

From: [Danielle Atterberry](#)
To: [Fick, Mackinze](#)
Subject: RE: CON Application Review
Date: Wednesday, March 5, 2025 1:05:09 AM
Attachments: [image002.png](#)
[image003.png](#)
[CON Application #6173 HS Boone Health Addition of CT Scanner Supplemental Information.pdf](#)

Mackinze,

Please see attached supplemental information packet. This attachment should compile the answers/topics we've discussed via email in one place, as well as provide supporting documentation.

Sincerely,
Danielle

Danielle Atterberry

Director of Imaging, Neurodiagnostics, and Infusion & Treatment Center | [Boone Health](#)
Office: 573.815.3499 Cell: 573.825.8899 | Danielle.Atterberry@boone.health



5-Star rating by
**Centers for Medicare and
Medicaid Services (CMS)**



Recognized as one of
America's 100 Best Hospitals

From: Fick, Mackinze <Mackinze.Fick@health.mo.gov>
Sent: Tuesday, February 25, 2025 2:42 PM
To: Danielle Atterberry <dg22928@boone.health>
Subject: CON Application Review

EXTERNAL

Danielle,

After review of the application, some additional information is needed.

- Provide a registered representative form for Danielle Atterberry.
- Provide 3rd party documentation or methods/assumptions for the following items:
 - West Physics, Chairs, Privacy Curtains, Suctions Regulators, and Control Room PCs
- The application included a quote from Meyer Electric, Butzer (\$232,375), Flooring (\$18,934), Imhoff (\$35,000), Ozark, Delong, etc. Advise why these quotes are not included in the proposed project budget. If they should be, a revised PPB is needed.
- The Siemens quote states valid until 9/30/24. Provide a new quote.
- The Bayer quote states valid until 9/30/24. Provide a new quote.
- It appears letters were not sent to all facilities with similar services. Please utilize our Inventory of

Major Medical report for this data.

This information is needed by Wednesday, March 5th, 2025.



Mackinzezy Fick

Assistant Program Coordinator

Certificate of Need Agency : <http://health.mo.gov/information/boards/certificateofneed/index.php>

Missouri Department of Health and Senior Services

920 Wildwood Drive, Jefferson City, MO. 65102

✉: mackinzezy.fick@health.mo.gov | ☎: 573-751-6403

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Application to the Missouri Health
Facilities Review Committee

Project: Boone Health Addition of CT Scanner, #6173 HS

Supplemental Information



Supplemental Information Request:

1. Provide a registered representative form for Danielle Atterberry.

The Representative Registration (Form MO 580-1869) for Danielle Atterberry is included in this supplemental application packet as page 4.

2. Provide 3rd party documentation or methods/assumptions for the following items:

- a. **West Physics** – A summary of expenses for the project (aligning with rates set forth in our contract) was provided by West Physics and is included on page 5.
- b. **Chairs** – Cost of chairs was budgeted based upon securing quotes from 3 office furniture vendors Boone regularly uses for task chairs. The quote selected is included on page 6-8.
- c. **Privacy Curtains** – The quote is included on page 9. Updates to quantities have been noted to reflect the needs of the project.
- d. **Suction Regulators** – The quote is included on page 10.
- e. **Control Room PCs** – Cost of PCs was provided by Boone IT department. The cost used in the project budget is the amount Boone IT provided to department leadership for purposes of preparing 2025 operating budgets. \$1500 x Qty 2 PCs = \$3000. Excerpt from 2025 budget instructions:

LISTING OF ACCOUNTS TO BE BUDGETED BY DIR/MGRS IS BELOW:

OTHER SUPPLIES:

69140 - Computer Supplies New cptr supplies (repl of existing will be charged to IS). Laptop=\$2300; Desktop=\$1500; VDI Desktop=\$1000;

- f. **Patient Monitors** – The quote is included on page 11-17. This was used to budget for one full monitor setup (exactly as detailed in the quote) *plus* one additional rolling stand at the price defined in line 3 on page 14. The additional rolling stand will be used for an existing monitor that is currently wall-mounted in a location that will be impacted during renovations.
Note: The patient monitor quote included in this supplemental application packet is more expensive than that which was included in the original Proposed Project Budget (Form MO 580-1863). An updated PPB has been included as page 18. An accompanying updated detail pricing sheet has been included as page 19. A receipt showing supplemental payment to CON for the difference in price is included as pages 20-21.

- 3. The application included a quote from Meyer Electric, Butzer, Flooring, Imhoff, Ozark, DeLong, etc. Advise why these quotes were not included in the proposed project budget. If they should be, a revised PPB is needed.**

These expenses are included within the quoted figure provided by Septagon. These are quotes from sub-contractors that Septagon will use during the project. They were included by Septagon in their proposal as supporting documentation for their overall quote.

- 4. The Siemens quote states valid until 9/30/24. Provide new quote.**

The version uploaded with the initial CON packet was not the fully executed copy. The fully executed signature page has been included as pages 22-23. While the quote says “Proposal valid until 09-30-2024”, it is still valid since it was fully executed by that date. The signed proposal outlines that Boone Health has 24 months to take possession. We were able to sign this agreement prior to CON approval because all parties agreed to add the language on page 1 which states the agreement is “Contingent upon Missouri CON approval.” If CON does not approve the project, this agreement becomes void. We are unable to get a new copy of this agreement without sending it back through to be signed and executed by both parties again. If we request that of Siemens, the price of the equipment will change, as that pricing was only valid if the agreement was executed by end of Q3 2024.

- 5. The Bayer quote states valid until 9/30/24. Provide new quote.**

An updated quote is provided on page 24-31.


- 6. It appears letters were not sent to all facilities with similar services. Please utilize our Inventory of Major Medical report for this data.**

Letters were sent to the remaining facilities within Boone County that have CT scanners, including Advanced Radiology, Columbia Imaging Center, Missouri Cancer Associates, Women’s & Children’s Hospital. Copies of these letters have been provided on pages 32-35.



Certificate of Need Program

REPRESENTATIVE REGISTRATION

<i>(A registration form must be completed for each project presented.)</i>	
Project Name Boone Health Addition of CT Scanner	Number #6173 HS
<i>(Please type or print legibly.)</i>	
Name of Representative Danielle Atterberry	Title Director, Imaging Services
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Boone Health	Telephone Number 573-815-3499
Address (Street/City/State/Zip Code) 1600 E. Broadway, Columbia, MO 65201	
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 Boone Health	Telephone Number 573-815-8000
Address (Street/City/State/Zip Code) 1600 E. Broadway, Columbia, MO 65201	
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 checked="" type="checkbox"/> Employee <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input type="checkbox"/> Other (explain):
Other Information: _____ _____	_____ _____
<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 2/25/25

MO 580-1869 (11/01)

West Physics Service Agreement

Thank you for choosing West Physics Consulting (“WPC”) for your diagnostic medical physics needs. This service agreement will list the services that you have elected to purchase, the date and time those services will be provided, and the itemized cost of those services. Should you have any questions about these services, please do not hesitate to contact us at 1-866-275-9378.

Services to be Provided and Associated Costs:

Shielding Design (per tube for x-ray; per room for NM) (\$1,055.00 per Tube or Room x 1)	\$1,055.00
Shielding Integrity Survey and Radiation Protection Survey (\$561.00 per Survey x 1)	\$561.00
CT Acceptance Test - Initial survey for newly installed ACR accredited equipment (\$2,205.00 per Unit x 1)	\$2,205.00
	Sales Tax: \$0.00
	Total: \$3,821.00

Prices for on-site services are contingent upon syncing with other work, or meeting the minimum trip requirements referenced in the attached payment policies.

Service Dates and Times:

To be confirmed upon receipt of signed service agreement. Payment Terms Net 30.

Bill To:

Boone Hospital Center, 1600 East Broadway, Columbia, MO 65201
Client ID: F1005768

Testing Site:

Boone Hospital Center, 1600 East Broadway, Columbia, MO 65201
Client ID: F1005768

Certification

By signing this agreement, you agree to allow and facilitate the performance of these services by our staff and to pay for the stated services in accordance with the West Physics Consulting Payment Policies, a copy of which is attached to this Agreement.

Printed Name

Title

Signature

Date



St. Louis
11840 Westline Industrial Dr, Ste. 100
St. Louis, MO 63146

QUOTE

Date: 2/6/2024

CI Select Contact:
Jessica Ayllon
jayllon@ciselect.com

Prepared For:

Boone Health
Rene Heider
2401 Vandiver Dr
Columbia MO 65202
P: 573-355-0570

Install Address:

Boone Health
2401 Vandiver Dr
Columbia MO 65202

Boone Health - Standard Task Chairs

Contract #: Vizient Options

Line	MFG	Qty	Model #	Description	Sell Price	
					Unit	Extended
Genus Elastomer						
1	OFS	1	3615E	Genus, High Back, Elastomer Back & Upholstered Seat	\$603.06	\$603.06
			Arm	CR13 4D Pivoting Arms		
			Arm Pad	PCB Carbon		
			Control	STT8 Synchro Tilt with Side Tension Knob		
			Seat Slider	SS3 Seat Slider		
			Lumbar	ALB5 Lumbar Support System		
			Frame	FCA Carbon Frame		
			Base	MTCHB Matching Base		
			Caster/Glide	W49 Black Soft Wheel Caster		
			Headrest	X9 None - Standard		
			Elastomer Back	EST Elastomer Back-Storm		
			Grade	2 Grade 2 Material		
			Grade 2 Material	SMOEC Spradling Modena Ecosense		
			Fabric, Spradling Modena Ecosense	3075817 Black		
			Assembly	KND Knocked Down		
Subtotal:						\$603.06

Genus Upholstered

2	OFS	1	3615	Genus, High Back, Upholstered Seat & Back	\$605.36	\$605.36
			Arm	CR13 4D Pivoting Arms		
			Arm Pad	PCB Carbon		
			Control	STT8 Synchro Tilt with Side Tension Knob		
			Seat Slider	SS3 Seat Slider		
			Lumbar	ALB5 Lumbar Support System		
			Frame	FCA Carbon Frame		
			Base	MTCHB Matching Base		
			Caster/Glide	W49 Black Soft Wheel Caster		
			Headrest	X9 None - Standard		

Line	MFG	Qty	Model #	Description	Sell Price	
					Unit	Extended
				Grade 2	Grade 2 Material	
				Grade 2 Material	SMOEC	Spradling Modena Ecosense
				Fabric, Spradling Modena Ecosense	3075817	Black
				Assembly	KND	Knocked Down
					Subtotal:	\$605.36
Verus TriFlex - Tier 1						
3	HMI	1	PIA2B426AA	+Verus Wk Chair, Ready to Assemble, TriFlex polymer back, standard-height range, synchronous w/ tilt limiter, fully adj arms, adj seat depth, not fire retardant	\$614.55	\$614.55
			Back Support Option	AJ	+adjustable lumbar with sacral support	
			Base/Frame Finish	BK	+black base/black frame	
			TriFlex™ Polymer Material	DCR	+dark carbon	
			Casters	C7	+2 1/2" caster, black yoke, hard floors or carpet	
			Seat Fabric	8I8	+Bluff-Pr Cat D	
			8I8_Colors	01	+bluff loom	
					Subtotal:	\$614.55
Verus TriFlex - Tier 2						
4	HMI	42	PIA2B426AA	+Verus Wk Chair, Ready to Assemble, TriFlex polymer back, standard-height range, synchronous w/ tilt limiter, fully adj arms, adj seat depth, not fire retardant	\$596.48	\$25,052.16
			Back Support Option	AJ	+adjustable lumbar with sacral support	
			Base/Frame Finish	BK	+black base/black frame	
			TriFlex™ Polymer Material	DCR	+dark carbon	
			Casters	C7	+2 1/2" caster, black yoke, hard floors or carpet	
			Seat Fabric	8I8	+Bluff-Pr Cat D	
			8I8_Colors	01	+bluff loom	
					Subtotal:	\$25,052.16
Verus Upholstered - Tier 1						
5	HMI	1	PIA2B226AA	+Verus Wk Chair, Ready to Assemble, uphst back, standard-height range, synchronous w/ tilt limiter, fully adj arms, adj seat depth, not fire retardant	\$722.16	\$722.16
			Base/Frame Finish	BK	+black base/black frame	
			Casters	C7	+2 1/2" caster, black yoke, hard floors or carpet	
			Fabric	8I8	+Bluff-Pr Cat D	
			8I8_Colors	01	+bluff loom	
					Subtotal:	\$722.16
Verus Upholstered - Tier 2						
6	HMI	36 3	PIA2B226AA	+Verus Wk Chair, Ready to Assemble, uphst back, standard-height range, synchronous w/ tilt limiter, fully adj arms, adj seat depth, not fire retardant	\$700.92	\$25,233.12
			Base/Frame Finish	BK	+black base/black frame	
			Casters	C7	+2 1/2" caster, black yoke, hard floors or carpet	
			Fabric	8I8	+Bluff-Pr Cat D	
			8I8_Colors	01	+bluff loom	
					Subtotal:	\$25,233.12

\$ 2102.76

Line	MFG	Qty	Model #	Description	Sell Price	
					Unit	Extended
				TAX EXEMPT	\$0.00	\$0.00
					Grand Total:	\$52,830.41



Quote For: Cubicle Curtains
Project Name: Boone CT

Sales Name: Scott Rodgers
Sales Phone: (800) 325-1440
Sales Email: srodgers@phoenixtextile.com
Inside Sales: Kim Piskulich

Date: 1/9/2025
Quote Number: 1613-2
Contact: Rene heider
Account Number:

Terms: Pricing valid for 30 days.

QTY	UOM	DESCRIPTION	PRICE	EXTENDED PRICE
5 A	EA	1200 CT Cubicle Track- White with #11 Carrier 8' Straight	\$37.05	\$148.20 185.25
5 A	EA	124" x 20" Within Reach Snap Mesh- White	\$77.14	\$308.56 385.70
10 B	EA	66" x 66" Within Reach Snap Panels- RX 6001 Seed	\$191.46	\$1,531.68 1914.60
1	LT	Installation of Track and Curtains	\$250.00	\$250.00
Total:				\$2,238.44 2735.55

Cancellation and Returns: Custom items including furniture, drapery, shades and privacy curtains are not returnable. y goods incorrectly shipped where the "Seller" is at fault will be return at the "Seller's" expense and replaced immediately. Any goods incorrectly shipped where the "Buyer" is at fault can be returned with the "Buyer" paying shipping charges and a 25% restocking charge. Please verify all information before placing an order.



1111 Lakeside Drive ♦ Gurnee, IL 60031-4099
 Phone: 866.549.6446 ♦ Fax: 847.855.6218
www.ohiomedical.com
 Are you "Room Ready"? 866-549-6446

QUOTATION

Account No: 802839

Quote No: 72620

Bill To: Boone Hospital Center
 1600 E Broadway # 37
 Columbia MO 65201-5844
 United States of America

Reference:

Quote Date: 10/18/24

Ship To: Boone Hospital Center
 1600 E Broadway # 37
 Columbia MO 65201-5844
 United States of America

Attention:

Phone:

Fax:

Email:

Prepared By: Jacob Lowell

Phone:

Email: jacob.lowell@ohiomedical.com

Please reference this quote number on your Purchase Order for processing

Item	Product	Quantity Quoted	Unit Price	Extended Price
1	8707-1251-905 ISU,PUR,LG TRP	U/M EA 4	\$532.84	US\$ 2,131.36
Total Items Price			US\$	2,131.36

Upon acceptance, please send your PO to Ohio Medical at customer.service@ohiomedical.com or FAX to 847-855-6218.

Please include a copy of this quotation with your Purchase Order.

Pricing valid: 30 days

Applicable taxes and handling fees are not included.

Installation and equipment set up is the sole responsibility of the customer.

Returns are subject to a restocking fee.

Warranty: PTS Vacuum Regulators – 10 years from date of delivery
 Amvex Vacuum Regulators – 10 years from date of delivery
 6700 Series Vacuum Regulators (ISU, CVR, SFF & Thoracic) – 3 years from date of delivery
 Ohio/Amvex Flowmeters: 15L and 3.5L – 5 years from date of delivery
 Ohio/Amvex Flowmeter: 1L – 1 year from date of delivery
 Portable suction: 3 years from date of delivery

Terms and Conditions of Sale: <https://www.ohiomedical.com/terms-and-conditions>

Product brochures are available for download from our website! Visit www.ohiomedical.com and select Product Finder under one of the product groups. Choose a product, then a specific product.

Sold to:

CH Allied Services Inc d/b/a Boone Hospital Center
1600 E Broadway
Columbia, MO 65201-5897

Presented By

Scott Boeren
Philips Healthcare a division of Philips North
America LLC
414 Union Street
Nashville, Tennessee 37219
Email: scott.boeren@philips.com

Quote #: Q-00460061

Customer #: 94045652

Quote Date: 03/03/25

Valid Until: 06/04/25

Boone CT MX450/MMX qty 1

Thank you for investing your trust in Philips; we know that there were many options out there for you to choose from. As the industry leader in Healthcare, we also pride ourselves on providing great Customer Service.

I am pleased to submit the attached proposal for your consideration.

I trust this meets your expectation, however, should you have any queries or require further information or clarification, please do not hesitate to contact me.

To ensure a smooth purchasing experience here are a few helpful tips to keep in mind when submitting your purchase order.

- Please specify any specific delivery date requirements or shipping/delivery needs
- Ensure your purchase order references the Philips quote number
- Purchase orders must be signed digitally or physically

or

- Complete the information on the quote Signature Page

Thank you again for considering Philips.

Regards,
Scott Boeren

This quotation contains confidential and proprietary information of Philips Healthcare, a division of Philips North America LLC ("Philips") and is intended for use only by the customer whose name appears on this quotation. Except as otherwise required by state or federal law after strict compliance with any applicable notification and procedural requirements therein, it may not be disclosed to third parties without the prior written consent of Philips.

IMPORTANT NOTICE: Health care providers are reminded that if the transactions herein include or involve a loan or discount (including a rebate or other price reduction), they must fully and accurately report such loan or discount on cost reports or other applicable reports or claims for payment submitted under any federal or state health care program, including but not limited to Medicare and Medicaid, such as may be required by state or federal law, including but not limited to 42 CFR 1001.952(h).



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1. Financial Overview

Line	Article No.	Description	Qty	List Price	Unit Net Price	Net Price
1	866062_NAM	IntelliVue MX450 US	1	\$ 13,525.00	\$ 8,723.62	\$ 8,723.62
2	867036	IntelliVue MMX	1	\$ 8,374.00	\$ 5,401.23	\$ 5,401.23
3	MXU0462	Roll Stand: MX400-800, MP40-70, MP5	1	\$ 681.00	\$ 681.00	\$ 681.00
4	989803145061/ M1668A	5 Lead ECG Trunk, AAMI/IEC 2.7m	1	\$ 128.50	\$ 82.24	\$ 82.24
5	989803125841/ M1968A	5 Leadset, Grabber, AAMI, ICU	1	\$ 116.39	\$ 74.49	\$ 74.49
6	989803209771	Air Hose 5mm bore connector	1	\$ 71.07	\$ 45.48	\$ 45.48
7	989803147861/ M4554B	Easy Care Cuff, 1 Hose, Small Adult (1)	1	\$ 35.02	\$ 22.41	\$ 22.41
8	989803147871/ M4555B	Easy Care Cuff, 1 Hose, Adult (1)	1	\$ 32.96	\$ 21.09	\$ 21.09
9	989803147891/ M4557B	Easy Care Cuff, 1 Hose, Lrg Adult (1)	1	\$ 33.99	\$ 21.75	\$ 21.75
10	989803147881/ M4556B	Easy Care Cuff, 1 Hose, Adult XL (1)	1	\$ 41.20	\$ 26.37	\$ 26.37
11	989803128651/ M1943AL	SpO2 8-pin D-sub Adapter cable 3m (8pin)	1	\$ 216.30	\$ 138.43	\$ 138.43
12	989803208681	Project Management: Foundation	2	\$ 612.00	\$ 306.00	\$ 612.00
13	989805710138	Labor: Install/De-Install Equipment	3	\$ 825.00	\$ 275.00	\$ 825.00

Discount Amount:

\$ -8,017.32

Total Section Price:

\$ 16,675.11

Total Net Price

List Price

\$ 24,692.43

Contract Discount

\$ -8,017.32

Total Net Price

\$ 16,675.11



2. Quote Summary

Line	Article No.	Description	Qty	Unit List Price	Contract Discount	Unit Net Price	Net Price
1	866062_NAM	IntelliVue MX450 US					
1.1	866062_NAM_AL 1	AL1 MX450 ADVANCED MONITOR	1	\$ 13,225.00	35.50%	\$ 8,530.12	\$ 8,530.12
1.2	866062_NAM_E2 4	E24 One Lithium Ion Battery	1	\$ 300.00	35.50%	\$ 193.50	\$ 193.50
						\$ 8,723.62	\$ 8,723.62
2	867036	IntelliVue MMX					
2.1	867036_SP1	SP1 FAST SpO2	1	\$ 7,176.20	35.50%	\$ 4,628.65	\$ 4,628.65
2.2	867036_B06	B06 Dual Press and Temp	1	\$ 1,197.80	35.50%	\$ 772.58	\$ 772.58
						\$ 5,401.23	\$ 5,401.23



Picture represents product family and may not be the exact configuration quoted.

3	MXU0462	Roll Stand: MX400-800, MP40-70, MP5	1	\$ 681.00	0.00%	\$ 681.00	\$ 681.00
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Picture represents product family and may not be the exact configuration quoted.

4	989803145061	5 Lead ECG Trunk, AAMI/IEC 2.7m	1	\$ 128.50	36.00%	\$ 82.24	\$ 82.24
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5	989803125841	5 Leadset, Grabber, AAMI, ICU	1	\$ 116.39	36.00%	\$ 74.49	\$ 74.49
6	989803209771	Air Hose 5mm bore connector	1	\$ 71.07	36.00%	\$ 45.48	\$ 45.48
7	989803147861	Easy Care Cuff, 1 Hose, Small Adult (1)	1	\$ 35.02	36.00%	\$ 22.41	\$ 22.41
8	989803147871	Easy Care Cuff, 1 Hose, Adult (1)	1	\$ 32.96	36.00%	\$ 21.09	\$ 21.09
9	989803147891	Easy Care Cuff, 1 Hose, Lrg Adult (1)	1	\$ 33.99	36.00%	\$ 21.75	\$ 21.75
10	989803147881	Easy Care Cuff, 1 Hose, Adult XL (1)	1	\$ 41.20	36.00%	\$ 26.37	\$ 26.37
11	989803128651	Sp02 8-pin D-sub Adapter cable 3m (8pin)	1	\$ 216.30	36.00%	\$ 138.43	\$ 138.43
12	989803208681	Project Management: Foundation	2	\$ 306.00	0.00%	\$ 306.00	\$ 612.00
13	989805710138	Labor: Install/De-Install Equipment	3	\$ 275.00	0.00%	\$ 275.00	\$ 825.00
Total Section Price:							\$ 16,675.11
							Total Net Price
List Price							\$ 24,692.43
Contract Discount							\$ -8,017.32
Total Net Price							\$ 16,675.11



3. Local Sales Terms and Conditions

Line	Product Code	Contract Name	Contract No.	Invoice Schedule
1	866062_NAM IntelliVue MX450 US	VANDERBILT HEALTH PURCHASING COLLABORATIVE LSP0010700	LSP0010700	0/0/100
2	867036 IntelliVue MMX	VANDERBILT HEALTH PURCHASING COLLABORATIVE LSP0010700	LSP0010700	0/0/100
3	MXU0462 Roll Stand: MX400-800, MP40-70, MP5	Value Added Services	Value Added Services	0/0/100
4	989803145061 5 Lead ECG Trunk, AAMI/IEC 2.7m	VANDERBILT HEALTH PURCHASING COLLABORATIVE LSP0010700	LSP0010700	0/0/100
5	989803125841 5 Leadset, Grabber, AAMI, ICU	VANDERBILT HEALTH PURCHASING COLLABORATIVE LSP0010700	LSP0010700	0/0/100
6	989803209771 Air Hose 5mm bore connector	VANDERBILT HEALTH PURCHASING COLLABORATIVE LSP0010700	LSP0010700	0/0/100
7	989803147861 Easy Care Cuff, 1 Hose, Small Adult (1)	VANDERBILT HEALTH PURCHASING COLLABORATIVE LSP0010700	LSP0010700	0/0/100
8	989803147871 Easy Care Cuff, 1 Hose, Adult (1)	VANDERBILT HEALTH PURCHASING COLLABORATIVE LSP0010700	LSP0010700	0/0/100
9	989803147891 Easy Care Cuff, 1 Hose, Lrg Adult (1)	VANDERBILT HEALTH PURCHASING COLLABORATIVE LSP0010700	LSP0010700	0/0/100
10	989803147881 Easy Care Cuff, 1 Hose, Adult XL (1)	VANDERBILT HEALTH PURCHASING COLLABORATIVE LSP0010700	LSP0010700	0/0/100
11	989803128651 Sp02 8-pin D-sub Adapter cable 3m (8pin)	VANDERBILT HEALTH PURCHASING COLLABORATIVE LSP0010700	LSP0010700	0/0/100
12	989803208681 Project Management: Foundation	Value Added Services	Value Added Services	0/0/100
13	989805710138 Labor: Install/De-Install Equipment	Value Added Services	Value Added Services	0/0/100

Payment Terms US: Net 30 Days

INCO Terms: Carriage and Insurance Paid To Destination



This is a cash price quote, which includes ACH, check, and wire transfer. Any other form of payment will result in different price, which may be higher.

Billing Terms: Are as displayed under the Invoice Schedule table above. For each item, X/Y/Z milestones are defined as follows (unless an Agreement specifying alternative payment terms has been negotiated between the parties):

X is the percentage invoiced upon signed acceptance of quotation or upon receipt of Customer Purchase Order

Y is the percentage invoiced upon delivery of major components to Customer designated location or Philips warehouse.

Z is the percentage invoiced upon completion of installation or product available for first patient use, whichever occurs first.

If DEMO Equipment is included in this quotation it is sold under the Contact No. Contract Name/Contract Number ("Contract") of the products/solution included in this quotation.

If the quote includes a Unit Net Price, the Net Price listed on the quote is the binding price. The Unit Net Price may have a minimal pricing discrepancy when the quantity purchased is greater than 1.

All amounts in this quote are in USD

Additional Terms US:

This purchase is governed Contract Name defined in the Local Sales Terms and Conditions; the specific Vizient Contract number identified in the Contract Name, as well as any Philips Standard Terms and Conditions of Sale and Software License, set forth below, to the extent not in conflict with the applicable Vizient Contract terms.



Certificate of Need Program

PROPOSED PROJECT BUDGET

Description

Dollars

COSTS:*

(Fill in every line, even if the amount is "\$0".)

1. New Construction Costs ***	\$0
2. Renovation Costs ***	\$731,104
3. Subtotal Construction Costs (#1 plus #2)	\$731,104
4. Architectural/Engineering Fees	\$62,700
5. Other Equipment (not in construction contract)	\$81,087
6. Major Medical Equipment	\$1,555,313
7. Land Acquisition Costs ***	\$0
8. Consultants' Fees/Legal Fees ***	\$0
9. Interest During Construction (net of interest earned) ***	\$0
10. Other Costs ***	\$4,737
11. Subtotal Non-Construction Costs (sum of #4 through #10)	\$1,703,837
12. Total Project Development Costs (#3 plus #11)	\$2,434,941 **

FINANCING:

13. Unrestricted Funds	\$879,628
14. Bonds	\$0
15. Loans	\$0
16. Other Methods (specify)	\$1,555,313
17. Total Project Financing (sum of #13 through #16)	\$2,434,941 **

18. New Construction Total Square Footage	0
19. New Construction Costs Per Square Foot *****	\$0
20. Renovated Space Total Square Footage	1,488
21. Renovated Space Costs Per Square Foot *****	\$491

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

** These amounts should be the same.

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

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

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

***** Divide renovation costs by total renovation square ~~foot~~age.

COSTS:

1. New Construction Costs ***		\$0
2. Renovation Costs ***		\$731,104
<i>Septagon</i>	\$658,652	
<i>Contingency (7%)</i>	\$46,106	
<i>Construction Management (4%)</i>	\$26,346	
3. Subtotal Construction Costs (#1 plus #2)		\$731,104
4. Architectural/Engineering Fees		\$62,700
<i>SSC - Drawings</i>	\$57,200	
<i>Septagon - Drawings</i>	\$5,500	
5. Other Equipment (not in construction contract)		\$81,087
<i>Bayer Contrast Injector</i>	\$53,755	
<i>Control Room PCs</i>	\$3,000	
<i>Patient Monitors- Philips monitor w/ rolling stand</i>	\$16,675	
<i>Patient Monitor - Rolling stand for existing wall-mount unit</i>	\$681	
<i>Suction Regulators</i>	\$2,140	
<i>Privacy Curtains</i>	\$2,736	
<i>Chairs</i>	\$2,100	
6. Major Medical Equipment		\$1,555,313
<i>Siemens CT Drive</i>	\$1,555,313	
7. Land Acquisition Costs ***		\$0
8. Consultants' Fees/Legal Fees ***		\$0
9. Interest During Construction (net of interest earned) ***		\$0
10. Other Costs ***		\$4,737
<i>Butzer - Readings</i>	\$916	
<i>West Physics - Shielding Design</i>	\$1,055	
<i>West Physics - Shielding Integrity Survey</i>	\$561	
<i>West Physics - Equipment Inspection Fee</i>	\$2,205	
11. Subtotal Non-Construction Costs (sum of #4 through #10)		\$1,703,837
12. Total Project Development Costs (#3 plus #11) **		\$2,434,941

FINANCING:

13. Unrestricted Funds		\$879,628
14. Bonds		\$0
15. Loans		\$0
16. Other Methods (specify)		\$1,555,313
<i>Siemens Equipment Lease</i>	\$1,555,313	
17. Total Project Financing (sum of #13 through #16) **		\$2,434,941
18. New Construction Total Square Footage		\$0
19. New Construction Costs Per Square Foot *****		\$0
20. Renovated Space Total Square Footage		\$1,488
21. Renovated Space Costs Per Square Foot *****		\$491

Danielle Atterberry

From: Julie Rhodes Pipes
Sent: Tuesday, March 4, 2025 4:22 PM
To: Danielle Atterberry
Subject: FW: Payment Receipt

All done!

Julie Rhodes Pipes

Executive Assistant to:
Chris Jones, Chief Operating Officer
Shannon Kuczynski, Chief Nurse Executive
Dr. Robin Blount, Chief Medical Officer
Drew Wilkinson, VP, Provider and Ambulatory Services
[Boone Health](#)
Office: 573.815.3206 | jr00582@Boone.Health



5-Star rating by
Centers for Medicare and
Medicaid Services (CMS)

Recognized as one of
America's 100 Best
Midsize Employers

Forbes

From: noreply@collectorsolutions.com <noreply@collectorsolutions.com>
Sent: Tuesday, March 4, 2025 4:20 PM
To: Julie Rhodes Pipes <jr00582@boone.health>
Subject: Payment Receipt

EXTERNAL

Missouri: Health and Senior Services

Payment Receipt

Thank You for Your Payment

Please save this Confirmation Number for your personal records.

Customer Name

Julie Pipes

Effective Date

3/4/2025 4:19 PM Central Standard Time

Confirmation Number

21572060

Payment Method		Amount
Visa ***** 2876		\$11.12
Item		Payment
CON Application Fee		\$10.66
Transaction Fee:		\$0.46
Total Amount Paid:		\$11.12

Payment Details

CON Application Fee

Project Number: #6173 HS - Project Name: Boone Health Addition of CT Scanner - Project Description: Addition of one (1) dual source CT scanner to Boone Health. Includes equipment purchase and construction to renovate existing space. - Julie Pipes - \$10.66

A Transaction Fee has been included in the total amount paid for this transaction.

Customer Number: 0000004817

Date: 09-20-2024

**CH ALLIED SERVICES, INC. D/B/A BOONE HOSPITAL
CENTER**
1600 E BROADWAY
COLUMBIA, MO 65201

Siemens Medical Solutions USA, Inc. is pleased to submit the following quotation for the products and services described herein at the stated prices and terms, subject to your acceptance of the terms and conditions on the face and back hereof, and on any attachment hereto.

<u>Table of Contents</u>	<u>Page</u>
SOMATOM Drive (Quote Nr. CPQ-1150446 Rev. 5)	3
OPTIONS for SOMATOM Drive (Quote Nr. CPQ-1150446 Rev. 5).....	10
General Terms and Conditions	12
Software License Schedule	22
Trade-In Equipment Requirements.....	25
Warranty Information	26

Contract Total: \$ 1,555,313
(total does not include any Optional or Alternate components which may be selected)

Proposal valid until 09-30-2024

Estimated Delivery Date: 03/31/2025

Estimated delivery date is subject to change based upon factory lead times, acceptance date of this quote, customer site readiness, and other factors. A Siemens representative will contact you regarding the final delivery date.

Contingent upon Missouri CON approval

Notwithstanding anything else in this Agreement, or in any applicable group purchasing agreement terms, if Purchaser does not accept delivery within twenty-four (24) months of the date this quotation is executed, then Seller may, at its option, adjust the prices in the quotation by written notice. In such event, Purchaser will then have the option to cancel the order without payment of a cancellation charge or any other liability to Seller provided Purchaser notifies Seller within ten (10) days of the date of Seller's notice of the price adjustment.

This offer is only valid if a firm, non-contingent order (with the exception of the below stated CON contingency) is placed with Siemens and a signed amendment to the existing POS contract must accompany the equipment order.

Provided Customer accepts delivery of the equipment quoted herein prior to March 31, 2025, Siemens will issue a credit of \$20,000 that can be applied to any invoice received by Customer from Siemens.

This order is contingent upon CON approval from the State of Missouri. If CON approval is not granted, customer may cancel this order without penalty or any other liability to Seller. Upon receipt of CON approval from the State, please notify Siemens in writing so that equipment delivery can be scheduled.

This quote is based upon standard delivery terms and conditions (e.g., standard work hours, first floor delivery, etc.), basic rigging, mechanical installation and calibration. Siemens Medical Solutions USA, Inc., Project Management shall perform a site-specific assessment to ascertain any variations that are out of scope and not covered by the standard terms (examples such as, but not limited to: larger crane, nonstandard work hours, removal of existing equipment, etc.). Any noted variations identified by Siemens Project Management shall remain the responsibility of the customer and will be subject to additional fees.

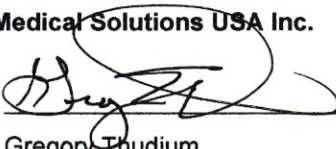


Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

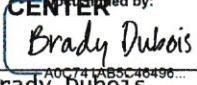
SIEMENS REPRESENTATIVE
Gregory Thudium - +1 (314) 604-8452
gregory.thudium@siemens-healthineers.com

Accepted and Agreed to by:

Siemens Medical Solutions USA Inc.

By (sign): 
Name: Gregory Thudium
Title: XAE
Date: 9/30/2024

**CH ALLIED SERVICES, INC. D/B/A BOONE
HOSPITAL CENTER**

By (sign): 
Name: Brady Dubois
Title: CEO
Date: 9/30/2024

***By signing below, signor certifies that no modifications or additions have been made to the Quotation.
Any such modifications or additions will be void.***

By (Sign): _____

Quotation

Quote No. Q-00080447

Sales Support
tel (800) 633-7231
fax (412) 406-0952
radiologysolutions.bayer.com

Issue PO to:
Bayer HealthCare LLC
1 Bayer Drive
Indianola, PA 15051



This quotation has been prepared for: **Boone Hospital Center**

Issued on 8/19/2024

Valid until 6/30/2025

Trade-in required No

Your Bayer Sales Team:

Kevin Green, , kevin.green2@bayer.com

Quotation Overview

VIZIENT RADIOLOGY - NEW Pricing Applied

Shipment dates are subject to change as materials and components may be impacted by shortages and/or delays caused by the global pandemic.

Bayer's diagnostic imaging products, software, and equipment service help healthcare teams in radiology address their critical performance, quality, uptime, and scheduling requirements.

Please note: If pricing and terms of this [order/quote] are based upon your current Group Purchasing Organization (GPO) affiliation, any change to your current affiliation may require a new quote or updated terms and pricing.

>See [Products and Services Details](#) in this quote, or refer to your invoice, for an itemized breakdown of quoted products.

Imaging Products and Services

Product Name	Total List Price	YOUR PRICE
Stellant FLEX - Medrad® Stellant® FLEX Injection System(s)	\$90,403.59	\$53,755.00
TOTAL (Local taxes, shipping and/or handling to be invoiced when applicable)	\$90,403.59	\$53,755.00



Products and Services Details

Stellant FLEX- Medrad® Stellant® FLEX Injection System(s) and Related Products/Services

Item(s)	Catalog No.	Qty	Unit List Price	Contracted Price	YOUR PRICE
Medrad® Stellant® Flex® OCS CT Injection System	Stellant Flex OCS	1	\$54,950.00	\$30,250.00	\$30,250.00
Auto Doc Point of Care/ PACS (FLEX)	FLEX-AUTO-DOC	1	\$17,000.00	\$10,750.00	\$10,750.00
Installation - Medrad® Stellant® FLEX CT Injection System with Informatics - OCS Mount	INS FLEX CS IN	1	\$4,880.00	\$0.00	\$4,880.00
ISI 700 System	60727056	1	\$4,725.00	\$0.00	\$4,725.00
AUTO DOC IMPLEMENTATION SERVICES	90378648	1	\$3,150.00	\$0.00	\$3,150.00

Subtotal \$53,755.00

TOTAL \$53,755.00

GRAND TOTAL (Local taxes, shipping and/or handling to be invoiced when applicable) \$53,755.00



Quotation prepared for: Boone Hospital Center

Issued on 8/19/2024

Valid until 6/30/2025

Annual Software Support

Software Support includes technical/application support and available software updates over the Support term identified below, in accordance with the terms and conditions of the applicable Software License and Maintenance Agreement.

Software Support Details	
Product Description	Total Price
1st year included warranty Software Support	\$0.00

Software support is paid annually, unless pre-paid with license purchase. Amount shown below includes total software support paid over term, which may include software support pre-paid with the license purchase.

Software Support Total \$0.00



VirtualCARE Remote Support Acknowledgement

Please note, VirtualCARE® is available for most MEDRAD® Injection Systems. Please discuss any possible exclusions or capability limitations with your Sales Representative.
I acknowledge VirtualCARE® Remote support as an entitlement of our injector warranty and agree to the install at the time of the injector install.

IT Contact Name	Phone	Email
<div></div>	<div></div>	<div></div>
Type or write name	(000) 000-0000	Type or write email address
Customer Approver Name	Customer Approver Title	
<div></div>	<div></div>	
Type or write name	Type or write title	
Customer Approver Signature	Date	
<div>X</div>		
Please print and sign	MM/DD/YY	

☐ I would like to opt out of VirtualCARE Remote Support.

Quotation

Quote No. Q-00080447

Sales Support
tel (800) 633-7231
fax (412) 406-0952
radiologysolutions.bayer.com

Bayer HealthCare LLC
1 Bayer Drive
Indianola, PA 15051



This quotation has been prepared for: **Boone Hospital Center**

Issued on 8/19/2024

Valid until 6/30/2025

Trade-in required No

Your Bayer Sales Team:

Kevin Green, , kevin.green2@bayer.com

If you are using this quote as a purchase order, please complete the Acceptance and Billing information below:

Acceptance and Billing

Your signature below indicates your acceptance of this Agreement, including the terms and conditions included as part of this document. Please complete the information below, along with your Purchase Order referencing Quote # Q-00080447, and email this form to Sales Support at risalesupport@bayer.com AND your SC, Kevin Green, at kevin.green2@bayer.com.

If pricing and terms of this order are based on your current Group Purchasing Organization (GPO) affiliation, any change to your current affiliation may require a new quote or updated terms and pricing. If your organization is tax exempt, please notify Sales Support at 1-800-633-7231.

Payment terms

30 days due net

Terms of Delivery

COLUMBIA

Customer contact

Address

1600 E Broadway
Columbia, MO 65201

Billing Information

1600 E Broadway
Columbia, MO 65201

Customer Number

3155721

Phone

Additional Customer Comments

PO#

Write PO number

PO Amount

Write PO amount

Customer Approver

Write customer name

Customer Approver Title

Write customer title

Billing Email Address (if applicable)

Write email address

Customer Approver Signature

X

Date

Please print and sign

MM/DD/YYYY

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All Pricing is in U.S. Currency.

Page 5 of 8

Quotation continued

Quotation prepared for: Boone Hospital Center



Issued on 8/19/2024

Valid until 6/30/2025

Quotation continued

Quotation prepared for: Boone Hospital Center



Issued on 8/19/2024

Valid until 6/30/2025

Quotation continued

Quotation prepared for: Boone Hospital Center



Issued on 8/19/2024

Valid until 6/30/2025

Bayer Product Terms and Conditions

Please click on the relevant product name below to review terms and conditions

DEVICES

[Bayer Product Terms and Conditions](#)



Boone Health

1600 E. Broadway
Columbia, MO 65201
www.boone.health
Phone: 573.815.8000

February 27, 2025

Attention: Chief Executive Officer
Advanced Radiology Columbia
311 North Keene Street
Columbia, MO 65201

To whom this may concern,

Boone Health is actively pursuing the ability to secure and install an additional computed tomography machine through the Certificate of Need application. The acquisition and installation of an additional computed tomography machine will allow us to expand our current imaging fleet to serve more of our Radiology patients' needs. A new regulation specifies that hospitals in the area be notified directly.

If you have any questions or concerns about implementations of the project, please contact danielle.atterberry@boone.health.

Sincerely,

A handwritten signature in blue ink, appearing to read "Brady Dubois".

Brady Dubois
CEO/President



Boone Health

1600 E. Broadway
Columbia, MO 65201
www.boone.health
Phone: 573.815.8000

February 27, 2025

Attention: Chief Executive Officer
Columbia Imaging Center, LLC
1 South Keene Street
Columbia, MO 65201

To whom this may concern,

Boone Health is actively pursuing the ability to secure and install an additional computed tomography machine through the Certificate of Need application. The acquisition and installation of an additional computed tomography machine will allow us to expand our current imaging fleet to serve more of our Radiology patients' needs. A new regulation specifies that hospitals in the area be notified directly.

If you have any questions or concerns about implementations of the project, please contact danielle.atterberry@boone.health.

Sincerely,

A handwritten signature in blue ink, appearing to read "Brady Dubois".

Brady Dubois
CEO/President



Boone Health

1600 E. Broadway
Columbia, MO 65201
www.boone.health
Phone: 573.815.8000

February 27, 2025

Attention: Chief Executive Officer
Missouri Cancer Associates
1705 East Broadway
Columbia, MO 65201

To whom this may concern,

Boone Health is actively pursuing the ability to secure and install an additional computed tomography machine through the Certificate of Need application. The acquisition and installation of an additional computed tomography machine will allow us to expand our current imaging fleet to serve more of our Radiology patients' needs. A new regulation specifies that hospitals in the area be notified directly.

If you have any questions or concerns about implementations of the project, please contact danielle.atterberry@boone.health.

Sincerely,

A handwritten signature in blue ink, appearing to read "Brady Dubois".

Brady Dubois
CEO/President



Boone Health

1600 E. Broadway
Columbia, MO 65201
www.boone.health
Phone: 573.815.8000

February 27, 2025

Attention: Chief Executive Officer
Women and Children's Hospital
404 North Keene Street
Columbia, MO 65201

To whom this may concern,

Boone Health is actively pursuing the ability to secure and install an additional computed tomography machine through the Certificate of Need application. The acquisition and installation of an additional computed tomography machine will allow us to expand our current imaging fleet to serve more of our Radiology patients' needs. A new regulation specifies that hospitals in the area be notified directly.

If you have any questions or concerns about implementations of the project, please contact danielle.atterberry@boone.health.

Sincerely,

A handwritten signature in blue ink, appearing to read "Brady Dubois".

Brady Dubois
CEO/President

From: [Fick, Mackinze](#)
To: [Danielle Atterberry](#)
Subject: RE: CON Application Review
Date: Wednesday, February 26, 2025 7:38:00 AM
Attachments: [image001.png](#)

Danielle,

Please my answers below in red.



Mackinze Fick

Assistant Program Coordinator

Certificate of Need Agency : <http://health.mo.gov/information/boards/certificateofneed/index.php>

Missouri Department of Health and Senior Services

920 Wildwood Drive, Jefferson City, MO. 65102

✉: mackinze.fick@health.mo.gov | ☎: 573-751-6403

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From: Danielle Atterberry <dg22928@boone.health>
Sent: Tuesday, February 25, 2025 4:19 PM
To: Fick, Mackinze <Mackinze.Fick@health.mo.gov>
Subject: RE: CON Application Review

Mackinze,

We will get these to you quickly. I have noted a few questions below to ensure I complete the follow up correctly.

Thank you,
Danielle

From: Fick, Mackinze <Mackinze.Fick@health.mo.gov>
Sent: Tuesday, February 25, 2025 2:42 PM
To: Danielle Atterberry <dg22928@boone.health>
Subject: CON Application Review

EXTERNAL

Danielle,

After review of the application, some additional information is needed.

- Provide a registered representative form for Danielle Atterberry.
- Provide 3rd party documentation or methods/assumptions for the following items:

- West Physics, Chairs, Privacy Curtains, Suctions Regulators, and Control Room PCs
- West Physics was pulled directly from the fee schedule within our contract with them. Do you need a copy of the contract? Or is it adequate that we just state that's where it was derived? **We need a copy of the contract.**
- Control Room PCs - Our IT department tells us how much a PC costs when we start the budget cycle each year. I used the figure they provided for 2025 budget planning. **Do we need to get an official quote for the PCs? This statement is sufficient.**
- The application included a quote from Meyer Electric, Butzer (\$232,375), Flooring (\$18,934), Imhoff (\$35,000), Ozark, Delong, etc. Advise why these quotes are not included in the proposed project budget. If they should be, a revised PPB is needed. **These quotes are included within the figure from Septagon. They are subcontractors Septagon will use. This statement is sufficient. For future applications, please state this within the Budget Detail.**
- The Siemens quote states valid until 9/30/24. Provide a new quote.
- The Bayer quote states valid until 9/30/24. Provide a new quote.
- It appears letters were not sent to all facilities with similar services. Please utilize our Inventory of Major Medical report for this data. **To confirm I still don't miss any, I just need to send to the remaining facilities listed within Boone County that have CT scanners? Correct.**

This information is needed by Wednesday, March 5th, 2025.



Mackinzey Fick

Assistant Program Coordinator

Certificate of Need Agency : <http://health.mo.gov/information/boards/certificateofneed/index.php>

Missouri Department of Health and Senior Services

920 Wildwood Drive, Jefferson City, MO. 65102

✉: mackinzey.fick@health.mo.gov | ☎: 573-751-6403

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From: [Danielle Atterberry](#)
To: [Fick, Mackinzey](#)
Subject: RE: CON Application Review
Date: Tuesday, February 25, 2025 5:07:45 PM
Attachments: [image001.png](#)
[image002.png](#)
[Boone Drive CT Equipment Quote_Full Signatures.pdf](#)

Mackinzey,

I wanted to follow up on the Siemens quote. I apologize that the version I uploaded did not also have Siemens signatures. I have attached the fully executed signature page here.

You are correct that it does say "Proposal valid until 09-30-2024". Since it was fully executed by that date, however, the agreement is still valid and we have 24 months to take possession. We were able to sign it prior to CON approval because all parties agreed to add the language on page 1 that states the agreement is "Contingent upon Missouri CON approval." If CON does not approve the project, this agreement becomes void. I am unable to get a new copy of this agreement without sending it back through to be signed and executed by both parties again. If we request that of Siemens, the price of the equipment will change, as that pricing was only valid if executed by end of Q3 2024.

Does this additional explanation regarding the nature of the agreement between Boone and Siemens meet the need of the committee?

Sincerely,
Danielle

Danielle Atterberry

Director of Imaging, Neurodiagnostics, and Infusion & Treatment Center | [Boone Health](#)
Office: 573.815.3499 Cell: 573.825.8899 | Danielle.Atterberry@boone.health



**5-Star rating by
Centers for Medicare and
Medicaid Services (CMS)**



**Recognized as one of
America's 100 Best Hospitals**

From: Danielle Atterberry
Sent: Tuesday, February 25, 2025 4:19 PM
To: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Subject: RE: CON Application Review

Mackinzey,

We will get these to you quickly. I have noted a few questions below to ensure I complete the

From: [Lamb, Amy](#)
To: [Fick, Mackinze](#)
Subject: RE: CON 6187
Date: Wednesday, April 9, 2025 9:42:42 AM
Attachments: [image001.png](#)
[LINAC form1865 - 2027-2029.pdf](#)

Hi Mackinze,

Please see attached for an updated form showing 2027-2029. Please confirm that you have received this and let me know if you need anything else.

Thank you,
Amy

From: Fick, Mackinze <Mackinze.Fick@health.mo.gov>
Sent: Wednesday, April 9, 2025 8:42 AM
To: Lamb, Amy <alamb@saint-lukes.org>
Subject: RE: CON 6187

Thank you.



Mackinze Fick

Assistant Program Coordinator
Certificate of Need Agency :

<http://health.mo.gov/information/boards/certificateofneed/index.php>

Missouri Department of Health and Senior Services
920 Wildwood Drive, Jefferson City, MO. 65102

✉: mackinze.fick@health.mo.gov | ☎: 573-751-6403

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From: Lamb, Amy <alamb@saint-lukes.org>
Sent: Tuesday, April 8, 2025 4:04 PM
To: Fick, Mackinze <Mackinze.Fick@health.mo.gov>
Subject: RE: CON 6187

The install date has not changed. We just interpreted the years needed differently. I'll reach out to the team and ask for an updated document for 2029 and will get it to you as soon as possible.

Amy

From: Fick, Mackinze <Mackinze.Fick@health.mo.gov>
Sent: Tuesday, April 8, 2025 3:51 PM
To: Lamb, Amy <alamb@saint-lukes.org>

Subject: RE: CON 6187

Amy,

The application stated that the unit would not be installed/operational until second quarter of 2026. If the timeline of this project has changed, then a new timeline will be needed.

If this is correct, the updated documents mentioned below are still needed by the end of the week. Thank you!



Mackinzezy Fick

Assistant Program Coordinator
Certificate of Need Agency :

<http://health.mo.gov/information/boards/certificateofneed/index.php>

Missouri Department of Health and Senior Services
920 Wildwood Drive, Jefferson City, MO. 65102

✉: mackinzezy.fick@health.mo.gov | ☎: 573-751-6403

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From: Lamb, Amy <alamb@saint-lukes.org>

Sent: Tuesday, April 8, 2025 3:45 PM

To: Fick, Mackinzezy <Mackinzezy.Fick@health.mo.gov>

Subject: RE: CON 6187

Hi Mackinzezy,

We submitted 2026, 2027, and 2028 because the start date for the project is in 2025. Purchase of the equipment and construction is planned for 2025. So we interpreted the first 3 years as the first 3 years after the project start date. Could you confirm that we still need to submit the 2029 form? If so, could you let me know when you need this info by so I can work with the team to get it put together?

Thank you,
Amy

From: Fick, Mackinzezy <Mackinzezy.Fick@health.mo.gov>

Sent: Tuesday, April 8, 2025 3:14 PM

To: Lamb, Amy <alamb@saint-lukes.org>

Subject: CON 6187

Importance: High

[EXTERNAL]: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Amy,

After final review of 6187, some additional clarification is needed.

- The future utilization years given were 2026, 2027, and 2028. Please provide utilization and a revenues and expenses form for 2029.

This information is needed as soon as possible. Thank you!



Mackinze Fick

Assistant Program Coordinator

Certificate of Need Agency :

<http://health.mo.gov/information/boards/certificateofneed/index.php>

Missouri Department of Health and Senior Services

920 Wildwood Drive, Jefferson City, MO. 65102

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Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title:

Project #:

**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

Amount of Utilization:*

Revenue:

Average Charge**

Gross Revenue

Revenue Deductions

Operating Revenue

Other Revenue

TOTAL REVENUE

Expenses:

Direct Expenses

Salaries

Fees

Supplies

Other

TOTAL DIRECT

Indirect Expenses

Depreciation

Interest***

Rent/Lease

Overhead****

TOTAL INDIRECT

TOTAL EXPENSES

NET INCOME (LOSS):

*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.

From: [Danielle Atterberry](#)
To: [Fick, Mackinze](#)
Subject: Re: CON 6173
Date: Thursday, April 10, 2025 4:22:14 PM
Attachments: [image001.png](#)
[image.png](#)

Mackinze,

Utilization:

I have confirmed 34,813 is correct. This is the number reflected on the revenues and expenses forms. Below is a snippet from our December 2024 financial statement as evidence that the 34,813 is the accurate number for 2024.

Monthly Income Statement						
Department: 10 - 70440 - CT SCAN						
FiscalYear: 2024						
	December 2024 Actual	December 2024 Budgeted	December 2024 Flex	YTD December 2024 Actual	YTD December 2024 Budgeted	YTD December 2024 Flex
Total UOS	3,219	2,412	3,219	34,813	30,509	34,813

The utilization was one of the very first pieces we pulled together on the application, which we started at the end of 2024. If I recall, December finances were not yet final and I used Jan-Nov to annualize 2024. Do you need me to revise and resubmit that bar graph in Divider II.7 and table in Divider III.3 where that 34,625 number appears?

Financing:

We requested that letter from the bank based on our LOI estimate, which was \$2.127M. I have requested that our CFO obtain a new letter. I will send to you as soon as I receive.

Sincerely,
Danielle

From: Fick, Mackinze
Sent: Tuesday, April 8, 2025 3:13 PM
To: Danielle Atterberry
Subject: CON 6173

EXTERNAL

Danielle,

After final review of 6173, some additional clarification is needed.

- The utilization for 2024 states 34,625 and the revenues and expenses for 2024 states 34,813. Which is correct? If the utilization is correct then a new revenues and expenses form will need to be completed.
- The letter submitted that only \$2.2 million is available. How will the additional \$200,000 be financed?

This information is needed as soon as possible. Thank you!



Mackinze Fick

Assistant Program Coordinator
Certificate of Need Agency :
<http://health.mo.gov/information/boards/certificateofneed/index.php>
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Central Trust Company

A Division of The Central Trust Bank

April 14, 2025

Ms. Alison Dorge, Program Coordinator
Missouri Certificate of Need Program
PO BOX 570
Jefferson City, MO 65102

RE: Boone Hospital, Certificate of Need

Dear Ms. Dorge

The purpose of this communication is to advise you that Boone Hospital has maintained an investment relationship with Central Trust Company for many years and has consistently maintained liquidity and capital reserves sufficient to support a capital and construction expenditure of \$2.5 million dollars.

Please do not hesitate to give me a call at 573-874-8523 if you have any questions or I can be of additional assistance.

Sincerely,

John Stringer, CFP®
Vice President
Columbia Market Executive

CC: Ed Clayton, CFO Boone Hospital
Brian Winn, Controller, Boone Hospital.