew Cannella            Orthopedic &amp; Sports Medicine Center, LLC            3107 Frederick Ave, Suite B            St. Joseph, MO 64506</i></p>		



Administrator  
Kindred Hospital Northland  
500 NW 68<sup>th</sup> Street  
Kansas City, MO 64118

10/7/2024

Re: Notification of MRI Purchase

Attention Administrator,

I am writing to inform you that the Orthopedic & Sports Medicine Center, LLC will be submitting an application for a Certificate of Need to the Missouri Health Facilities Review Committee, seeking to purchase a new MRI at 1305 Plaza Court Suites A-C, Platte City, MO 64079.

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Best regards,

Matthew Cannella  
Operations Manager  
Orthopedic & Sports Medicine Center, LLC

Certified Mail Article Number  
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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$



Sent To: Administrator Kindred Hospital Northland  
Street and Apt. No., or PO Box No.: 500 NW 68<sup>th</sup> Street  
City, State, ZIP+4®: Kansas City, MO 64118

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions


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Appendix 2K

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>  </p>
<p>1. Article Addressed to:                  Administrator                  Kingrod Hospital Northland                  500 NW 68th Street                  Kansas City, MO 64118</p>	<p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <span style="float: right;">10/15</span></p>
 9590 9402 8420 3156 4957 00	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)                  9589 0710 5270 2321 6667 33</p>	<p>3. Service Type <span style="float: right;"><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</span>  <input type="checkbox"/> Adult Signature <span style="float: right;"><input type="checkbox"/> Registered Mail Restricted Delivery</span>  <input type="checkbox"/> Adult Signature Restricted Delivery <span style="float: right;"><input type="checkbox"/> Registered Mail Restricted Delivery</span>  <input checked="" type="checkbox"/> Certified Mail® <span style="float: right;"><input type="checkbox"/> Signature Confirmation™</span>  <input type="checkbox"/> Certified Mail Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span>  <input type="checkbox"/> Collect on Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span>  <input type="checkbox"/> Collect on Delivery Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9059 <span style="float: right;">Domestic Return Receipt</span></p>	

USPS TRACKING #  
KANSAS CITY 640



15 OCT 2024 PM 4 L

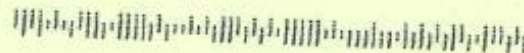
9590 9402 8420 3156 4957 00

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USPS  
Permit No. G-10

**United States Postal Service**

\* Sender: Please print your name, address, and ZIP+4® in this box\*

Matthew Cannella  
 Orthopedic & Sports Medicine Center, LLC  
 3107 Frederick Ave, Suite B  
 St. Joseph, MO 64506





Administrator  
Encompass Medical Group  
Premier Imaging Englewood  
101 NW Englewood Rd  
Gladstone, MO 64118

10/7/2024

Re: Notification of MRI Purchase

Attention Administrator,

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Best regards,

Matthew Cannella  
Operations Manager  
Orthopedic & Sports Medicine Center, LLC

Certified Mail Article Number  
9589 0710 5270 2321 6667 95

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Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	


Sent To  
Administrator Encompass Medical Group Premier Imaging  
Street and Apt. No., or PO Box No.  
101 NW Englewood RD  
City, State, ZIP+4®  
Gladstone, MO 64118



9589 0710 5270 2321 6667 95

Postmark

PB Form 3800, January 2023 PSN 7550-02-000-9047 See Reverse for Instructions

Appendix 2K

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b></p>	
<p>1. Article Addressed to:</p> <p><i>Adminisrator Encompass Medical Group Premier Imaging Englewood 101 N W Englewood RD Gladstone, MO 64118</i></p>  <p>9590 9402 8420 3156 4954 27</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p><b>9589 0710 5270 2321 6667 95</b></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <hr/> <p>3. Service Type <span style="float: right;"><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</span></p> <p><input type="checkbox"/> Adult Signature <span style="float: right;"><input type="checkbox"/> Registered Mail Restricted Delivery</span></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation™</span></p> <p><input type="checkbox"/> Certified Mail® <span style="float: right;"><input type="checkbox"/> Signature Confirmation™ Restricted Delivery</span></p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>		

USPS TRACKING#		<p>First-Class Mail Postage &amp; Fees Paid USPS Permit No. G-10</p>
	<p>9590 9402 8420 3156 4954 27</p>	
<p>United States Postal Service</p>	<p>* Sender: Please print your name, address, and ZIP+4® in this box*</p> <p><i>Matthew Cannella Orthopedic &amp; Sports Medicine Center, LLC 3107 Frederick Ave, Suite B St. Joseph, MO 64506</i></p>	



Administrator  
Northland Open MRI  
5844 Barry Road, Suite 120  
Kansas City, MO 64154

10/7/2024

Re: Notification of MRI Purchase

Attention Administrator,

I am writing to inform you that the Orthopedic & Sports Medicine Center, LLC will be submitting an application for a Certificate of Need to the Missouri Health Facilities Review Committee, seeking to purchase a new MRI at 1305 Plaza Court Suites A-C, Platte City, MO 64079.

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Best regards,

Matthew Cannella  
Operations Manager  
Orthopedic & Sports Medicine Center, LLC

Certified Mail Article Number  
9589 0710 5270 2321 6667 71

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$


Postmark Here



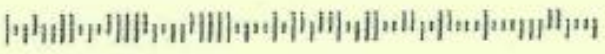
Sent To:  
Administrator Northland Open MRI  
Street and Apt. No., or PO Box No.  
5844 Barry RD, Suite 120  
City, State, ZIP+4®  
Kansas city, MO 64154

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 2321 6667 71



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Thml</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p>												
<p>1. Article Addressed to:                  Administrator                  Northland Open MRI                  5844 Barry RD, Suite 120                  Kansas City, MO 64154</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>												
 9590 9402 8420 3156 4954 41	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
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<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
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<p>2. Article Number (Transfer from service label)                  9589 0710 5270 2321 6667 71</p>	<p>Mail Restricted Delivery</p>												
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt												

<p>USPS TRACKING #</p>  KANSAS CITY 640 10 OCT 2024 PM 4 L 9590 9402 8420 3156 4954 41		First-Class Mail Postage & Fees Paid USPS Permit No. G-10
United States Postal Service	<p>* Sender: Please print your name, address, and ZIP+4® in this box*</p> <p><i>Matthew Cannella</i>  <i>Orthopedic &amp; Sports Medicine Center, LLC</i>  <i>3107 Frederick Ave, Suite B</i>  <i>St. Joseph MO 64506</i></p>	
		



Administrator  
Imaging for Women, LLC  
630 NW Englewood Rd  
Kansas City, MO 64118

10/7/2024

Re: Notification of MRI Purchase

Attention Administrator,

I am writing to inform you that the Orthopedic & Sports Medicine Center, LLC will be submitting an application for a Certificate of Need to the Missouri Health Facilities Review Committee, seeking to purchase a new MRI at 1305 Plaza Court Suites A-C, Platte City, MO 64079.

This application (project #6155 HS) will be filed in November 2024. If you have any questions or comments, please contact us at [mcannella@osmcortho.com](mailto:mcannella@osmcortho.com).

Best regards,

Matthew Cannella  
Operations Manager  
Orthopedic & Sports Medicine Center, LLC

Certified Mail Article Number  
9589 0710 5270 2321 6613 18

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	\$
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Postmark Here

Sent To  
**Administrator Imaging for Women, LLC**  
Street and Apt. No., or PO Box No.  
**630 NW Englewood RD**  
City, State, ZIP+4®  
**Kansas city MO 64118**

9589 0710 5270 2321 6613 18  
PS Form 3800, January 2023 PSN 7530-01-000-9050 See Reverse for Instructions

Appendix 2K

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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<p>1. Article Addressed to:  <i>Administrator</i>  <i>Imaging for Women, LLC</i>  <i>630 NW Englewood RD</i>  <i>Kansas City, MO 64118</i></p>  <p>9590 9402 8420 3156 4954 10</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)          9589 0710 5270 2321 6613 18</p>	<p>Mail          Mail Restricted Delivery          00</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

USPS TRACKING#

9590 9402 8420 3156 4954 10

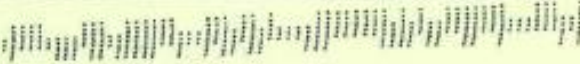
KANSAS CITY 640  
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 USPS  
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United States Postal Service

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*Matthew Cannella*  
*Orthopedic & Sports Medicine Center, LLC*  
*3107 Frederick Ave, Suite B*  
*St. Joseph, MO 64506*





Administrator  
Prenatal Imaging Centers, LLC  
6419 N. Cosby Avenue  
Kansas City, MO 64151

10/7/2024

Re: Notification of MRI Purchase

Attention Administrator,

I am writing to inform you that the Orthopedic & Sports Medicine Center, LLC will be submitting an application for a Certificate of Need to the Missouri Health Facilities Review Committee, seeking to purchase a new MRI at 1305 Plaza Court Suites A-C, Platte City, MO 64079.

This application (project #6155 HS) will be filed in November 2024. If you have any questions or comments, please contact us at [mcannella@osmcortho.com](mailto:mcannella@osmcortho.com).

Best regards,

Matthew Cannella  
Operations Manager  
Orthopedic & Sports Medicine Center, LLC

Certified Mail Article Number  
9589 0710 5270 2321 6667 88

9589 0710 5270 2321 6667 88

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<b>OFFICIAL USE</b>	
Certified Mail Fee	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage	
Total Postage and Fees	
Sent To	
Administrator Prenatal Imaging Center, LLC	
Street and Apt. No., or PO Box No.	
6419 N. Cosby Avenue	
City, State, ZIP+4®	
Kansas City, MO 64151	
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	

Appendix 2K

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<p>2. Article Number (Transfer from service label) <b>9590 9402 8420 3156 4954 34</b></p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table> <p>Mail Restricted Delivery 30</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
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<input type="checkbox"/> Collect on Delivery Restricted Delivery													
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>													

USPS TRACKING#		<p>First-Class Mail Postage &amp; Fees Paid USPS Permit No. G-10</p>
9590 9402 8420 3156 4954 34		
United States Postal Service	<p>* Sender: Please print your name, address, and ZIP+4® in this box*</p> <p><b>Matthew Cannella Orthopedic &amp; Sports Medicine Center, LLC 3107 Frederick Ave, Suite B St. Joseph, MO 64506</b></p>	



**State of Missouri**  
 John R. Ashcroft, Secretary of State

Corporations Division  
 PO Box 778 / 600 W. Main St., Rm. 322  
 Jefferson City, MO 65102

**LC0075113**  
**Date Filed: 9/10/2018**  
**John R. Ashcroft**  
**Missouri Secretary of State**

**Articles of Termination for  
 Limited Liability Company**  
*(Submit with filing fee of \$25.00)*

1. The name of the limited liability company is Prenatal Imaging Centers Charter #: LC0075113
2. The date the limited liability company's articles of organization were filed: December 18, 2002
3. The reason for filing articles of termination is: Closed the business on September 30, 2017
4. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated:  
 \_\_\_\_\_  
*(Date may not be more than 90 days after the filing date)*
5. On November 01, 2017 a notice of merger or consolidation or a notice of winding up disclosing the dissolution  
*Month/Day/Year*  
 was filed with the Secretary of State of Missouri.
6. Any other matters: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In Affirmation thereof, the facts stated above are true and correct:  
 (The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

<i>J Burlbaw</i> <small>Authorized Signature</small>	<u>Jeanette Burlbaw - Manager</u> <small>Printed Name</small>	<u>08/21/18</u> <small>Date</small>
<i>Thomas J Burlbaw</i> <small>Authorized Signature</small>	<u>Thomas J. Burlbaw</u> <small>Printed Name</small>	<u>08/21/18</u> <small>Date</small>
_____ <small>Authorized Signature</small>	_____ <small>Printed Name</small>	_____ <small>Date</small>

Name and address to return filed document:  
 Name: Jeanette Burlbaw  
 Address: 2904 W 120 Terr  
 City, State, and Zip Code: Leawood, KS 66209

*Ø*  
 ORI-08242018-1535 State of Missouri  
 ORI-09112018-0694 State of Missouri  
 No of Pages 1 Page  
  
 With/Term/Dissolve - LLC/LP/LLP/LLLP

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

## CERTIFICATE OF TERMINATION

WHEREAS, a request for termination of

*PRENATAL IMAGING CENTERS, L.L.C.*  
*LC0075113*

a Limited Liability Company, has been received, found to conform to law, and filed.

NOW, THEREFORE, I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, issue this Certificate of Termination certifying of the a forenamed Limited Liability Company, certifying that the existence of said Limited Liability Company has this date ceased.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 10th day of September, 2018.

  
Secretary of State



## **Divider 3**

### **Service Specific Criteria and Standards**



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

According to the Service Specific Criteria and Standards, they reference an average of 2,000 scans per year for MRI modalities. With the introduction of the new MRI unit, we anticipate surpassing this figure. While we may not reach this target in the units' first year of operation, we expect to exceed 2,000 scans by 2026, following its installation in fall 2025.

Utilization data from facilities in the proposed primary and secondary service areas indicate that utilization rates are very high, with wait times reaching three to four weeks.

**2. For any unit where specific utilization standards are not listed, provide documentation to justify the new unit.**

The Orthopedic & Sports Medicine Center, LLC has proudly served St. Joseph, MO, and surrounding communities for nearly 30 years, consistently delivering exceptional patient care and advanced imaging services. Our experience in high-quality scans, combined with positive feedback on the proposed new MRI unit, supports our projection for substantial utilization growth. Equipped with advanced software and superior image quality, this new unit will enable us to provide more efficient scanning while expanding our diagnostic capabilities to better meet patient needs.

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

N/A

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

- **Medical effects as described and documented in published scientific literature;**  
N/A
- **The degree to which the objective of the technology have been met in practice;**  
N/A
- **Any side effects, contraindications or environmental exposures;**  
N/A
- **The relationships, if any, to existing preventative, diagnostic, therapeutic or management technologies and the effects of the existing technologies;**  
N/A
- **Food and Drug Administration approval;**  
N/A

- **The need methodology used by this proposal in order to assess efficacy and cost impact of the proposal;**  
N/A
- **The degree of partnership, if any, with other institutions for joint use and financing.**  
N/A

## **Divider III Appendix**

## **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 auditor's statement indication that sufficient funds are available.**

Please see the attached document from Nodaway Valley Bank – Loan Letter Appendix 4A

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

Please see attachment Form MO 580-1865 Appendix 4B. There is an additional Form Mo 580-1865 attached to project 2028. With the expected completion of this project to be in Fall of 2025, this would not give a full year projection.

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

Generally, charges are determined using national fee data, adjusted geographically to reflect the rates submitted by providers in the geographic payment area. Annual inflation adjustments are made.

- 4. Indicate how Overhead was calculated.**

Overhead was calculated based on historical average overhead expenses a previously existing MRI unit has had applied towards it. Historical average overhead expenses were adjusted for expected inflation over the terms of the project projection period and applied respectively.

- 5. Document responsiveness to the needs of the medically indigent.**

Orthopedic and Sports Medicine Center utilizes a platform called HealthMe to offer transparent, upfront pricing to patients who are without insurance or underinsured. Through HealthMe, Orthopedic and Sports Medicine Center offers fixed-price service bundles, ensuring patients know the full cost of their care in advance. HealthMe streamlines direct-pay options, which makes healthcare more accessible for those without adequate insurance coverage.

## **Divider IV Appendix**

Appendix 4A Nodaway Valley Bank Letter 4A.....	pg110
Appendix 4B Service-Specific Revenues and Expenses Form MO 580-1865.....	pg111
Appendix 4C Services-Specific Revenues and Expenses Additional Excel Sheet.....	pg112



NODAWAY VALLEY BANK

September 30, 2024

RE: Certificate of Need Application - Proof of Funds Letter

To Whom It May Concern,

This letter states that Orthopedic and Sports Medicine Center has \$2,554,108.95 available for the purchase of equipment and services. If you have any questions, please contact me at 816-901-4602.

Sincerely,

Brett Steiner  
Vice President  
NMLS #1875197

P.O. Box 7315 • St. Joseph, MO 64507-7315 • 816-364-5678 • [www.nvb.com](http://www.nvb.com)

4001 N. Belt Hwy & Cook  
Fax: 816-390-9642

402 N. Belt Hwy & Faraon  
Fax: 816-364-7770

1302 S. Riverside Road & Mitchell  
Fax: 816-901-9933

6304 King Hill Ave.  
Fax: 816-238-4385

MEMBER FDIC



## Certificate of Need Program

**SERVICE-SPECIFIC REVENUES AND EXPENSES**

Project Title: Orthopedic &amp; Sports Medicine Center Project #: 6155 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		
	2025	2026	2027
<b>Amount of Utilization:*</b>	831	3,531	3,739
<b>Revenue:</b>			
Average Charge**	\$1,872	\$2,059	\$2,265
Gross Revenue	\$1,555,632	\$7,270,329	\$8,468,835
Revenue Deductions	1,296,619	6,059,819	7,058,774
Operating Revenue	259,013	1,210,510	1,410,061
Other Revenue	0	0	0
<b>TOTAL REVENUE</b>	<b>\$259,013</b>	<b>\$1,210,510</b>	<b>\$1,410,061</b>
<b>Expenses:</b>			
<b>Direct Expenses</b>			
Salaries	71,151	293,141	301,935
Fees	65,339	269,196	277,271
Supplies	6,850	28,223	29,069
Other	0	0	0
<b>TOTAL DIRECT</b>	<b>\$143,340</b>	<b>\$590,560</b>	<b>\$608,275</b>
<b>Indirect Expenses</b>			
Depreciation	48,025	192,102	192,102
Interest***	31,111	70,382	63,938
Rent/Lease	3,377	13,613	13,721
Overhead****	97,659	402,356	414,426
<b>TOTAL INDIRECT</b>	<b>\$180,172</b>	<b>\$678,453</b>	<b>\$684,187</b>
<b>TOTAL EXPENSES</b>	<b>\$323,512</b>	<b>\$1,269,013</b>	<b>\$1,292,462</b>
<b>NET INCOME (LOSS):</b>	<b>-\$64,499</b>	<b>-\$58,503</b>	<b>\$117,599</b>

\*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: Orthopedic &amp; Sports Medicine Center Project #: 6155 HS

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

	Year		
	2028	20??	20??
<i>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.</i>			
<b>Amount of Utilization:*</b>	4,154	0	0
<b>Revenue:</b>			
Average Charge**	\$2,492	\$0	\$0
Gross Revenue	\$10,351,768	\$0	\$0
Revenue Deductions	8,628,199	0	0
Operating Revenue	1,723,569	0	0
Other Revenue	0	0	0
<b>TOTAL REVENUE</b>	<b>\$1,723,569</b>	<b>\$0</b>	<b>\$0</b>
<b>Expenses:</b>			
<b>Direct Expenses</b>			
Salaries	310,993	0	0
Fees	285,590	0	0
Supplies	29,942	0	0
Other	0	0	0
<b>TOTAL DIRECT</b>	<b>\$626,525</b>	<b>\$0</b>	<b>\$0</b>
<b>Indirect Expenses</b>			
Depreciation	192,102	0	0
Interest***	56,967	0	0
Rent/Lease	13,833	0	0
Overhead****	426,859	0	0
<b>TOTAL INDIRECT</b>	<b>\$689,761</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL EXPENSES</b>	<b>\$1,316,286</b>	<b>\$0</b>	<b>\$0</b>
<b>NET INCOME (LOSS):</b>	<b>\$407,283</b>	<b>\$0</b>	<b>\$0</b>

\*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.