



# Certificate of Need Application

FOR

## ST. LUKE'S HOSPITAL – ADDITIONAL ROBOTIC SURGERY UNIT

On Behalf Of

St. Luke's Episcopal Presbyterian Hospitals

Project No. 6174 HS

Additional Robotic Surgery Unit

Submitted to:

Missouri Health Facilities Review Committee

December 20, 2024

Submitted by:

Richard Hill

Lashly & Baer, P.C.

714 Locust Street

St. Louis, MO 63101



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

Project Name: St. Luke's Hospital - Additional Robotic Surgery Unit

Project No: 6174 HS

Project Description: Additional Robotic Surgery Unit

Done Page N/A Description

**Divider I. Application Summary:**

- ✓ 3 1. Applicant Identification and Certification (Form MO 580-1861)
- ✓ 4 2. Representative Registration (From MO 580-1869)
- ✓ 5-6 3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.

**Divider II. Proposal Description:**

- ✓ 8, 10-15 1. Provide a complete detailed project description and include equipment bid quotes.
- ✓ 8 2. Provide a timeline of events for the project, from CON issuance through project completion.
- ✓ 16 3. Provide a legible city or county map showing the exact location of the project.
- ✓ 8 4. Define the community to be served and provide the geographic service area for the equipment.
- ✓ 8 5. Provide other statistics to document the size and validity of any user-defined geographic service area.
- ✓ 8 6. Identify specific community problems or unmet needs the proposal would address.
- ✓ 8-9 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.
- ✓ 9 8. Provide the methods and assumptions used to project utilization.
- ✓ 9 9. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
- ✓ 9 10. Provide copies of any petitions, letters of support or opposition received.
- ✓ 17 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.
- ✓ 18-30 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:**

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

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

- ✓ 35-39 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.
- ✓ 40-41 2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) **FULL** years beyond project completion.
- ✓ 34 3. Document how patient charges are derived.
- ✓ 42-53 4. Document responsiveness to the needs of the medically indigent.

**DIVIDER I**

**APPLICATION SUMMARY**

**DIVIDER I. APPLICATION SUMMARY**

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

See attached.

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

See attached.

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

See attached.



Certificate of Need Program

**APPLICANT IDENTIFICATION AND CERTIFICATION**

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

<b>1. Project Location</b> <i>(Attach additional pages as necessary to identify multiple project sites.)</i>	
Title of Proposed Project St. Luke's Hospital - Additional Robotic Surgery Unit	Project Number 6174 HS
Project Address <i>(Street/City/State/Zip Code)</i> 232 South Woods Mill Road, Chesterfield, MO 63017	County Saint Louis

<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
St. Luke's Episcopal Presbyterian Hospitals	232 South Woods Mill Road, Chesterfield, MO 63017	314-434-1500
<i>(List entity to be licensed or certified.)</i>		
<b>List All Operator(s):</b>	Address (Street/City/State/Zip Code)	Telephone Number
St. Luke's Episcopal Presbyterian Hospitals	232 South Woods Mill Road, Chesterfield, MO 63017	314-434-1500

<b>3. Ownership</b> <i>(Check applicable category.)</i>			
<input checked="" type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> City	<input type="checkbox"/> District
<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> County	<input type="checkbox"/> Other _____

<b>4. Certification</b>
In submitting this project application, the applicant understands that:
<ul style="list-style-type: none"> <li>(A) The review will be made as to the community need for the proposed beds or equipment in this application;</li> <li>(B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within the service area;</li> <li>(C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute;</li> <li>(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;</li> <li>(E) Notification will be provided to the CON Program staff if and when the project is abandoned; and</li> <li>(F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee.</li> </ul>
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:


<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 Richard Hill	Title Attorney	
Telephone Number 314-621-2939	Fax Number 314-621-6844	E-mail Address rhill@lashlybaer.com
Signature of Contact Person 	Date of Signature 12/19/24	



Certificate of Need Program

REPRESENTATIVE REGISTRATION

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

Project Name St. Luke's Hospital - Additional Robotic Surgery Unit		Number 6174 HS
(Please type or print legibly.)		
Name of Representative Richard Hill		Title Attorney
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Lashly & Baer, P.C.		Telephone Number 314-621-2939
Address (Street/City/State/Zip Code) 714 Locust Street, St. Louis, MO 63101		
Who's interests are being represented? (If more than one, submit a separate Representative Registration Form for each.)		
Name of Individual/Agency/Corporation/Organization being Represented St. Luke's Episcopal Presbyterian Hospitals		Telephone Number 314-434-1500
Address (Street/City/State/Zip Code) 232 South Woods Mill Road, Chesterfield, MO 63017		
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 checked="" 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 12/19/24



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 ***	\$32,505
<b>3. Subtotal Construction Costs</b> (#1 plus #2)	<b>\$32,505</b>
4. Architectural/Engineering Fees	\$0
5. Other Equipment (not in construction contract)	\$0
6. Major Medical Equipment	\$2,536,000
7. Land Acquisition Costs ***	\$0
8. Consultants' Fees/Legal Fees ***	\$0
9. Interest During Construction (net of interest earned) ***	\$0
10. Other Costs ***	\$431,495
<b>11. Subtotal Non-Construction Costs</b> (sum of #4 through #10)	<b>\$2,967,495</b>
<b>12. Total Project Development Costs</b> (#3 plus #11)	<b>\$3,000,000 **</b>

**FINANCING:**

13. Unrestricted Funds	\$3,000,000
14. Bonds	\$0
15. Loans	\$0
16. Other Methods (specify)	\$0
<b>17. Total Project Financing</b> (sum of #13 through #16)	<b>\$3,000,000 **</b>

18. New Construction Total Square Footage	0
19. New Construction Costs Per Square Foot *****	\$0
20. Renovated Space Total Square Footage	560
21. Renovated Space Costs Per Square Foot *****	\$58

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

\*\* These amounts should be the same.

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

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

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

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

**St. Luke's Hospital**  
**Additional Robotic Surgery Unit**  
**Budget Detail**

	<b>A</b>	<b>B</b>	<b>C</b>
	<b>Vendor</b>	<b>Amount</b>	<b>Cost Category</b>
<b>1</b>	Intuitive	\$2,536,000.00	Major Medical Equipment
<b>2</b>	Guarantee Electrical	\$32,505.00	Renovation
<b>3</b>	Contingency	\$431,495.00	Other Costs
<b>4</b>	<b>Total</b>	<b>\$3,000,000.00</b>	



**DIVIDER II**

**PROPOSAL DESCRIPTION**

## **DIVIDER II. PROPOSAL DESCRIPTION**

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

The Applicant seeks to add an additional robotic surgery unit to its 232 South Woods Mill Road location. The additional unit is a DaVinci 5 single console system. The Applicant's existing robotic surgery unit is above-capacity, and the Applicant expects additions to its surgeon staff that will seek to use a robotic surgery unit.

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

- CON Approval – March 3, 2025
- Suite Improvements Completed – March 3, 2025
- Unit Installed – March 17, 2025
- Unit Operational – April 1, 2025

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

See attached.

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

Individuals in Saint Louis County, Saint Charles County, Franklin County, and Jefferson County.

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

Saint Louis County, Saint Charles County, Franklin County, and Jefferson County collectively constitute the Applicant's primary service over the past several years.

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

The Applicant's existing robotic surgery unit performs double the amount of the requisite minimum annual utilization set forth in the Committee's regulations, and its robotic surgery program is growing. The existing unit is at capacity, and the Applicant's recruiting efforts are resulting in additional surgeons joining its staff, most of whom wish to utilize a robotic surgery unit.

**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.**

FY 2022 – 379 cases;  
FY 2023 – 481 cases;  
FY 2024 – 513 cases;

Year 1 – 774 cases;  
Year 2 – 977 cases; and  
Year 3 – 1,247 cases.

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

The Applicant considered its current demand, historical program growth, and additional surgeons joining its staff to arrive at its conservative utilization projections.

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

The Applicant has considered the significant demand for services and expansion of the types of surgeries to be performed on robotic surgery units. The Applicant has published notice in a local newspaper, as required, soliciting comments on its application.

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

The Applicant will provide any such letters upon receipt.

**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.**

See attached.

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

See attached.



Intuitive Surgical, Inc.  
 1020 Kifer Road  
 Sunnyvale, CA 94086  
 800-876-1310

Quote Details

Quote ID	Q-00051296
Quote Date	5/22/2024
Valid Until	12/31/2024
Sales Rep	Nick Purcell
Phone Number	+1-314-495-2080
Email	nick.purcell@intusurg.com

Company Information

Hospital Name	St Luke's Hospital
SF ID/IDN Affiliation	13373/
Address	232 S Woods Mill Rd
City, State, Zip	Chesterfield, Missouri, 63017-3485
Contact Name	
Telephone	

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

Part Number	Qty	Item	Price	Subtotal
<b>Systems</b>				
	1	Da Vinci 5 Single Console System (Fluorescence Imaging Included): One (1): da Vinci 5® System Console One (1) da Vinci 5® System Tower One (1) Integrated Insufflator One (1) Integrated E-200 Generator One (1) CO2 Tank Kit One (1): da Vinci 5® System Patient Cart One (1) da Vinci 5® Operating System Software Package (including Integrated table motion) Vision Equipment Accessories Training Instruments da Vinci 5 ® System Documentation	\$ 2,500,000.00	\$ 2,500,000.00
<b>Upgrades</b>				
	1	Intuitive Hub containing: - Media Manager - Telepresence	\$ 0.00	\$ 0.00
	1	Da Vinci E-200 Generator (Backup)	\$ 25,000.00	\$ 25,000.00
<b>Freight</b>				
	1	System Freight - Central (AR, IA, IL, KS, LA, MN, MO, ND, NE, OK, SD, TX, WI)	\$ 11,000.00	\$ 11,000.00
<b>Total</b>				<b>\$ 2,536,000.00</b>

Part Number	Months	Item	Price	Annual Service Fee
<b>Service</b>				
	12	da Vinci 5-Single Console-Human Use (Systems)-SERVICE PLAN : DVCOMPLETE CARE-Warranty (Included)	\$ 0.00	\$ 0.00
	48	da Vinci 5-Single Console-Human Use (Systems)-SERVICE PLAN : DVCOMPLETE CARE-After Warranty Service (Annual)	\$ 195,000.00	\$ 195,000.00
	12	SERVICE PLAN : E-200 BACKUP-Warranty (Included)	\$ 0.00	\$ 0.00

	48	SERVICE PLAN : E-200 BACKUP-After Warranty Service (Annual)	\$ 0.00	\$ 0.00
<b>Digital Subscription</b>				
	12	CLOUD SERVICES SUBSCRIPTION PACKAGE-Subscription (Included)	\$ 0.00	\$ 0.00
	48	CLOUD SERVICES SUBSCRIPTION PACKAGE-Subscription Fee	\$ 70,000.00	\$ 70,000.00

#### Terms and Conditions

##### 1) System Terms and Conditions:

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

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

1.3 Customer acknowledges that the cleaning and sterilization equipment, not provided by Intuitive, is required to appropriately reprocess da Vinci instruments and endoscopes. Please refer to the Intuitive Surgical Reprocessing website: <https://reprocessing.intuitivesurgical.com>. Customer is responsible for ensuring that its' cleaning and sterilization program comply with all health and safety requirements.

##### 2) System Upgrade Terms and Conditions:

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

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

##### 3) I&A Terms and Conditions:

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

##### 4) Return Goods Policy :

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

##### 5) Exchange Goods Policy :

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

6) Credit Policy :

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

7) Miscellaneous :

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

7.2 Any term or condition contained in your purchase order or similar forms which is different from, inconsistent with, or in addition to these terms shall be void and of no effect unless agreed to in writing and signed by your authorized representative and authorized representative of Intuitive Surgical. The terms and conditions of this quote, including pricing, are confidential and proprietary information of Intuitive Surgical and shall not be disclosed to any third party without the consent of Intuitive Surgical.

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

**EXHIBIT A**  
**Deliverables, Price and Delivery**

**da Vinci 5® Single Console System (Firefly® Fluorescence Imaging Enabled)**

- One (1): da Vinci 5® System Console
- One (1): da Vinci 5® System Tower
  - One (1): Integrated Insufflator
  - One (1): Integrated E-200 Generator
  - One (1): CO2 Tank Kit
- One (1): da Vinci 5® System Patient Cart
- One (1): da Vinci 5® Operating System Software Package (including Integrated Table Motion)
  - Warranty period: One (1) year from the Acceptance

**Vision Equipment:**

- One (1): NIR Handheld Camera Control Unit
- One (1): NIR Handheld Camera Light Source
- One (1): NIR Handheld Camera
- Two (2): da Vinci 5® Endoscope, 0°
- Two (2): da Vinci 5® Endoscope, 30°
- Four (4): da Vinci 5® Endoscope Trays
- One (1) NIR Handheld Reprocessing Tray
  - Warranty period: One (1) year from the Acceptance

**Accessories:**

- One (1): Box of 10: Tip Cover Accessory (For use with Endowrist Monopolar Curved Scissors)
- Three (3): Monopolar Cautery Cord
- Three (3): Bipolar Cautery Cord
- Eight (8): 8 mm Hex Cannula, standard
- Two (2): Box of 6: 8 mm Bladeless Obturator
- Four (4): Box of 10: Universal Seal (5-12mm)
- One (1): Box of 3: 8mm Gage Pin
- Two (2): Pack of 20: Instrument Arm Drape
- One (1): Pack of 20: Column Drape
- Three (3): 8mm Instrument Introducer
- Two (2): 12mm Stapler Cannula
- Two (2): Box of 6: Da Vinci Insufflator Tube Set - Smoke Evacuation
- One (1) NIR Handheld Camera Light Guide
- One (1): Light Guide Adapter for Schoelly and Storz endoscopes
- One (1): Laparoscope 10mm, 0°, NIR
- One (1): Laparoscope 10mm, 30°, NIR
- One (1): Laparoscope 5mm, 0°
- One (1): Laparoscope 5mm, 30°
  - Warranty period: 90 days from Acceptance

**Training Instruments**

- One (1): Monopolar Curved Scissors, Training
- One (1): Force Bipolar, Training
- One (1): Large Needle Driver, Training
- One (1): Mega SutureCut Needle Driver, Training
- One (1): Cadiere Forceps, Training
  - Warranty period: 90 days from Acceptance

**da Vinci 5® System Documentation**

- One (1): da Vinci 5 System User Manual
- One (1): E-200 User Manual
- One (1): Insufflator/Tube Set User Manual
- One (1): Force Feedback User Manual
- One (1): Integrated table Motion, Quick Reference Guide: Bedside
- One (1): Integrated Table Motion, Quick Reference Guide: Anesthesia
- One (1): Reprocessing Wall Chart Kit
- One (1): Cleaning and Sterilization Kit
- One (1): US Language Kit
- One (1): Da Vinci 5 Representative Adult Uses System User Manual Addendum
- One (1): Da Vinci 5 SynchroSeal Instruments and Accessories User Manual Addendum
- One (1): SureForm 45 and SureForm 60 Instruments and Accessories User Manual Addendum

One (1): SureForm 45 and SureForm 60 Force Fire, FDA Guidance  
One (1): NIR Camera System User Manual Addendum  
One (1): Universal Reprocessing Hardware kit  
Two (2): Endowrist Instrument Release Kit (IRK)  
Warranty period: n/a

Upgrades with Incremental Costs:

One (1): Backup E-200 Kit (plus service)  
Warranty period: One (1) year from the Acceptance

(all kits subject to change without notice)





December 19, 2024

St. Lukes Hospital  
232 South Woods Mill Road  
Chesterfield Mo. 63017

Attn: Jason Willis

Re: OR 2 Da Vinci Electrical Install

We are pleased to submit the following quote, for \$32,505.00 to do the following electrical work:

- Install two new dedicated receptacles in OR 2 from OR 2 isolation power panel
  - Install access panels in the ceiling and channel walls to be able to run appropriate conduits for new receptacles
  - Install one new data drop in OR 2
  - Cable to be installed will be two cat 6 cables.
  - Terminate, test, and label all connections.
  - Broom sweep area when finished with work. Any areas to be covered to control dust shall be done by customer.
  - The use of a HEPPA cart for infectious control will be required for this job and the cost of this is included in this quote.
  - Work to be done during normal working hours.
- This quote is good for 30 days.

Please do not hesitate to call if I can be of any assistance to you.

Sincerely,

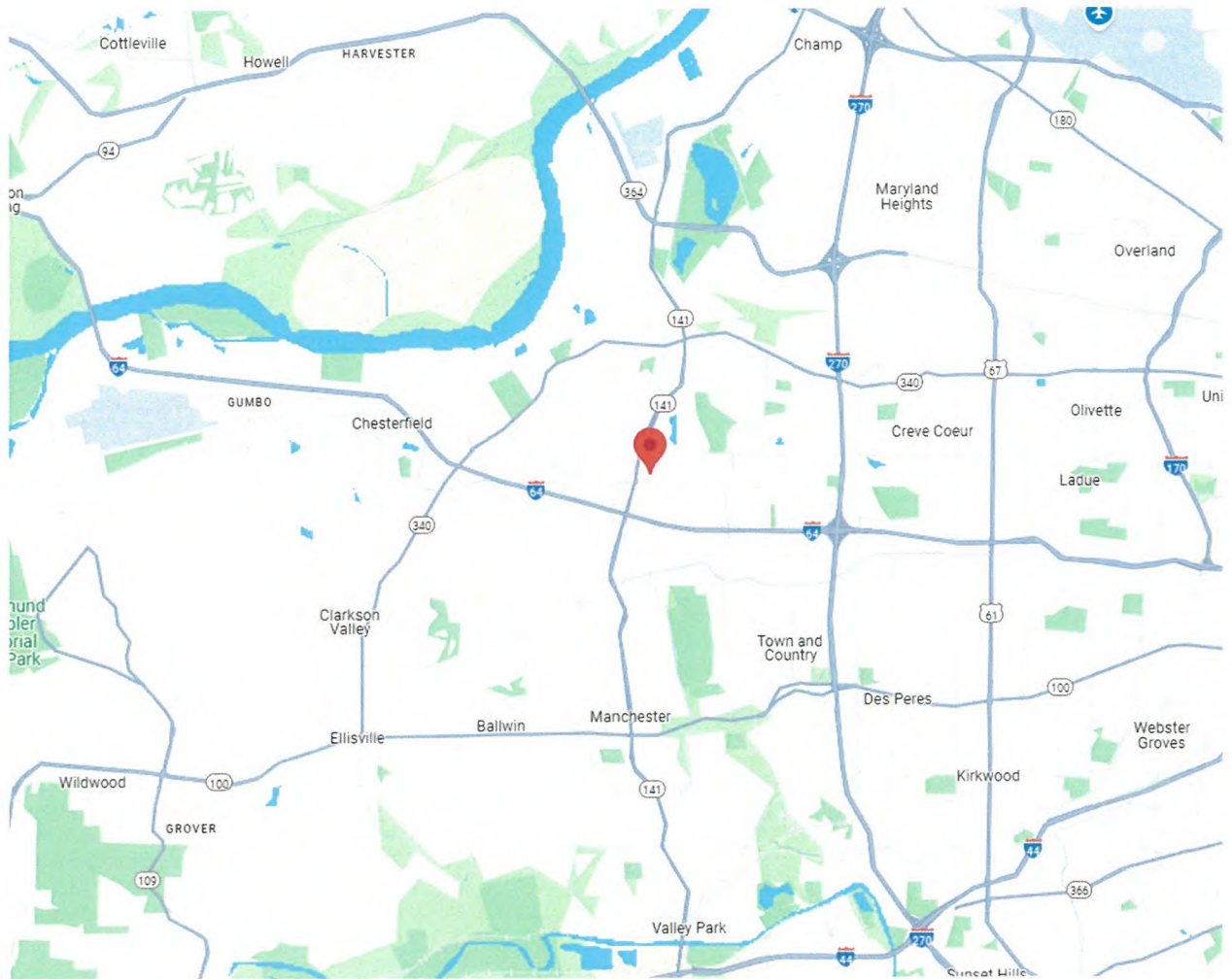
*Mike Davis*

Service Technician

Office Phone 314 -205-6666

Cell Phone 314-753-1094

## Location Map



ST. LOUIS POST-DISPATCH

SCAN THE QR CODE TO PLACE AN AD



# MARKETPLACE

TO PLACE AN AD - SELF-SERVE: [https://www.stltoday.com/place\\_an\\_ad/](https://www.stltoday.com/place_an_ad/)

Call: 314-621-6666

LEGALS AND PUBLIC NOTICE: [tlemmons@post-dispatch.com](mailto:tlemmons@post-dispatch.com)

Call: 314-340-8549

OBITUARIES: [obits@post-dispatch.com](mailto:obits@post-dispatch.com)

Call: 314-340-8600

CLASSIFIEDS:

Call: 314-621-6666

SHOP LOCAL / BUSINESS DIRECTORY: <https://www.stltoday.com/places/>

All real estate advertising in this newspaper is subject to the Federal Fair Housing Act of 1968, as amended which makes it illegal to advertise "any preference, limitation, or discrimination based on race, color, religion, sex, handicap, familial status or national origin, or an intention to make any such preference, limitation, or discrimination." This newspaper will not knowingly accept any advertising for real estate which is in violation of the law. Our readers are hereby informed that all dwellings advertised in this newspaper are available on an equal opportunity basis.

### Office Retail Space

Downtown office space for sublease available. 400 square feet. Parking nearby. Lease rate negotiable. If interested, please call 866-645-7375.

### Vacation Rentals

Gulf Shores-Ft. Morgan 1-7 Bdrm Beachfront Homes & Condos  
 Reed • 1-800-678-2306  
 Internet specials available  
[www.GulfRentals.com](http://www.GulfRentals.com)

### Instruction

Get Certifications with Flexible "Pay Later" Option! at [Leamologyworld dot net](http://Leamologyworld.com) or call 740-217-7670

### Dogs

Miniature Schnauzers, AKC, 2 males, 2 females, health wnty, \$650. (573) 619-3357

Pomeranian/Chihuahua Puppy, Male, Merle & White. Will have shots and be wormed. Will stay small. \$800. (573) 231-6228

### Public Notices

**Missouri Housing Development Commission MHDC**

#### NOTICE OF VIRTUAL PUBLIC HEARING VIA WEBINAR AND REQUEST FOR PUBLIC COMMENT

The Missouri Housing Development Commission (MHDC) is considering requests for funding in response to the 4% Low-income Housing Tax Credits (LIHTC) Notice of Funding Availability (NOFA). MHDC will hold a public hearing via web on Wednesday, January 8, 2025, at 1:00 p.m. Please visit <https://mhdc.com/events/meetings/> for registration and event information.

During the public hearing, MHDC staff will accept and record public comments pertaining to the applications received. Details on the applications received can be viewed on MHDC's website at [www.mhdc.com/about-us/nofa-approvals/multifamily](http://www.mhdc.com/about-us/nofa-approvals/multifamily). Any interested party may register for the hearing to participate and submit written comments. The public may also submit written comments directly to Missouri Housing Development Commission by email to [public.comment@mhdc.com](mailto:public.comment@mhdc.com) or by mail to: 1201 Walnut, Suite 1800, Kansas City, MO 64106. All public comments must be received by Friday, January 10, 2025, to be considered.

### Public Notices

St. Luke's Episcopal Presbyterian Hospitals has filed a Certificate of Need application seeking to add an additional robotic surgery unit at 232 South Woods Mill Road, Chesterfield, Missouri 63017. Please direct any comments or questions to Richard Hill at [rhill@lashlybaer.com](mailto:rhill@lashlybaer.com) or at 314-621-2939.

### Bids and Proposals

#### CITY OF ST. LOUIS BOARD OF PUBLIC SERVICE

**REQUEST FOR QUALIFICATIONS FOR PROFESSIONAL ENGINEERING SERVICES FOR RIVER DES PERES BOULEVARD IMPROVEMENTS - GRAVOIS TO LANSDOWNE, PROJECT NO. STBG-5401(726).** Statements of Qualifications due by 5:00 PM CT, January 17, 2025 through the Bid Express online portal at <https://www.bidexpress.com/businesses/20618/home?agency=true>. RFO may be obtained from BPS website <https://www.stlouis-mo.gov/government/departments/public-service/>, under "BPS RFO and RFP Announcement" or email Board of Public Service at [bryanth@stlouis-mo.gov](mailto:bryanth@stlouis-mo.gov). 10% DBE participation goals.

#### Invitation to Bid

Francis Howell School District HVAC Replacement Projects. Replacement of HVAC equipment at five (5) schools. Refer to the project narratives and scope of work definition documents. Bids Due 01/03/2025 @ 2:00 PM. Mandatory Pre-Bid Meeting

### Bids and Proposals

One (1) New 2024 or 2025 Ford Cargo Transit Van

**REQUEST FOR BIDS**

The St. Charles City-County Library District requests RFB submission from qualified businesses for one (1) new 2024 or 2025 Ford cargo transit van.

Responses must be received no later than 10:00 am CT on Tuesday, January 14, 2025. RFP Instructions at <https://www.stchlibrary.org/about-us/bids-and-rfps>

### Bids and Proposals

#### REQUEST FOR PROPOSALS

The St. Louis Housing Authority (SLHA) seeks proposals for qualified law firms to provide legal services to SLHA on an as needed basis. The purpose of this solicitation is to develop a pool of attorneys from which SLHA may choose to do business from time to time.

Offerors are invited to submit proposals to provide litigation and transactional service(s) in one or more of the following practice areas: Labor & Employment; Employee Benefits; Tax; Landlord-Tenant; Construction; Government Contracting/Procurement; Real Estate; Affordable Housing Development; Public Financing; Torts; and Bankruptcy & Creditor's Rights.

**PROPOSALS RECEIVED AFTER THE BELOW-STATED TIME AND DATE WILL NOT BE CONSIDERED.**

**Closing Date:** Monday, January 13, 2025  
**Closing Time:** 3:00 p.m. (CST)  
**Where:** St. Louis Housing Authority  
 Attn: Procurement Manager  
 3520 Page Boulevard  
 St. Louis, MO 63106

Proposal documents will be available at: <http://www.slha.org/for-partners/vendors/>

### STLtoday.com/teachers

### JOIN THE

### Bids and Proposals

#### REQUEST FOR PROPOSALS

The Rockwood School District invites you to submit a bid according to Rockwood School District's LAFAYETTE HIGH SCHOOL PARKING LOT REPLACEMENT PROJECT specifications. Please visit [www.rsdmo.org](http://www.rsdmo.org), or call the Construction Secretary at 636-733-3270.

**NOTICE TO BIDDERS: ROCKWOOD SCHOOL DISTRICT MIDDLE SCHOOL TRACK REPLACEMENT PROJECT**

The Rockwood School District invites you to submit a bid according to Rockwood School District's MIDDLE SCHOOL TRACK REPLACEMENT PROJECT specifications. Please visit [www.rsdmo.org](http://www.rsdmo.org), or call the Construction Secretary at 636-733-3270.

### Bids and Proposals

#### NOTICE TO BIDDERS: ROCKWOOD SCHOOL DISTRICT LAFAYETTE HIGH SCHOOL PARKING LOT REPLACEMENT PROJECT

The Rockwood School District invites you to submit a bid according to Rockwood School District's LAFAYETTE HIGH SCHOOL PARKING LOT REPLACEMENT PROJECT specifications. Please visit [www.rsdmo.org](http://www.rsdmo.org), or call the Construction Secretary at 636-733-3270.

**NOTICE TO BIDDERS: ROCKWOOD SCHOOL DISTRICT MIDDLE SCHOOL TRACK REPLACEMENT PROJECT**

The Rockwood School District invites you to submit a bid according to Rockwood School District's MIDDLE SCHOOL TRACK REPLACEMENT PROJECT specifications. Please visit [www.rsdmo.org](http://www.rsdmo.org), or call the Construction Secretary at 636-733-3270.





**LASHLY & BAER, P.C.**  
ATTORNEYS AT LAW

RICHARD W. HILL  
Licensed in Missouri and Illinois  
DIRECT: 314.436.8317  
[rhill@lashlybaer.com](mailto:rhill@lashlybaer.com)

MISSOURI  
714 Locust Street  
St. Louis, MO 63101-1699  
TEL: 314 621.2939  
FAX: 314 621.6844  
[www.lashlybaer.com](http://www.lashlybaer.com)

ILLINOIS  
20 East Main Street  
Bellefonte, IL 62220-1602  
TEL: 618 233.5587  
By Appointment Only

December 18, 2024

Mercy Hospital Jefferson  
Attn: Administrator  
1400 Hwy 61 S  
Crystal City, MO 63019

**Re: Missouri Certificate of Need Project # 6174HS  
St. Luke's Episcopal Presbyterian Hospitals  
Additional Robotic Surgery Unit**

To Whom this May Concern:

Please be advised that St. Luke's Episcopal Presbyterian Hospitals will submit and/or has submitted a Certificate of Need application to add an additional robotic surgery unit at its 232 South Woods Mill Road, Chesterfield, MO 63017 location.

Very truly yours,

Richard W. Hill

RWH/RWH



LASHLY & BAER, P.C.  
ATTORNEYS AT LAW

RICHARD W. HILL  
Licensed in Missouri and Illinois  
DIRECT: 314.436.8317  
[rhill@lashlybaer.com](mailto:rhill@lashlybaer.com)

MISSOURI  
714 Locust Street  
St. Louis, MO 63101-1699  
TEL: 314.621.2939  
FAX: 314.621.6844  
[www.lashlybaer.com](http://www.lashlybaer.com)

ILLINOIS  
20 East Main Street  
Belleville, IL 62220-1602  
TEL: 618.233.5587  
By Appointment Only

December 18, 2024

Barnes Jewish St. Peters Hospital  
Attn: Administrator  
10 Hospital Drive  
St. Peters, MO 63376

**Re: Missouri Certificate of Need Project # 6174HS  
St. Luke's Episcopal Presbyterian Hospitals  
Additional Robotic Surgery Unit**

To Whom this May Concern:

Please be advised that St. Luke's Episcopal Presbyterian Hospitals will submit and/or has submitted a Certificate of Need application to add an additional robotic surgery unit at its 232 South Woods Mill Road, Chesterfield, MO 63017 location.

Very truly yours,

Richard W. Hill

RWH/RWH



LASHLY & BAER, P.C.  
ATTORNEYS AT LAW

RICHARD W. HILL  
Licensed in Missouri and Illinois  
DIRECT: 314 436 8317  
[rhill@lashlybaer.com](mailto:rhill@lashlybaer.com)

MISSOURI  
714 Locust Street  
St. Louis, MO 63101-1699  
TEL: 314 621.2939  
FAX: 314 621.6844  
[www.lashlybaer.com](http://www.lashlybaer.com)

ILLINOIS  
20 East Main Street  
Belleville, IL 62220-1602  
TEL: 618 233.5587  
By Appointment Only

December 18, 2024

SSM Health St. Joseph Hospital - St. Charles  
Attn: Administrator  
300 First Capitol Drive  
Saint Charles, MO 63301

**Re: *Missouri Certificate of Need Project # 6174HS  
St. Luke's Episcopal Presbyterian Hospitals  
Additional Robotic Surgery Unit***

To Whom this May Concern:

Please be advised that St. Luke's Episcopal Presbyterian Hospitals will submit and/or has submitted a Certificate of Need application to add an additional robotic surgery unit at its 232 South Woods Mill Road, Chesterfield, MO 63017 location.

Very truly yours,

Richard W. Hill

RWH/RWH



**LASHLY & BAER, P.C.**  
ATTORNEYS AT LAW

RICHARD W. HILL  
Licensed in Missouri and Illinois  
DIRECT: 314 436.8317  
[rhill@lashlybaer.com](mailto:rhill@lashlybaer.com)

MISSOURI  
714 Locust Street  
St. Louis, MO 63101-1699  
TEL: 314 621.2939  
FAX: 314 621.6844  
[www.lashlybaer.com](http://www.lashlybaer.com)

ILLINOIS  
20 East Main Street  
Belleville, IL 62220-1602  
TEL: 618 233.5587  
By Appointment Only

December 18, 2024

Barnes Jewish West County Hospital  
Attn: Administrator  
12634 Olive Boulevard  
Creve Coeur, MO 63141

*Re: Missouri Certificate of Need Project # 6174HS  
St. Luke's Episcopal Presbyterian Hospitals  
Additional Robotic Surgery Unit*

To Whom this May Concern:

Please be advised that St. Luke's Episcopal Presbyterian Hospitals will submit and/or has submitted a Certificate of Need application to add an additional robotic surgery unit at its 232 South Woods Mill Road, Chesterfield, MO 63017 location.

Very truly yours,

Richard W. Hill

RWH/RWH



**LASHLY & BAER, P.C.**  
ATTORNEYS AT LAW

RICHARD W. HILL  
Licensed in Missouri and Illinois  
DIRECT: 314 436.8317  
[rhill@lashlybaer.com](mailto:rhill@lashlybaer.com)

MISSOURI  
714 Locust Street  
St. Louis, MO 63101-1699  
TEL: 314 621.2939  
FAX: 314 621.6844  
[www.lashlybaer.com](http://www.lashlybaer.com)

ILLINOIS  
20 East Main Street  
Belleville, IL 62220-1602  
TEL: 618 233.5587  
By Appointment Only

December 18, 2024

Christian Hospital NE  
Attn: Administrator  
11133 Dunn Road  
Saint Louis, MO 63136

*Re: Missouri Certificate of Need Project # 6174HS  
St. Luke's Episcopal Presbyterian Hospitals  
Additional Robotic Surgery Unit*

To Whom this May Concern:

Please be advised that St. Luke's Episcopal Presbyterian Hospitals will submit and/or has submitted a Certificate of Need application to add an additional robotic surgery unit at its 232 South Woods Mill Road, Chesterfield, MO 63017 location.

Very truly yours,

Richard W. Hill

RWH/RWH





**LASHLY & BAER, P.C.**  
ATTORNEYS AT LAW

RICHARD W. HILL  
Licensed in Missouri and Illinois  
DIRECT: 314.436.8317  
[rhill@lashlybaer.com](mailto:rhill@lashlybaer.com)

MISSOURI  
714 Locust Street  
St. Louis, MO 63101-1699  
TEL: 314.621.2939  
FAX: 314.621.6844  
[www.lashlybaer.com](http://www.lashlybaer.com)

ILLINOIS  
20 East Main Street  
Belleville, IL 62220-1602  
TEL: 618.233.5587  
By Appointment Only

December 18, 2024

Mercy Hospital South  
Attn: Administrator  
10010 Kennerly Road  
Saint Louis, MO 63128

*Re: Missouri Certificate of Need Project # 6174HS  
St. Luke's Episcopal Presbyterian Hospitals  
Additional Robotic Surgery Unit*

To Whom this May Concern:

Please be advised that St. Luke's Episcopal Presbyterian Hospitals will submit and/or has submitted a Certificate of Need application to add an additional robotic surgery unit at its 232 South Woods Mill Road, Chesterfield, MO 63017 location.

Very truly yours,

Richard W. Hill

RWH/RWH



LASHLY & BAER, P.C.  
ATTORNEYS AT LAW

RICHARD W. HILL  
Licensed in Missouri and Illinois  
DIRECT: 314-436-8317  
[rhil@lashlybaer.com](mailto:rhil@lashlybaer.com)

MISSOURI  
714 Locust Street  
St. Louis, MO 63101-1699  
TEL: 314 621.2939  
FAX: 314 621.6844  
[www.lashlybaer.com](http://www.lashlybaer.com)

ILLINOIS  
20 East Main Street  
Belleville, IL 62220-1602  
TEL: 618 233.5587  
By Appointment Only

December 18, 2024

Mercy Hospital St. Louis  
Attn: Administrator  
615 S. New Ballas Road  
Saint Louis, MO 63141

*Re: Missouri Certificate of Need Project # 6174HS  
St. Luke's Episcopal Presbyterian Hospitals  
Additional Robotic Surgery Unit*

To Whom this May Concern:

Please be advised that St. Luke's Episcopal Presbyterian Hospitals will submit and/or has submitted a Certificate of Need application to add an additional robotic surgery unit at its 232 South Woods Mill Road, Chesterfield, MO 63017 location.

Very truly yours,

Richard W. Hill

RWH/RWH



LASHLY & BAER, P.C.  
ATTORNEYS AT LAW

RICHARD W. HILL  
Licensed in Missouri and Illinois  
DIRECT: 314 436.8317  
[rhill@lashlybaer.com](mailto:rhill@lashlybaer.com)

MISSOURI  
714 Locust Street  
St. Louis, MO 63101-1699  
TEL: 314 621.2939  
FAX: 314 621.6844  
[www.lashlybaer.com](http://www.lashlybaer.com)

ILLINOIS  
20 East Main Street  
Belleville, IL 62220-1602  
TEL: 618 233.5587  
By Appointment Only

December 18, 2024

Missouri Baptist Medical Center  
Attn: Administrator  
3015 North Ballas Road  
Town & Country, MO 63131

*Re: Missouri Certificate of Need Project # 6174HS  
St. Luke's Episcopal Presbyterian Hospitals  
Additional Robotic Surgery Unit*

To Whom this May Concern:

Please be advised that St. Luke's Episcopal Presbyterian Hospitals will submit and/or has submitted a Certificate of Need application to add an additional robotic surgery unit at its 232 South Woods Mill Road, Chesterfield, MO 63017 location.

Very truly yours,

Richard W. Hill

RWH/RWH



LASHLY & BAER, P.C.  
ATTORNEYS AT LAW

RICHARD W. HILL  
Licensed in Missouri and Illinois  
DIRECT: 314.436.8317  
[rhill@lashlybaer.com](mailto:rhill@lashlybaer.com)

MISSOURI  
714 Locust Street  
St. Louis, MO 63101-1699  
TEL: 314.621.2939  
FAX: 314.621.6844  
[www.lashlybaer.com](http://www.lashlybaer.com)

ILLINOIS  
20 East Main Street  
Belleville, IL 62220-1602  
TEL: 618.233.5587  
By Appointment Only

December 18, 2024

SSM Health DePaul Hospital  
Attn: Administrator  
12303 DePaul Drive  
Bridgeton, MO 63044

*Re: Missouri Certificate of Need Project # 6174HS  
St. Luke's Episcopal Presbyterian Hospitals  
Additional Robotic Surgery Unit*

To Whom this May Concern:

Please be advised that St. Luke's Episcopal Presbyterian Hospitals will submit and/or has submitted a Certificate of Need application to add an additional robotic surgery unit at its 232 South Woods Mill Road, Chesterfield, MO 63017 location.

Very truly yours,

Richard W. Hill

RWH/RWH



**LASHLY & BAER, P.C.**  
ATTORNEYS AT LAW

RICHARD W. HILL  
Licensed in Missouri and Illinois  
DIRECT: 314 436.8317  
[rhill@lashlybaer.com](mailto:rhill@lashlybaer.com)

MISSOURI  
714 Locust Street  
St. Louis, MO 63101-1699  
TEL: 314 621.2939  
FAX: 314 621.6844  
[www.lashlybaer.com](http://www.lashlybaer.com)

ILLINOIS  
20 East Main Street  
Belleville, IL 62220-1602  
TEL: 618 233.5587  
By Appointment Only

December 18, 2024

SSM Health St. Mary's - St. Louis  
Attn: Administrator  
6420 Clayton Road  
Richmond Heights, MO 63117

**Re: *Missouri Certificate of Need Project # 6174HS  
St. Luke's Episcopal Presbyterian Hospitals  
Additional Robotic Surgery Unit***

To Whom this May Concern:

Please be advised that St. Luke's Episcopal Presbyterian Hospitals will submit and/or has submitted a Certificate of Need application to add an additional robotic surgery unit at its 232 South Woods Mill Road, Chesterfield, MO 63017 location.

Very truly yours,

Richard W. Hill

RWH/RWH

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

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

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$ 9.09

Sent To: Christian Hospital NE

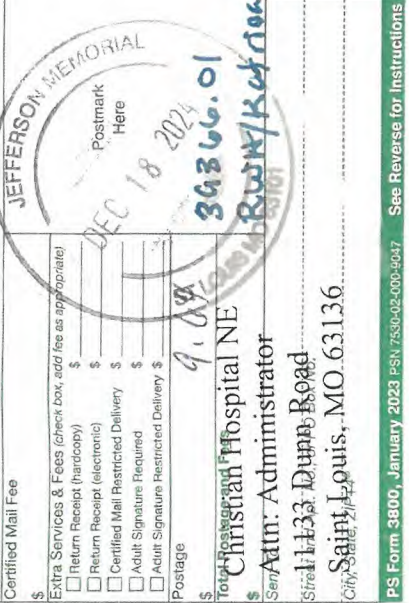
Attn: Administrator

Street and Apt. No. or PO Box No. 1133 Dunn Road

City, State, ZIP+4® Saint Louis, MO 63136

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

70 2548 9E90 0225 0720 6856



**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

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

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$ 9.64

Sent To: St. Joseph Hospital

Attn: Administrator

Street and Apt. No. or PO Box No. 19 St. Louis

City, State, ZIP+4® Saint Charles, MO 63301

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

70 2548 9E90 0225 0720 6856



**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

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

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$ 9.14

Sent To: Mercy Hospital Jefferson

Attn: Administrator

Street and Apt. No. or PO Box No. 1400 Hwy 61 S.

City, State, ZIP+4® Crystal City, MO 63019

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

95 2548 9E90 0225 0720 6856



**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

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

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$ 9.64

Sent To: Mercy Hospital St. Louis

Attn: Administrator

Street and Apt. No. or PO Box No. 615 S. New Ballas Road

City, State, ZIP+4® Saint Louis, MO 63141

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

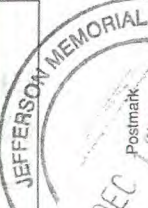
95 2548 9E90 0225 0720 6856



**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only**

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

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$  
 Postage \$



Total Postage and Fees \$ 9.64  
 Mercy Hospital South  
 Attn: Administrator  
 10010 Kennerly Road  
 Saint Louis, MO 63128

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

56 1548 9690 0225 0720 6956

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only**

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

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$  
 Postage \$



Total Postage and Fees \$ 9.64  
 SSM Health St. Mary's - St. Louis  
 Attn: Administrator  
 6420 Clayton Road  
 Richmond Heights, MO 63117

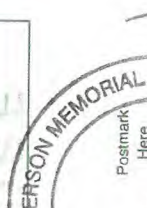
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

52 2548 9690 0225 0720 6856

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only**

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

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$  
 Postage \$



Total Postage and Fees \$ 9.64  
 Barnes Jewish St. Peters Hospital  
 Attn: Administrator  
 10 Hospital Drive  
 St. Peters, MO 63376

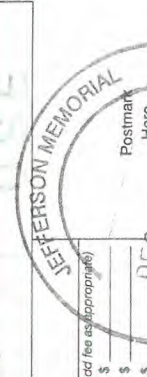
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

59 2548 9690 0225 0720 6956

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only**

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

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$  
 Postage \$



Total Postage and Fees \$ 9.64  
 SSM Health DePaul Hospital  
 Attn: Administrator  
 2303 DePaul Drive  
 Bridgeton, MO 63044

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

88 1548 9690 0225 0720 6856

9589 0710 5270 0636 8452 18

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

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

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$ **9.69**

Sent To: Missouri Baptist Medical Center  
 Attn: Administrator  
 3015 North Ballas Road  
 Town & Country, MO 63131

Postmark Here: JEFFERSON MEMORIAL, DEC 18 2024, 39366.01, RWH/Katrina

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

9589 0710 5270 0636 8452 49

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

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

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$ **9.69**

Sent To: Barnes Jewish West County Hospital  
 Attn: Administrator  
 12694 Olive Boulevard  
 Creve Coeur, MO 63141

Postmark Here: JEFFERSON MEMORIAL, DEC 18 2024, 39366.01, RWH/Katrina

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



**DIVIDER III**

**COMMUNITY NEED CRITERIA AND STANDARDS**

### **DIVIDER III. COMMUNITY NEED CRITERIA AND STANDARDS**

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

Not applicable.

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

Not applicable.

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

FY 2022 – 379 cases;  
FY 2023 – 481 cases; and,  
FY 2024 – 513 cases.

For FY 2023 and FY 2024, the Applicant has doubled the minimum annual utilization standard required for the addition of another robotic surgery unit.

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

- **Medical effects as described and documented in published scientific literature;**
- **The degree to which the objectives of the technology have been met in practice;**
- **Any side effects, contraindications or environmental exposures;**
- **The relationships, if any, to existing preventive, diagnostic, therapeutic or management technologies and the effects on the existing technologies;**
- **Food and Drug Administration approval;**
- **The need methodology used by this proposal in order to assess efficacy and cost impact of the proposal;**
- **The degree of partnership, if any, with other institutions for joint use and financing.**

Not applicable.

**DIVIDER IV**

**FINANCIAL FEASIBILITY REVIEW CRITERIA AND STANDARDS**

#### **DIVIDER IV. FINANCIAL FEASIBILITY REVIEW CRITERIA AND STANDARDS**

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

See attached.

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

See attached. The attached, forward-looking SSRE forms represent a conservative estimate with respect to service line growth as the additional robotic surgery unit begins ramping up to capacity. The Applicant is hopeful that its recruitment efforts will result in the additional unit reaching its capacity faster than is shown on its SSRE estimates.

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

Patient charges were derived based on Applicant's actual cost of the service, historical provision of the services, and understanding of the market.

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

See attached charity care policy.



**ST. LUKE'S HEALTH CORPORATION**

Consolidated Financial Statements

June 30, 2024 and 2023

(With Independent Auditors' Report Thereon)

## ST. LUKE'S HEALTH CORPORATION

### Table of Contents

	<b>Page(s)</b>
Independent Auditors' Report	1-2
Financial Statements:	
Consolidated Balance Sheets	3
Consolidated Statements of Operations and Changes in Net Assets	4-5
Consolidated Statements of Cash Flows	6
Notes to Financial Statements	7-31



KPMG LLP  
Suite 600  
350 N. 5th Street  
Minneapolis, MN 55401

## Independent Auditors' Report

The Board of Directors  
St. Luke's Health Corporation:

### *Opinion*

We have audited the consolidated financial statements of St. Luke's Health Corporation (the Company), which comprise the consolidated balance sheets as of June 30, 2024 and 2023, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Company as of June 30, 2024 and 2023, and the results of its operations, changes in its net assets, and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

### *Basis for Opinion*

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Company and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### *Responsibilities of Management for the Consolidated Financial Statements*

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with U.S. generally accepted accounting principles, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for one year after the date that the consolidated financial statements are issued.

### *Auditors' Responsibilities for the Audit of the Consolidated Financial Statements*

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.



In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

*KPMG LLP*

Minneapolis, Minnesota  
September 3, 2024



**ST. LUKE'S HEALTH CORPORATION**

Consolidated Balance Sheets

June 30, 2024 and 2023

(In thousands)

<b>Assets</b>	<b>2024</b>	<b>2023</b>
Current assets:		
Cash and cash equivalents	\$ 60,844	56,084
Short-term investments	924	844
Accounts receivable, patient	110,489	129,069
Inventories	13,146	12,699
Other current assets	22,608	14,243
Total current assets	208,011	212,939
Assets limited as to use or restricted	79,441	80,120
Long-term investments	318,070	284,360
Property and equipment, net	254,970	254,816
Pension asset	3,565	4,158
Other assets	60,812	61,519
Total assets	\$ 924,869	897,912
<b>Liabilities and Net Assets</b>		
Current liabilities:		
Current maturities of long-term obligations	\$ 8,831	7,145
Accounts payable	19,361	21,260
Accrued liabilities	75,553	72,097
Total current liabilities	103,745	100,502
Insurance reserves and other liabilities	54,550	54,438
Long-term obligations, less current maturities	100,254	106,103
Total liabilities	258,549	261,043
Net assets:		
Without donor restrictions	641,792	608,744
With donor restrictions	24,528	28,125
Total net assets	666,320	636,869
Total liabilities and net assets	\$ 924,869	897,912

See accompanying notes to consolidated financial statements.



Certificate of Need Program

**SERVICE-SPECIFIC REVENUES AND EXPENSES**

**Project Title:** St. Luke's Hospital - Additional Robotics **Project #:** 6174 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.*

	<b>Year</b>		
	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>
<b>Amount of Utilization:*</b>	<u>379</u>	<u>481</u>	<u>513</u>
<b>Revenue:</b>			
Average Charge**	<u>\$30,813</u>	<u>\$32,814</u>	<u>\$34,280</u>
Gross Revenue	<u>\$11,678,127</u>	<u>\$15,783,534</u>	<u>\$17,585,640</u>
Revenue Deductions	<u>7,673,882</u>	<u>11,108,600</u>	<u>12,276,866</u>
Operating Revenue	<u>4,004,245</u>	<u>4,674,934</u>	<u>5,308,774</u>
Other Revenue	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTAL REVENUE</b>	<b><u>\$4,004,245</u></b>	<b><u>\$4,674,934</u></b>	<b><u>\$5,308,774</u></b>
<b>Expenses:</b>			
<b>Direct Expenses</b>			
Salaries	<u>910,894</u>	<u>1,133,052</u>	<u>1,209,310</u>
Fees	<u>0</u>	<u>0</u>	<u>0</u>
Supplies	<u>1,263,195</u>	<u>1,805,388</u>	<u>1,907,717</u>
Other	<u>362,761</u>	<u>507,289</u>	<u>632,303</u>
<b>TOTAL DIRECT</b>	<b><u>\$2,536,850</u></b>	<b><u>\$3,445,729</u></b>	<b><u>\$3,749,330</u></b>
<b>Indirect Expenses</b>			
Depreciation	<u>118,171</u>	<u>140,781</u>	<u>140,781</u>
Interest***	<u>0</u>	<u>0</u>	<u>0</u>
Rent/Lease	<u>0</u>	<u>0</u>	<u>0</u>
Overhead****	<u>829,455</u>	<u>1,096,533</u>	<u>1,216,705</u>
<b>TOTAL INDIRECT</b>	<b><u>\$947,626</u></b>	<b><u>\$1,237,314</u></b>	<b><u>\$1,357,486</u></b>
<b>TOTAL EXPENSES</b>	<b><u>\$3,484,476</u></b>	<b><u>\$4,683,043</u></b>	<b><u>\$5,106,816</u></b>
<b>NET INCOME (LOSS):</b>	<b><u>\$519,769</u></b>	<b><u>-\$8,109</u></b>	<b><u>\$201,958</u></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:** St. Luke's Hospital - Additional Robotics **Project #:** 6174 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.*

	<b>Year</b>		
	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
<b>Amount of Utilization:*</b>	774	977	1,247
<b>Revenue:</b>			
Average Charge**	\$35,527	\$34,662	\$34,662
Gross Revenue	\$27,497,898	\$33,864,774	\$43,223,514
Revenue Deductions	19,676,024	23,846,344	30,432,398
Operating Revenue	7,821,874	10,018,430	12,791,116
Other Revenue	0	0	0
<b>TOTAL REVENUE</b>	<b>\$7,821,874</b>	<b>\$10,018,430</b>	<b>\$12,791,116</b>
<b>Expenses:</b>			
Direct Expenses			
Salaries	1,904,396	2,405,122	3,070,760
Fees	0	0	0
Supplies	2,836,810	3,724,938	4,755,846
Other	1,094,871	1,493,524	1,852,902
<b>TOTAL DIRECT</b>	<b>\$5,836,077</b>	<b>\$7,623,584</b>	<b>\$9,679,508</b>
Indirect Expenses			
Depreciation	508,091	507,400	507,261
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	1,222,026	1,258,686	1,296,447
<b>TOTAL INDIRECT</b>	<b>\$1,730,117</b>	<b>\$1,766,086</b>	<b>\$1,803,708</b>
<b>TOTAL EXPENSES</b>	<b>\$7,566,194</b>	<b>\$9,389,670</b>	<b>\$11,483,216</b>
<b>NET INCOME (LOSS):</b>	<b>\$255,680</b>	<b>\$628,760</b>	<b>\$1,307,900</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.

[Schedule Appointment >](#)[Doctors](#)[Services](#)[Careers](#)[Classes & Events](#)[Give](#)

MENU

[Home](#) > [Pay](#) > [Faq Financial Assistance Policy](#)

## Financial Assistance

### St. Luke's Hospital - Financial Assistance Policy

[Financial Assistance plain language summary brochure \(English\) \(PDF\)](#)

St. Luke's Hospital provides care to patients consistent with its mission and values. Financial Assistance is available to those who reside in the community we serve, who are uninsured or underinsured and do not have adequate financial resources to pay for necessary healthcare services provided. Financial assistance does not apply to internationally traveling/vacationing patients who seek treatment at St. Luke's Hospital. Non-US citizens and US citizens living outside the USA are not eligible for financial assistance; this includes patients on a visa and international students. This does not include undocumented individuals living in the US. St. Luke's Hospital will use its best efforts to provide financial assistance fairly and consistently, balancing our patients' needs for financial assistance with St. Luke's Hospital's broader fiscal responsibility, and taking into consideration each patient's specific needs. Information gathered to determine whether a patient qualifies for Financial Assistance is kept confidential and is limited to only those directly involved with the determination process and is considered "protected health information" (PHI) under HIPAA.

Charity is defined as the demonstrated inability of a patient to pay, versus the unwillingness of a patient to pay. The Financial status of a patient is determined through the financial assistance application process and/or from information obtained from outside parties to distinguish a patient's ability to pay. All patients seen at St. Luke's Hospital are expected to contribute to the cost of their care, based upon their individual ability to pay.

Charity Care includes services provided to:

- Uninsured patients who do not have the ability to pay based on criteria provided on the financial assistance application
- Underinsured patients whose coverage is inadequate to cover a catastrophic situation
- Insured patients with balances remaining due to deductibles, coinsurance or copayments
- Persons whose income is sufficient to pay for basic living costs but not medical care, and those persons with generally adequate incomes who are suddenly faced with catastrophically high medical bills
- Patients who demonstrate the ability to pay part but not all of their liability
- The hospital will not discriminate based on race, ethnicity, gender, age, disability, etc., or on the basis of source of payor, when making financial assistance determinations
- The hospital will apply the policy uniformly to all hospital patients and is applicable to all hospital patients, including inpatients and outpatients who reside in the communities we serve.
- A family member or estate executor may apply for financial assistance on behalf of a deceased patient.

Charity Care excludes services such as convenience items, cosmetic procedures or service provided that are not medically necessary.

Determination for eligibility for full or partial charity will remain valid for twelve months from the date of charity determination for all necessary hospital services and will be applied to current episode of care and unpaid balances.

Patients may apply for Financial Assistance at any time before, during or after their care. The application requires proof of income which includes a federal tax return for all adults in the household, Social Security Income (SSI), pension statements, paycheck stubs, alimony and child support documentation, and/or declaration of income from their supporter. Patients who do not file a tax return will need to provide proof of residency. If data provided by a patient requires greater clarification than what is provided, St. Luke's may contact the patient's employer, the IRS or other sources with the patient/guarantor's consent to validate the data. Patients may also be asked to obtain written validation of data provided for consideration of financial assistance. If upon receipt of the application, all of the required documentation is not received, St. Luke's will contact the patient by phone or a follow up letter will be mailed requesting the additional information needed to complete the processing of the application.

If there is a change in financial circumstances within a twelve-month period, an updated or new financial assistance application may be completed. Patients who have had a change in income due to a job change, loss of a job, or reduced hours/inability to work for a period of 3 months or more can reapply and will be considered for financial assistance based on their current income. Patients will need to provide documentation supporting the change in income ie: previous year tax return along with W2, three months current paycheck stubs, letter from employer stating employee's current status and pay, disability letter, unemployment, etc...

Patients are expected to cooperate with the hospital's procedures for obtaining insurance and other forms of payment and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets. The hospital will exhaust all payment options including, but not limited to local, state and Federal Assistance programs (ie: completing a Medicaid application) and requiring patients to seek in-network care, before considering an application for financial assistance. Charity care discounts will not be applied to patient accounts who have elected to receive services at St. Luke's and are out of network with their insurance plan. Prior to

financial assistance discounts being applied, all other resources must be applied first, including applicable health insurance coverage, payment from third party payors, and payments from Medicaid and Medicaid HMO plans. If funds are provided to the patient to purchase insurance coverage are used for basic living needs and can be documented as such, including current level of income based on Federal Poverty Guidelines, consideration of financial assistance will not be based on lack of insurance coverage.

Amounts charged to financial assistance eligible patients will not exceed Amounts Generally Billed (AGB) to patients with medical insurance. Patients can contact Patient Financial Services to obtain the current AGB. Patients without insurance who receive services at the hospital will automatically be eligible for a 40% discount and are eligible to apply for a financial assistance. Patients without insurance who receive services at St. Luke's Medical Group will automatically be eligible for a 33% discount and are eligible to apply for financial assistance.

## Financial Assistance Applications

Patients may request an application for financial assistance through Social Services, Patient Billing, or any St. Luke's employee who, if unable to directly assist the patient, can direct them to the appropriate personnel. Applications are available in the hospital, at all registration areas and the cashier's office as well as on-line via the hospital website:

[Download Financial Assistance Application](#) (PDF) 

Applications can also be obtained free of charge by mail or by calling 314-576-8100. Applications are available in English, Spanish, Bosnian, Chinese and Korean and interpreters are available free of charge. Patients who need assistance completing an application can call 314-576-8100 Monday – Friday 8:30 a.m. – 5:00 p.m.

Financial Assistance applications will be reviewed, and a determination will attempt to be made within 14 business days from receipt of all appropriate information. Patients are asked to comply with providing supporting documentation to assist in the determination process. A patient's failure to provide all requested information may result in a delay of determination. St. Luke's will contact the patient by phone, or a letter will be mailed to the patient requesting the missing documentation. The letter will provide the address for the patient to send the documentation, a deadline, and a phone number to call if the patient has questions. Only one application is necessary and consideration will be taken for multiple accounts for the patient/guarantor. If a patient qualifies for a partial reduction in their account balance but is not able to pay their remaining balance in full, an interest free payment plan is available so that patients can pay through monthly installments. If a patient is unable to provide the requested documentation, please call 314-576-8100 to inform us why the documents are not able to be provided.

St. Luke's Hospital reaches out to self-pay and underinsured patients in a number of ways, including raising patient awareness of Medicaid health insurance. By assisting our patients with the application process, St. Luke's Hospital helps patients obtain the benefits for which they qualify. A Financial Counselor may contact you during your stay in the hospital or after you are discharged to assist you in the application process.

## Financial Assistance Determination

Financial Assistance is based on a sliding scale, taking into consideration the following: Federal Poverty Guidelines, income, assets, family size, medical need and catastrophic costs. Patients who are between 0% - 400% of the Federal Poverty Guidelines will qualify for a financial assistance discount. Financial assistance discounts range between 25% - 100% and is available to all patients regardless of whether they have health insurance. Patients who have health insurance may qualify for assistance on their remaining balance

(coinsurance/deductibles) after insurance pays.

All other resources must be applied first, including applicable health insurance coverage, payment from third party payors and payments from Medicaid, Medicaid HMO plans, or other government sponsored programs. Patients are required to seek in-network care. Financial assistance will not be applied to non-emergency services for patients who see care out-of-network.

Financial assistance is available to all hospital patients including inpatients, outpatients and those receiving services at one of our off-site or affiliate locations.

Determinations for eligibility for full or partial charity will remain valid for twelve months from the date of the charity determination for all necessary hospital services and will be applied to current episodes of care and unpaid balances.

There are instances when a patient may appear eligible for financial assistance, but there is no application on file due to lack of supporting documentation. Often, there is adequate information provided by the patient or through other sources, which would provide sufficient evidence to provide the patient with financial assistance. St. Luke's Hospital may use outside agencies in determining estimated income amounts for the basis of determining charity care eligibility. Patients who have been awarded a discount less than 100% using the hospital's Healthcare Scoring Tool (HFST) may submit an application for financial assistance to see if they are eligible for a larger discount.

Nothing in this policy will prohibit St. Luke's Hospital from offering reduced or more favorable financial assistance to an uninsured patient based upon individual circumstances.

[See physicians who are covered under St. Luke's Hospital's Financial Assistance policy.](#)

[See physicians on St. Luke's Medical staff who are not covered under St. Luke's Hospital's Financial Assistance policy.](#)

### **Uninsured Patients Billing Practices**

The first statement sent to an uninsured patient will reflect a self-pay discount in the amount of 40% (medically necessary services only). The discount will be applied to services that are considered medically necessary, denied as non-covered, exceeded the allowed length of stay or exhausted benefits.

When sending a bill to a patient, the following statement will be included:

- Financial Assistance may also be available to those who have an inability to pay because they are uninsured or lack other financial resources. An application must be completed to determine eligibility. Please contact our Customer Service Department for more information.

### **Collection Practices**

St. Luke's Hospital management has developed policies and procedures for internal and external collection practices that take into account the extent to which the patient qualifies for charity, a patient's good faith effort to apply for a governmental program or for charity from St. Luke's Hospital, and a patient's good faith effort to comply with his or her payment agreements with St. Luke's Hospital. For patients who qualify for financial assistance and who are cooperating in good faith to resolve their hospital bills, St. Luke's Hospital may offer

extended payment plans, will not impose wage garnishments or force a foreclosure on primary residences, will not impose actions that force bankruptcy and will not send unpaid bills to outside collection agencies. Unpaid balances will not be reported to the credit bureau until at least 6 months from placement date and only if patients are not cooperating with paying their balance.

St. Luke's Hospital adheres to the laws of the Fair Debt Collection Practices Act and the Association of Credit and Collection Professional's Code of Ethics and Professional Responsibility and patients are treated with dignity, respect and in line with our mission and values.

### **Notification**

Patients are informed about our Financial Assistance process in a number of ways:

- Financial counselors and Social workers are available to patients during their stay.
- Patient Financial Services attempts to contact scheduled patients prior to services to provide patients with their expected amounts due and discuss payment/discount options.
- Discussions about financial assistance occur when speaking to patients on the phone about their account balances.
- Information regarding our Financial Assistance Policy is located on our website, our billing statements as well as our registration booklets/brochures and signage in all registration areas.
- St. Luke's Pediatric Care Center is a mission-based agency of St. Luke's Hospital that provides health care to children in St. Louis City and County in a private practice setting where care is available for uninsured and low-income children.
- St. Luke's Hospital partners with Volunteers in Medicine in our primary service area and People's Health Clinic in our secondary service area which addresses the healthcare needs for those with low income. Information about our financial assistance policy is communicated to members of our community through advertisements that are mailed to approximately 68,000 homes which promote classes and events that we offer in the community. Signs informing patients about our Financial Assistance Policy are posted in all registration areas and off-site locations (approximately 50 locations). Patients can also find our policy and application information on all billing statements as well as our website.
- Applications are available free of charge by mail or phone and can be obtained on our website.

St. Luke's Financial Assistance Policy is subject to change from time to time without notice.



### Financial Assistance Matrix for St. Luke's Hospital

Family Size		1	2	3	4	5	6
% of Federal Poverty Guidelines	Discount	Total Family Income					
200%	100%	\$29,160	\$39,440	\$49,720	\$60,000	\$70,280	\$80,560
250%	75%	\$36,450	\$49,300	\$62,150	\$75,000	\$87,850	\$100,700
300%	50%	\$43,740	\$59,160	\$74,580	\$90,000	\$105,420	\$120,840
350%	40%	\$51,030	\$69,020	\$87,010	\$105,000	\$122,990	\$140,980
400%	25%	\$58,320	\$78,880	\$99,440	\$120,000	\$140,560	\$161,120

*\*Add \$5,140 for each family member after 6*

Doctors  
 St. Luke's Medical Group  
 Services  
 Payments & Financial Assistance  
 Price Transparency  
 Classes & Events  
 St. Luke's News

Patients & Visitors  
 Physicians & Employees  
 Health Information  
 Spirit of Women  
 Donate  
 Volunteer

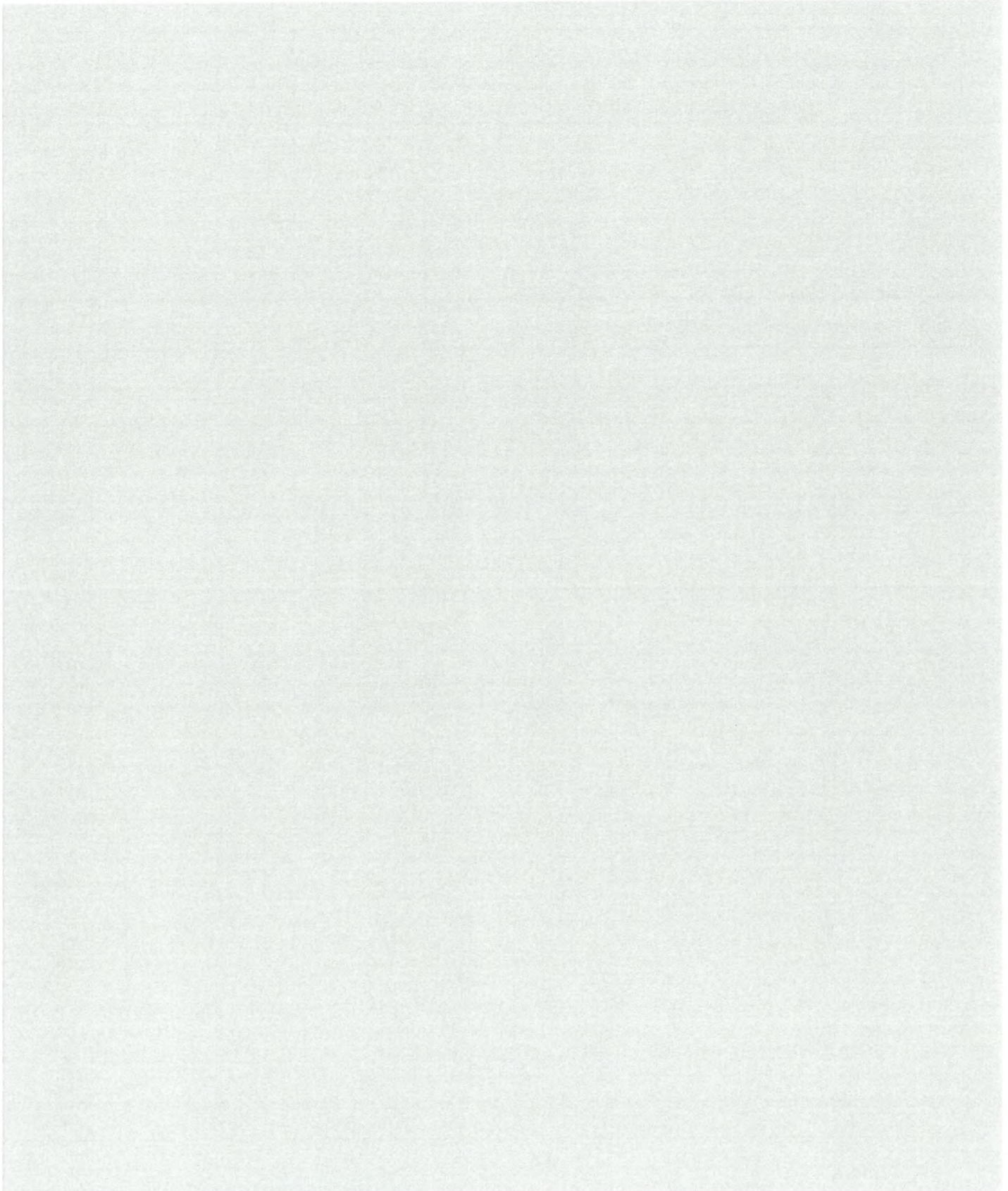
Contact Us  
 Locations & Directions  
 Careers  
 About Us  
 Newsroom  
 Community Benefit



e-News Subscribe



St. Luke's Hospital  
 232 S Woods Mill Rd  
 Chesterfield, MO 63017



## Billing and payment plans

The first statement sent to an uninsured patient will reflect the expected payment that is in line with those offered to insurance companies. The discount will be applied to services that are considered medically necessary, denied as non-covered, exceeded the allowed length of stay or exhausted benefits.

For patients who qualify for financial assistance and who are cooperating in good faith to resolve their hospital bills, St. Luke's Hospital may offer extended payment plans and will not impose wage garnishments or force a foreclosure on primary residences, will not impose actions that force bankruptcy and will not send unpaid bills to outside collection agencies.

For more information, please contact a Customer Services Representative at **314-576-8100**.

*St. Luke's Financial Assistance Policy is subject to change from time to time without notice.*

**St. Luke's Patient  
Financial Services  
314-576-8100**

**St. Luke's  
Financial  
Assistance  
Policy**



Rev 10/2020  
1-3129

## St. Luke's Hospital provides care to patients consistent with its mission and values.

St. Luke's Hospital provides Financial Assistance to all residents of the community who are uninsured or underinsured and do not have adequate financial resources to pay for necessary healthcare services provided. St. Luke's Hospital will use its best efforts to provide financial assistance fairly and consistently, balancing our patients' needs for financial assistance with the Hospital's broader fiscal responsibility and taking into consideration each patient's specific needs. Information gathered to determine whether or not a patient qualifies for Financial Assistance is kept confidential and is limited to only those directly involved with the determination process and is considered "protected health information" under HIPAA.

Payments expected from uninsured patients are in line with those that have been negotiated with insurance companies. St. Luke's limits the amount charged for emergency and medically necessary care provided to patients who are eligible for financial assistance to not more than gross charges for the care multiplied by the amount generally billed (AGB) percentage. The AGB percentage is determined using the look-back method. Financial Assistance provided by St. Luke's Hospital is not a substitute for personal responsibility. All patients are expected to contribute to the cost of their care, based upon their individual ability to pay.

## Applying for financial assistance

Financial Assistance Applications are available in the Patient Financial Services Department, Hospital Cashier's Office, Social Services Department, Registration areas or on our website at <https://www.stlukes-stl.com/pay/faq-financial-assistance-policy.html>

To obtain an application by phone or mail, please call **314-576-8100**. Applications are available in English or Spanish and translators are available to anyone free of charge. Completed applications are processed within 14 days of receipt and letter of determination is mailed to all patients who apply. Patients are asked to comply with providing supporting documentation such as; proof of income, Federal Tax Return for all adults in the household, proof of alimony, child support, etc. to assist in the determination process. Only one application is necessary and consideration will be taken for multiple accounts for the patient/guarantor. If a patient qualifies for partial reduction in their account balance but is not able to pay their remaining balance in full an interest free payment plan is available so that patients can pay through monthly installments.

St. Luke's Hospital reaches out to self-pay patients and underinsured patients in a number of ways, including raising patient awareness of Medicaid health insurance. By assisting our patients with the application process, St. Luke's Hospital helps patients obtain the benefits for which they qualify. A Financial Counselor may contact you during your stay in the hospital or after you are discharged to assist you in the application process.

## Determining financial assistance

Financial Assistance is based on a sliding scale, taking into consideration the following: Federal Poverty Guidelines, income, assets, family size, medical needs and catastrophic costs. Financial Assistance ranges between 25% - 100% and is available to all patients regardless of whether or not they have health insurance. Patients who have health insurance may qualify for assistance on their remaining balance (co-insurance/deductibles) after insurance pays. All other resources must be applied first, including applicable health insurance coverage, payment from third party payors and payments from Medicaid, Medicaid HMO plans, or other government sponsored programs. Charity Care discounts will not be applied to patient accounts who have elected to receive services at St. Luke's and are out of network with their insurance plan.

Financial Assistance is available to all hospital patients including inpatients, outpatients, and those receiving services at one of our off-site or affiliate locations.

There are instances when a patient may appear eligible for financial assistance, but there is no application on file due to lack of supporting documentation. Often, there is adequate information provided by the patient or through other sources, which would provide sufficient evidence to provide the patient with financial assistance. St. Luke's Hospital may use outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility.



**APPLICATION FOR FINANCIAL ASSISTANCE**

To be considered for Financial Assistance, please complete the information below. In addition, a complete copy of the most recent Federal Tax return and proof of income is required for the applicant and all members of the household as indicated in Section 4 of this form. If the applicant or a family member listed in Section 4 is not employed, proof of non-filing is required and can be obtained by calling the IRS at 1-800-829-1040 and requesting Form 4506-T. Incomplete or inaccurate applications may result in a delay or a denial of financial assistance.

The information on this form will be kept confidential and will allow us to do an initial assessment of our qualification for our Financial Assistance Program. We will notify you in writing within 14 days of the receipt of your information with a determination of your eligibility or if additional information is needed. If financial assistance is granted, please be advised that we may share information with your other healthcare providers regarding total charges and the percentage of discount that has been awarded.

<b>SECTION 1: APPLICANT INFORMATION</b>	
<b>PATIENT NAME</b>	
<b>DOB</b>	
<b>CURRENT STREET ADDRESS</b>	
<b>CITY/STATE/ZIP</b>	
<b>TELEPHONE #</b>	
<b>SOCIAL SECURITY NUMBER/ITIN</b>	

**SECTION 2: MEMBERS OF THE HOUSEHOLD**

Please complete the following information for yourself as well as every member in your household 18 years or older. This includes members currently living in your residence and/or listed as a dependent on your Federal Tax Return. Income is also required for members in the household who are unmarried, household partners, and their dependents.

<b>Name</b>	<b>Date of Birth</b>	<b>Relationship</b>	<b>Currently Employed (Y or N)</b>	<b>Employed in the last 6 months (Y or N)</b>	<b>Current and past employer name (for past 6 months)</b>

**APPLICATION FORM cont'd**

**SECTION 3: BANKING, NON-RETIREMENT INVESTMENTS, AND OTHER ASSETS**

<b>CHECKING ACCOUNT</b>	Does the applicant have a personal checking account? Y or N	
	Bank Name	
	Cumulative Balance	
<b>SAVINGS ACCOUNT</b>	Does the applicant have a personal savings account? Y or N	
	Bank Name	
	Cumulative Balance	
<b>OTHER ASSETS</b>	Do you own real property (other than primary residence)? Y or N	
	If Yes, which County and State?	
<b>NON-RETIREMENT INVESTMENTS (e.g. non-IRAs, 401K)</b>	Do you have non-retirement investments? Y or N	
	If Yes, what is the name of the fund and current balance?	
<b>OTHER ASSETS</b>	Do you own real property (other than primary residence)? Y or N	
	If Yes, which County and State?	
<b>NON-RETIREMENT INVESTMENTS (e.g. non-IRAs, 401K)</b>	Do you have non-retirement investments? Y or N	
	If Yes, what is the name of the fund and current balance?	

**SECTION 4: GROSS ANNUAL INCOME-PAST 12 MONTHS FOR EACH MEMBER OF HOUSEHOLD**

Please complete the following information for all members of the household aged 18 or older as listed in Section 2 above. Proof of income includes but is not limited to wages, tips, pension, IRA or annuities, SSI, child support, alimony, food stamps, cash gifts, grant income, or any other form of income earned. If unemployed, please provide proof from the unemployment office stating whether or not benefits have been received.

Household Member	Source of Income	Amount Received	Frequency of Payment	Form of Proof Attached

**APPLICATION FORM cont'd**

**SECTION 5: APPLICANT CERTIFICATION**

My signature below indicates that the information I provided on this form is complete and accurate. I understand that any information provided on this form, which is found to be false, misleading, or inaccurate may result in a denial of my eligibility for financial assistance with St. Luke's Hospital now and in the future. I authorize St. Luke's Hospital to make necessary inquiries to verify information provided on this application and to release information to any Business Associates or governmental agencies that may require it. I understand that completing this application is not a guarantee of my eligibility.

<b>Applicant's Name and Signature</b>	<b>Date</b>