



Certificate of Need Application  
FOR  
SSM RAYUS RADIOLOGY – REPLACEMENT MRI

On Behalf Of  
SSM/CDI Imaging Centers, LLC

Project No. 6195 HT  
Replacement MRI Unit

Submitted to:  
Missouri Health Facilities Review Committee

April 10, 2025

Submitted by:  
Richard Hill  
Attorney At Law  
Lashly & Baer, P.C.  
714 Locust Street  
St. Louis, MO 63101



Certificate of Need Program  
**EQUIPMENT REPLACEMENT APPLICATION**  
Applicant's Completeness Checklist and Table of Contents

Project Name: SSM RAYUS Radiology - Replacement MRI

Project No: 6195 HT

Project Description: Replacement MRI

Done Page N/A Description

**Divider I. Application Summary:**

- |       |   |
|-------|---|
| ✓ 3   | 1. Applicant Identification and Certification (Form MO 580-1861)                            |
| ✓ 4   | 2. Representative Registration (Form 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    | 1. Provide a complete detailed project description, CON project number of the existing equipment (if prev. CON approved), and include the type/brand of both the existing equipment and the replacement equipment. |
| ✓ 9-32 | 2. Provide a listing with itemized costs of the medical equipment to be acquired and bid quotes.   |
| ✓ 8    | 3. Provide a timeline of events for the project, from CON issuance through project completion.   |

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

- |         |   |
|---------|---|
| ✓ 34    | 1. Describe the financial rationale for the proposed replacement equipment. |
| ✓ 36    | 2. Document if the existing equipment has exceeded its useful life.         |
| ✓ 34    | 3. Describe the effect the replacement unit would have on quality of care.  |
| ✓ 34    | 4. Document if the existing equipment is in constant need of repair.        |
| ✓       | 5. Document if the lease on the current unit has expired.                   |
| ✓ 34-35 | 6. Describe the technological advances provided by the new unit.            |
| ✓ 35    | 7. Describe how patient satisfaction would be improved.                     |
| ✓ 35    | 8. Describe how patient outcomes would be improved.                         |
| ✓ 35    | 9. Describe what impact the new unit would have on utilization.             |
| ✓ 35    | 10. Describe any new capabilities that the new unit would provide.          |
| ✓ 35    | 11. By what percent will this replacement increase patient charges.         |

*(If replacement equipment was not previously approved, also complete Divider IV below.)*

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

- |         |   |
|---------|---|
| ✓ 40-41 | 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. |
| ✓ 42-43 | 2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) <b>FULL</b> years beyond project completion.                                   |
| ✓ 39    | 3. Document how patient charges are derived.  |
| ✓ 44-57 | 4. Document responsiveness to the needs of the medically indigent.  |

## **DIVIDER I**

### **APPLICATION SUMMARY**

## **DIVIDER I. APPLICATION SUMMARY**

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

See attached.

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

See attached.

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

See attached.



## Certificate of Need Program

# APPLICANT IDENTIFICATION AND CERTIFICATION

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

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

Title of Proposed Project <b>SSM RAYUS Radiology - Replacement MRI</b>	Project Number <b>6195 HT</b>
Project Address <small>(Street/ City/ State/ Zip Code)</small> <b>3440 DePaul Lane, Bridgeton, Missouri 63044</b>	County <b>Saint Louis County</b>

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

List All Owner(s): <small>(List corporate entity.)</small>	Address <small>(Street/ City/ State/ Zip Code)</small>	Telephone Number
SSM/CDI Imaging Centers, LLC	5775 Wayzata Boulevard, Suite #400, Minneapolis, MN 55416	952-451-3914
<small>(List entity to be licensed or certified.)</small>		
List All Operator(s): <small>(List entity to be licensed or certified.)</small>	Address <small>(Street/ City/ State/ Zip Code)</small>	Telephone Number
SSM/CDI Imaging Centers, LLC	5775 Wayzata Boulevard, Suite #400, Minneapolis, MN 55416	952-451-3914

### 3. Ownership (Check applicable category.)

- |  |                                      |                                 |  |
|--|--------------------------------------|---------------------------------|--|
| <input 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 checked="" type="checkbox"/> Other <u>LLC</u> |

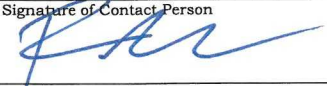
### 4. Certification

In submitting this project application, the applicant understands that:

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

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

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

Name of Contact Person <b>Richard Hill</b>	Title <b>Attorney</b>
Telephone Number <b>314-621-2939</b>	Fax Number <b>314-621-6844</b>
E-mail Address <b>rhill@lashlybaer.com</b>	
Signature of Contact Person 	Date of Signature <b>4/10/25</b>



## Certificate of Need Program

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

Project Name <b>SSM RAYUS Radiology - Replacement MRI</b>		Number <b>6195 HT</b>
<i>(Please type or print legibly.)</i>		
Name of Representative <b>Richard Hill</b>		Title <b>Attorney</b>
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) <b>Lashly &amp; Baer, P.C.</b>		Telephone Number <b>314-621-2939</b>
Address (Street/City/State/Zip Code) <b>714 Locust Street, St. Louis, MO 63101</b>		
Who's interests are being represented? <i>(If more than one, submit a separate Representative Registration Form for each.)</i>		
Name of Individual/Agency/Corporation/Organization being Represented <b>SSM/CDI Imaging Centers, LLC</b>		Telephone Number <b>952-451-3914</b>
Address (Street/City/State/Zip Code) <b>5775 Wayzata Boulevard, Suite #400, Minneapolis, MN 55416</b>		
<div>Check one. Do you: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral</div> <div>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):</div> <div>Other Information: _____ _____</div>		
<p>I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: <i>Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in § 105.478, RSMo.</i></p>		
Original Signature 		Date <b>4/10/25</b>



## 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 ***	\$184,906
<b>3. Subtotal Construction Costs</b> (#1 plus #2)	<b>\$184,906</b>
4. Architectural/Engineering Fees	\$8,007
5. Other Equipment (not in construction contract)	\$0
6. Major Medical Equipment	\$1,546,823
7. Land Acquisition Costs ***	\$0
8. Consultants' Fees/Legal Fees ***	\$0
9. Interest During Construction (net of interest earned) ***	\$0
10. Other Costs ***	\$0
<b>11. Subtotal Non-Construction Costs</b> (sum of #4 through #10)	<b>\$1,554,830</b>
<b>12. Total Project Development Costs</b> (#3 plus #11)	<b>\$1,739,735 **</b>

#### **FINANCING:**

13. Unrestricted Funds	\$0
14. Bonds	\$0
15. Loans	\$1,739,735
16. Other Methods (specify)	\$0
<b>17. Total Project Financing</b> (sum of #13 through #16)	<b>\$1,739,735 **</b>

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

\* 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.

RAYUS  
MRI Replacement - Bridgeton  
Budget Detail Calculation

Table 1 - Major Medical Equipment Budget

	A	B	C	D	E	F	G
	Vendor	Description	Amount	Estimated Tax	Amount + Estimated Tax	Include in CON Budget?	CON Budget
1	McKesson	Injector	\$29,152.00	Included	\$29,152.00	Yes	\$29,152.00
2	Braden	Shielding	\$118,074.00	Included	\$118,074.00	Yes	\$118,074.00
3	Siemens	MRI	\$1,272,361.00	\$127,236.10	\$1,399,597.10	Yes	\$1,399,597.10
4	Total		\$1,419,587.00		\$1,546,823.10		\$1,546,823.10

Table 2 - Renovation Budget - Hard Costs

	A	B	C	D	E	F	G
	Vendor	Description	Amount	Estimated Tax	Hard Cost Amount + Estimated Tax	Include in CON Budget?	Hard Cost CON Budget
1	ics	Demolition	\$19,745.00	\$1,974.50	\$21,719.50	Yes	\$21,719.50
2	ics	Drywall	\$15,606.00	\$1,560.60	\$17,166.60	Yes	\$17,166.60
3	ics	Acoustical Ceilings	\$7,156.00	\$715.60	\$7,871.60	No	\$0.00
4	ics	Carpentry & Casework	\$25,690.00	\$2,569.00	\$28,259.00	No	\$0.00
5	ics	Floorcovering	\$9,754.00	\$975.40	\$10,729.40	No	\$0.00
6	ics	Painting	\$4,259.00	\$425.90	\$4,684.90	Yes	\$4,684.90
7	ics	Concrete	\$4,143.00	\$414.30	\$4,557.30	Yes	\$4,557.30
8	ics	Glass/Glazing	\$7,569.00	\$756.90	\$8,325.90	Yes	\$8,325.90
9	ics	Sprinklers	\$13,586.00	\$1,358.60	\$14,944.60	No	\$0.00
10	ics	HVAC	\$171,624.00	\$17,162.40	\$188,786.40	No	\$0.00
11	ics	Electrical	\$96,449.00	\$9,644.90	\$106,093.90	Yes	\$106,093.90
12	Total Hard Costs				\$413,139.10		\$162,548.10
13	% CON Hard Costs of Total Hard Costs		39.34%				

Table 3 - Renovation Budget - Soft Costs

	A	B	C	D	E	F	G
	Vendor	Description	Amount	Estimated Tax	Soft Cost Amount + Estimated Tax	% CON Hard Costs of Total Hard Costs	Soft Cost CON Budget
1	ics	General Conditions	\$51,659.00	\$5,165.90	\$56,824.90	39.34%	\$22,357.55

Table 4 - A&E Costs

	A	B	C	D	E	F	G
	Vendor	Description	Amount	Estimated Tax	A&E Amount + Estimated Tax	% CON Hard Costs of Total Hard Costs	A&E CON Budget
1	ArchImages	A&E	\$18,500.00	\$1,850.00	\$20,350.00	39.34%	\$8,006.63

Table 5 - Budget Detail

	A	B
	CON Cost Category	Amount
1	Major Medical Equipment	\$1,546,823.10
2	A&E	\$8,006.63
3	Renovation Hard Costs	\$162,548.10
4	Renovation Soft Costs	\$22,357.55
5	Total	\$1,739,735.39



## **DIVIDER II**

### **PROPOSAL DESCRIPTION**

## **DIVIDER II. PROPOSAL DESCRIPTION**

- 1. Provide a complete detailed project description, CON Project number of the existing equipment (if prev. CON approved), and include the type/brand of both the existing equipment and the replacement equipment.**

The Applicant intends to replace its existing GE Signa HDxt MRI unit with a Siemens Magnetom Altea 1.5T MRI unit.

- 2. Provide a listing with itemized costs of the medical equipment to be acquired and bid quotes.**

See attached.

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

- CON Approval – May 22, 2025
- Suite Improvements Completed – September 2025
- Unit Installed – September 2025
- Unit Operational – October 2025

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

**SIEMENS REPRESENTATIVE**  
Tyler Chambers NL  
tchambers@deltamed.net

Customer Number: 0000005147

Date: 03/13/2025

**RAYUS RADIOLOGY**

3440 DePaul Lane, Suite 104  
Bridgeton, MO 63044

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

<b><u>Table of Contents</u></b>	<b><u>Page</u></b>
MAGNETOM Altea - System (Quote Nr. CPQ-1231200 Rev. 0).....	3
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General Terms and Conditions .....	14
Software License Schedule .....	24
Trade-In Equipment Requirements.....	27
Warranty Information .....	28

**Contract Total: 1,224,500 USD**  
*(total does not include any Optional or Alternate components which may be selected)*

Proposal valid until 07/01/2025

Estimated Delivery Date: 08/29/2025

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

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

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

**SIEMENS**  
**Healthineers**   
**SIEMENS REPRESENTATIVE**  
Tyler Chambers NL  
tchambers@deltamed.net

This offer is only valid if a firm, non-contingent order is placed with Siemens and a signed POS contract must accompany the equipment order.

Notwithstanding anything to the contrary stated in the Terms and Conditions, this system is provided with a standard twelve (12) month warranty and an additional twelve (12) months of warranty, for a total of twenty-four (24) months of warranty.

Factory recommended applications training has been modified at Purchaser's request. Purchaser takes responsibility for the system's proper use and application. The Customer will be required to purchase any unordered training classes that have been options and/or removed at the purchaser's request, should the need arise.

<b>Quote Nr:</b>	<b>CPQ-1231200 Rev. 0</b>
<b>Terms of Payment:</b>	<b>00% Down, 80% Delivery, 20% Installation Free On Board: Destination</b>
<b>Purchasing Agreement:</b>	VIZIENT SUPPLY LLC  VIZIENT SUPPLY LLC terms and conditions apply to Quote Nr CPQ-1231200  Customer certifies, and Siemens relies upon such certification, that : (a) VIZIENT MRI XR0885 is the sole GPO for the purchases described in this Quotation, and (b) the person signing this Quotation is fully authorized under the Customer's policies to choose and indicate for Customer such appropriate GPO.

## MAGNETOM Altea - System

All items listed below are included for this system:

Qty	Part No.	Item Description
1	14461700	<p><b>MAGNETOM Altea - System</b></p> <p>MAGNETOM Altea is the new 1.5T Open Bore system that gives you full confidence to deliver the productivity, reproducibility, and patient satisfaction that you demand in MRI. Powered by our premium MR technology, MAGNETOM Altea combines our unique BioMatrix technology with the new syngo MR XA software platform and our exclusive Turbo Suite to fundamentally transform care delivery for the better.</p> <p>System Design</p> <ul style="list-style-type: none"> <li>- Short and open appearance (157 cm total system length cover-to-cover and 70 cm Open Bore Design) to reduce patient anxiety and claustrophobia</li> <li>- Whole-body superconductive Zero Helium Boil-Off 1.5T magnet</li> <li>- Weight-optimized magnet technology based on high performance 3T and 7T magnet design</li> <li>- Actively Shielded water-cooled Siemens gradient system for maximum performance</li> </ul> <p>Tim 4G (Total imaging matrix in the 4th generation) for excellent image quality and speed with Siemens unique DirectRX technology enabling all digital-in/digital-out design and Dual-Density Signal Transfer Technology</p> <p>Push-button exams with GO technologies</p> <p>Select&amp;GO</p> <p>DotGO/ myExam Companion</p> <p>Recon&amp;GO</p> <p>MR View&amp;GO</p> <p>Tim Application Suite allowing excellent head-to-toe imaging for</p> <ul style="list-style-type: none"> <li>- Neuro</li> <li>- Angio</li> <li>- Cardiac</li> <li>- Body</li> <li>- Onco</li> <li>- Breast</li> </ul>

Qty	Part No.	Item Description
		<ul style="list-style-type: none"> <li>- Ortho</li> <li>- Pediatric</li> <li>- Scientific</li> </ul> <p>Further included</p> <ul style="list-style-type: none"> <li>- High performance host computer and measurement and reconstruction system</li> <li>- Patient communication including headphones</li> <li>- syngo MR software including</li> <li>- Turbo Suite Essential</li> <li>- 1D/2D PACE</li> <li>- BLADE</li> <li>- Phoenix</li> <li>- Inline Diffusion</li> <li>- MDDW (Multiple Direction Diffusion Weighting)</li> <li>- CISS</li> <li>- DESS</li> <li>- TGSE</li> <li>- Offline Composing</li> </ul>
1	14460161	<p><b>MR General Engine #Vi</b></p> <p>syngo.MR General Engine extends Numaris/X by adding dedicated workflows and tools for routine and advanced reading of MR examinations. A generic MR Basic workflow is provided, as well as specific MR Neurology, MR Prostate Reading, MR Breast Reading, and MR Cardio-Vascular workflows.</p>
1	14475308	<p><b>myExam Brain Assist</b></p> <p>myExam Brain Assist provides guided and flexible workflows. Optimized scan strategies are provided and can be selected based on the patient's condition, which allows for reproducible, high image quality and time efficient exams. The built-in flexibility allows users to change predefined strategies at any time during the brain workflow, and to personalize to the individual patient's condition and clinical need. myExam Brain Assist is customizable to the site-specific standards of care.</p>
1	14475309	<p><b>myExam Spine Assist</b></p> <p>myExam Spine Assist provides guided and flexible workflows for cervical, thoracic and lumbar spine. Optimized scan strategies are provided and can be selected based on the patient's condition, which allows for reproducible, high image quality and time efficient exams. The built-in flexibility allows users to change predefined strategies at any time during the spine workflow, and to personalize to the individual patient's condition and clinical need. myExam Spine Assist is customizable to the site-specific standards of care.</p>
1	14475310	<p><b>myExam Large Joint Assist</b></p> <p>myExam Large Joint Assist provides guided and flexible workflows for knee, hip and shoulder. Optimized scan strategies are provided and can be selected based on the patient's condition, which allows for reproducible, high image quality and time efficient exams. The built-in flexibility allows users to change predefined strategies at any time during the scan workflow, and to personalize to the individual patient's condition and clinical need. myExam Large Joint Assist is customizable to the site-specific standards of care.</p>
1	14482834	<p><b>myExam Brain Autopilot</b></p> <p>myExam Brain Autopilot enables less experienced staff to scan brain MRI at high quality with just a few simple clicks. By using automation and AI, it takes away burdensome routine tasks for all technologists. Predefined automated protocols allow users to scan with no manual adjustments. A new and intuitive user interface simplifies scanning so that exams can be performed, or strategies can be changed easily. This new approach to operate MRI helps any user to generate consistent, comprehensive results. myExam Brain Autopilot is customizable to the site-specific standards of care.</p>
1	14482835	<p><b>myExam Knee Autopilot</b></p>

Qty	Part No.	Item Description
		myExam Knee Autopilot enables less experienced staff to scan knee MRI at high quality with just a few simple clicks. By using automation and AI, it takes away burdensome routine tasks for all technologists. Predefined automated protocols allow users to scan with no manual adjustments.
		A new and intuitive user interface simplifies scanning so that exams can be performed, or strategies can be easily changed. This new approach to operate MRI helps any user to generate consistent, comprehensive results.
		myExam Knee Autopilot is customizable to the site-specific standards of care.
1	14483029	<b>myExam Implant Suite</b> myExam Implant Suite supports in examinations of patients with a wide range of active or passive MR Conditional implants. Limits for B1+ rms or SAR (Head and whole body) as specified by the implant manufacturer may be set by the operator and will not be exceeded during the exam.
1	14441748	<b>Quiet Suite #T+D</b> Quiet Suite enables complete, quiet examinations for neurology and orthopedics with at least 70% reduction in sound pressure levels.
1	14460162	<b>Tim Whole Body Suite #Vi</b> Tim Whole Body Suite puts it all together. This suite enables table movement for imaging of up to 205 cm (6' 9") FoV without compromise. In combination with Tim's newly designed ultra-high density array higher spatial and temporal resolution can be achieved along with unmatched flexibility of any coverage up to Whole Body. For faster exams and greater diagnostic confidence.
1	14460227	<b>Tim Planning Suite #Vi</b> With the Tim Planning Suite, multiple regions in the entire body can be examined in a minimum of time through measurement planning on a single FoV of any desired size.
1	14456329	<b>syngo TimCT FastView #Vi</b> TimCT FastView is the "one go" localizer for the whole body or large body regions such as the whole spine or the whole abdomen. It acquires the complete extended Field of View in one volume with isotropic resolution. Transverse, coronal and sagittal reformats of the volume are calculated Inline and displayed for planning subsequent exams. - Inline reconstruction of the localizer images during the scan. - Localizing images in three planes over the maximum Field of View available for subsequent planning in all orientations. - TimCT FastView runs without laser light positioning to further streamline the workflow for several indications.
1	14460160	<b>Advanced Diffusion #Vi</b> QuietX DWI and RESOLVE together make up the Advanced Diffusion package.  QuietX DWI enables quieter diffusion-weighted imaging of the brain with up to 70% reduction in sound pressure relative to conventional diffusion-weighted imaging. RESOLVE (Readout Segmentation Of Long Variable Echo-trains) is a multi-shot, readout segmented EPI sequence for high-resolution, low-distortion diffusion-weighted imaging (DWI). This technique is largely insensitive to susceptibility effects, providing anatomically accurate diffusion imaging for the brain, spine, breast and prostate. In combination with syngo.MR Tractography, RESOLVE enables excellent white-matter tract imaging even in regions of high susceptibility, such as the spine.
1	14456327	<b>WARP &amp; Advanced WARP #Vi</b> WARP and Advanced WARP (SEMAC) integrates different techniques tailored to reduce susceptibility artifacts caused by orthopedic MR-conditional metal implants.
1	14456323	<b>Inline Composing syngo #Se</b>

Qty	Part No.	Item Description
		Automatic anatomical or angiographic composing of multiple adjacent coronal or sagittal images for presentation and further evaluation. Composed images can be automatically loaded into Graphical Slice Positioning for scan planning purposes.
1	14482913	<b>syngo Expert-i XA60/XA61</b> This software application enables remote access to the system (connected via local area network) for planning and processing.
1	14461701	<b>Tim [180x32] XJ-Gradient #AI</b> Tim [180x32] XJ-gradients performance level Tim 4G's RF system and innovative coil architecture enables high resolution imaging and increased throughput. The system provides a maximum number of 180 channels (coil elements) that can be connected simultaneously. Flexible parallel imaging is achieved by the standard 32 independent RF channels that can be used simultaneously in one single scan and in one single FOV, each generating an independent partial image.  XJ - gradients Max. amplitude: 57 mT/m (Actual 33 mT/m for every gradient axis) Max. slew rate: 216 T/m/s (Actual 125 T/m/s for every gradient axis) Min. rise time from 0 to 57 mT/m: 264 µs  Note: max. amplitude and max. slew rate achieved through vector addition of all three gradient axes simultaneously, actual maximum amplitude of 33 mT/m and actual maximum slew rate of 125 T/m/s are achievable simultaneously along each axis.  The XJ gradients are designed for high performance and linearity to support clinical whole body imaging at 1.5T. The force compensated gradient system minimizes vibration levels and acoustic noise.  High-performance measurement and reconstruction system.
1	14468980	<b>Coil Package Tim [180x32] #1.5T</b> This package includes (if not exchanged with different variants via respective quote items): - Head/Neck 16 DirectConnect - BioMatrix Spine 24 - BioMatrix Body 12 - Flex Large 4 - Flex Small 4 - Flex Coil Interface
1	14468946	<b>BioMatrix Technology #AI,Lu</b> The new and unique BioMatrix technology addresses different aspects of patient bio-variability.
1	14470794	<b>BioMatrix SliceAdjust #BM</b> BioMatrix SliceAdjust helps to avoid station boundaries and apparent broken spine artifacts as well as to preserve the SNR for whole-body diffusion.
1	14461702	<b>BioMatrix Table #AI</b> The BioMatrix Table is designed for smooth patient preparation, high patient comfort and easy cleanability. The unique design of the BioMatrix table can support up to 250 kg (550 lbs) without restricting the vertical or horizontal movement.
1	14470796	<b>BioMatrix Select &amp; GO #AI,Lu</b> Select&GO The Select&GO interface enables fast and easy single-touch patient positioning. Correct positioning saves unnecessary wasted time for repositioning and additional adjustments, therefore shortening the total room time. The ergonomically designed Select&GO touch panel is integrated into the front cover on the left-hand side of the patient tunnel for controlling table movement,



Qty	Part No.	Item Description
		guidance for patient setup and comfort features. The Select&GO panel is well illuminated for easy visual recognition.
		The BioMatrix Select&GO interface enables fast and easy single-touch patient positioning.
		The interface is integrated left-hand side of the patient into the front covers. Correct positioning saves unnecessary wasted time for repositioning and additional adjustments, therefore shortening the total room time.
1	14461706	<b>Pure White Design #AI</b> MAGNETOM Altea is available in a light and appealing design which perfectly integrate into different environments. The Pure White Design comprises a brilliant white front design ring with integrated unique Select&GO panels. The table cover is presented also in the same color and material selection.
1	14456270	<b>PC Keyboard US English #Vi</b> Standard PC keyboard with 105 keys.
1	14456238	<b>Peripheral Pulse Unit #Vi</b> Peripheral Pulse Unit for Pulse Triggering
1	14482959	<b>SW syngo MR XA61A</b> syngo MR XA61A is the new software platform, bringing the latest features and functionality for daily clinical excellence. syngo MR XA61A guides and enables the user throughout the entire workflow: from patient registration; patient set up with guided workflows on the Select&GO; protocol management and selection; image acquisition and viewing; data handling; and post processing and reporting. This software together with the hardware enables diagnostic excellence for your daily clinical needs.  The syngo MR XA61A platform offers myExam Companion which introduces a new MRI operation philosophy by providing built-in expertise and automation for users and clinical questions. myExam Companion provides different workflow modes for tailored assistance: myExam Autopilot, myExam Assist and myExam Cockpit. No matter the user or patient, myExam Companion helps generate consistent, comprehensive results.
1	14470739	<b>Turbo Suite Excelerate (ELEVATE)</b> Turbo Suite Excelerate comprises access to cutting edge acceleration techniques such as Simultaneous Multi-Slice, and Compressed Sensing for static 2D and static 3D imaging applications in Neuro, MSK and Body MRI
1	14482972	<b>Deep Resolve Pro Package (ELEVATE)</b> The Deep Resolve Pro Package combines the three applications Deep Resolve Gain, Deep Resolve Sharp and Deep Resolve Boost which use intelligent reconstruction algorithms and Deep Learning networks to reconstruct accelerated images with higher signal to noise ratio and better image sharpness.
1	14483015	<b>High-End Computing (ELEVATE)</b> This upgrade brings a high-end image reconstruction computer to the Tim configuration for highly intensive computational calculations.
1	14470761	<b>2nd Select&amp;GO (ELEVATE)</b> The 2nd Select&GO interface enables fast and easy single-touch patient positioning from both sides of the patient table. The interfaces are integrated left and right into the front covers. Correct positioning saves unnecessary wasted time for repositioning and additional adjustments, therefore shortening the total room time.
1	14461619	<b>Turbo Suite Essential #BM</b> Turbo Suite Essential comprises established acceleration techniques to maximize productivity for all contrasts, orientations and all routine imaging applications from head-to-toe.
1	14409198	<b>Native syngo #Tim</b> Integrated software package with sequences and protocols for non-contrast-enhanced 3D MRA with high spatial resolution. syngo NATIVE particularly enables

Qty	Part No.	Item Description
		imaging of abdominal and peripheral vessels and is an alternative to MR angiography techniques with contrast medium, especially for patients with severe renal insufficiency.
1	14405328	<b>TWIST syngo #Tim</b> This package contains a Siemens unique sequence and protocols for time-resolved (4D) MR angiographic and dynamic imaging in general with high spatial and temporal resolution. syngo TWIST supports comprehensive dynamic MR angio exams in all body regions. It offers temporal information of vessel filling in addition to conventional static MR angiography, which can be beneficial in detecting or evaluating malformations such as shunts. In case of general dynamic imaging, for example an increase in spatial resolution by a factor of up to 2 at 60 seconds temporal resolution (compared to conventional dynamic imaging) is possible due to intelligent k-space sampling strategies. Alternatively, increased temporal resolution at constant spatial resolution is possible.
1	14460315	<b>Shoulder Shape 16 #So</b> The Shoulder Shape 16 combines the known benefits of Tim 4G coil technology with new highly flexible materials, resulting in unmatched image quality, high patient comfort and easy handling. The Shoulder Shape 16 for examinations of the left or right shoulder consists of an iPAT-compatible 16-channel shoulder coil in a flexible shoulder cup that can be shaped around small and large shoulders. An L-shaped cushion for easy positioning of the patient is included. The 16-element coil with 16 integrated pre-amplifiers ensures maximum signal-to-noise ratio. Shoulder Shape 16 will be connected via a SlideConnect plug for fast and easy coil set-up and patient preparation.
1	14416961	<b>Hand/Wrist 16 #Ae</b> The new Tim 4G coil technology with Dual Density Signal Transfer and SlideConnect Technology combines key imaging benefits: excellent image quality, high patient comfort, and unmatched flexibility.  Hand/Wrist 16 for examinations of the left or right hand and wrist region consists of a base plate and an iPAT compatible 16-channel coil and allows high-resolution imaging of the wrist and the hand within one examination. Hand/Wrist 16 will be connected via a SlideConnect plug for fast and easy patient preparation.
1	14460423	<b>Tx/Rx Knee 18 #So</b> New 18-channel transmit/receive coil optimized for knee imaging. The spacious design with a flared opening towards the thigh allows scanning even of large and swollen knees with exceptional image quality and signal to noise ratio. Main features : - 18-element design (3x6 coil elements) with 18 integrated preamplifiers - iPAT-compatible - SlideConnect Technology
1	14416962	<b>Foot/Ankle 16 #Ae</b> The new Tim 4G coil technology with Dual Density Signal Transfer and DirectConnect Technology combines key imaging benefits: excellent image quality, high patient comfort, and unmatched flexibility. Foot/Ankle 16 for examinations of the left or right foot and ankle region consists of a base plate and an iPAT compatible 16-channel coil and allows high-resolution imaging of the foot and ankle within one examination. Foot/Ankle 16 is a cable-less coil and will be connected via DirectConnect for fast and easy patient preparation.
1	14456241	<b>Separator 60kW/75kW #Vi</b> The SEP (Separation cabinet) has to be used if a central hospital chilled water supply is available or if a chiller of any brand/type is already available. The SEP is the interface between the on-site water chiller (of any brand or type) or the interface to the central hospital cooling water supply. For the above-mentioned cases the SEP is mandatory!  In these cases, the primary water specifications must fulfill the requirements: XJ: 45kW; water temperature: 6 - 14°C

Qty	Part No.	Item Description
		XQ: 60kW; water temperature: 6 - 14°C XT: 75kW; water temperature: 6 - 12°C
		For all gradient systems: Flow: 100+-10l/min; pH value 6-8; max working pressure 6 bar.
		Dimensions: 1950mm x 650mm x 650mm (height x width x depth) Weight: approx. 350kg
1	14456228	<b>System Start Timer #Vi</b> Timer clock that can be installed together with the MAGNETOM MR system to start the system automatically at user-definable times, eliminating waiting times during system boot up.
1	MR_STD_RIG_I NST	<b>MR Standard Rigging and Installation</b> MR Standard Rigging and Installation  This quotation includes standard rigging and installation of your new MAGNETOM system  Standard rigging into a room on ground floor level of the building during standard working hours (Mon. – Fri./ 8 a.m. to 5 p.m.) It remains the responsibility of the Customer to prepare the room in accordance with the SIEMENS planning documents Any rigging requiring a crane over 80 tons and/or special site requirements (e.g. removal of existing systems, etc.) is an incremental cost and the responsibility of the Customer. All other "out of scope" charges (not covered by the standard rigging and installation) will be identified during the site assessment and remain the responsibility of the Customer.
1	MR_BTL_INSTA LL	<b>MR Standard Rigging &amp; Install</b>
1	MR_PREINST_F IXED	<b>T+D Preinstall kit for fixed table</b>
1	MR_CRYO	<b>Standard Cryogens</b>
1	MR_PM	<b>MR Project Management</b> A Siemens Project Manager (PM) will be the single point of contact for the implementation of your Siemens equipment. The assigned PM will work with the customer's facilities management, architect or building contractor to assist you in ensuring that your site is ready for installation. Your PM will provide initial and final drawings and will coordinate the scheduling of the equipment, installation, and rigging, as well as the initiation of on-site clinical education.
1	HASKRISFG230 41	<b>Haskris OPC24 Chiller- 63kW</b> The Haskris outdoor, air-cooled, water/glycol chiller has been specially designed for medical applications to provide stable, fully dedicated cooling to a single MR system.  The Haskris chiller must be used in combination with a Siemens SEP cabinet.  The Haskris chiller is suitable for use in all siting conditions: normal, coastal, low-ambient, and/or OSHPD-compliant locations.  Specifications Cooling Capacity: 63kW Fluid Supply Temp: 43°F (6°C) to 59°F (15°C) Pump Capacity: 32 GPM (120 LPM) Condenser: Air-cooled (heat dissipated into ambient air) Outdoor ambient air temperature: -40°F (-40°C) to 122°F (50°C)

Qty	Part No.	Item Description
		<p>Electrical: 460V-3Ø-60Hz Dimensions: 77"W x 40"D x 74"H (196cm x 102cm x 188cm)</p> <p>Siemens' Pricing Also Includes: Delivery Chiller Start-Up (Post Installation) 1x Preventative Maintenance Service Visit Remote Monitoring Panel with 1-Year Cellular Connectivity and Cloud Service</p> <p>Installation: Customer is responsible for the rigging and installation of the chiller. Customer is responsible for providing a 35% solution of propylene glycol with water; 25 gal (95 L) for the chiller plus 1 gal (3.8 L) per 10 ft (3m) external pipe run assuming 1 ½" pipe diameter.</p> <p>Warranty: 12 months from date of Start-Up</p>
1	HASKRIS_STAR TUP	<p><b>Haskris Chiller Start-Up</b> Chiller start-up by Haskris vendor after installation of chiller and completion of paperwork.</p>
1	MRIMAB_100	<p><b>MRI Armboard w/ Pad</b></p>
1	MR_GREEN_PK G	<p><b>MR Green Package</b> MRI Green Package Enhances environmental sustainability of equipment by reducing emissions.</p> <p>Eco Power Mode reduces power consumption by up to 12% with Eco Power Mode alone.</p> <p>Eco Gradient Mode reduces scope 2 emissions by up to 7%.</p> <p>System Start-Up Timer reduces scope 2 emissions in non-productive times.</p> <p>Zero Helium Boil-Off technology - No helium refill for a lifetime and up to 37 % reduction in helium inventory compared to the previous scanner generation.</p> <p>Environmental Product Declaration provides environmental relevant information of product and packaging material, operating, cleaning and disposal data as well as life cycle impact information.</p> <p>Results were achieved by Siemens Healthineers using both standard and optional features. There can be no 'typical' hospital setting (case mix, system type, etc.) and so results by users may vary with no guarantee that the same results can be achieved.</p>
1	MR_GOBRAIN	<p><b>GOBrain</b> GOBrain delivers reliable quality at exceptional speed. It enables clinically validated, push-button brain exams, with multiple orientations and all relevant contrasts. This fast exam is more tolerable for patients, and helps reduce motion-related artifacts and the need for rescans and sedation. As a result, GOBrain potentially doubles throughput and reduces costs per scan. Supported by our Tim 4G technology and DotGO, it delivers consistently high quality and maximizes the productivity of your MRI scanner - while improving patient care.</p>
1	MR_GOKNEE3 D	<p><b>GOKnee3D</b> GOKnee3D is a 10-minute, push-button examination for diagnostic imaging of the knee developed and clinically validated by the US board certified MSK radiologists at John Hopkins University Hospital. GOKnee3D exam consists of AutoAlign localizer in the knee, PD weighted contrast and T2 weighted contrast with fat suppression. The AutoAlign technology provides a push-button functionality and</p>

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

Qty	Part No.	Item Description		
		ensures consistency in imaging. The 3D protocols are high resolution and isotropic, enabled by SPACE sequence with CAIPIRINHA technique Examination time for 3T system is 10 minutes, for a 1.5T system is up to 11 minutes. All given examination times are examination only, adjustments have been excluded. When using GOKnee3D one of two software and coil combinations is required. Measurements made with GOKnee3D using the 15 channel knee coil require software version syngo MR E11C AP04 or higher. Measurements made with GOKnee3D using the 18 channel knee coil require software version syngo MR Numaris VA11A or higher.		
1	MR_ADDL_RIGGING	<b>Additional Rigging MR: \$10,000</b>		
1	MR_EP2_28	<b>Essential Training PH 2 (Onsite-28) MR</b> Up to (28) hours of on-site clinical education training, scheduled consecutively (Monday – Friday) during standard business hours for a maximum of (4) imaging professionals. Training will cover agenda items on the ASRT approved checklist if applicable. This educational offering must be completed (12) months from install end date. If training is not completed within the applicable time period, Siemens obligation to provide the training will expire without refund		
1	MR_PR_ELEVATE_2	<b>MR Elevate Program</b>		
1	MR_SERV_CONTRACT	<b>Service</b>		
1	XPAS_EXTEND_WARR	<b>XPAS Extended Warranty- Hakris 2nd Year of Warranty</b>		
1	MR_EXTEND_WARRANTY	<b>12 month Warranty Extension</b>		
			<b>System Total</b>	<b>1,224,500 USD</b>



## CONTRACT ADDENDUM

03/18/2025

Sales Agreement Quotation CPQ-1231200 for RAYUS RADIOLOGY, Siemens Sales Order Number 0030296048, Purchase Order Number SQ - CPQ-1231200, for a MAGNETOM Altea- KMAT.

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This Addendum shall become part of the Sales Agreement CPQ-1231200 (equipment) between Siemens Medical Solutions USA, Inc. ("Siemens") and RAYUS RADIOLOGY (Customer). If there is any conflict between the terms of this Addendum and the terms of Agreement, the terms of this Addendum shall control. Capitalized terms used herein and not otherwise defined herein, unless the context otherwise requires, shall have the same meanings set forth in the Agreement.

This Addendum is valid for 60 days from date of issuance.

Customer proposes to make the following changes to quote:

This change will add:

Product Number	Product Name	Quantity	Price
14436655	Breast 18 #Ae,Av	1	\$47,154.00
14441602	Accessory Breast 18 70 cm	1	\$707.00

The contract total will change from \$1,224,500 to \$1,272,361.

Please sign below and revise your Purchase Order to account for proposed changes and the new Sales Agreement contract total. This Contract Addendum is specific to the Sales Agreement referenced above. Other Sales Agreements may be referenced and included on your Purchase Order that are not impacted by this Contract Addendum.

Customer must, where applicable, fully and accurately report any change in the net price of this purchase in the applicable cost reporting mechanism or claim for payment filed with the U.S. Department of Health and Human Services (DHHS) or a state agency and must provide, upon request of the Secretary of the DHHS or state agency, the information contained in the Contract Addendum.

If your organization does not plan to issue a revised Purchase Order based on the financial changes outlined in this Contract Addendum, please initial here indicating your agreement to pay the adjusted final invoice based on the terms and conditions of the original agreement \_\_\_\_\_.

Siemens Medical Solutions USA, Inc.  
By (sign): \_\_\_\_\_  
Name: Heather Lewis  
Date: 03/18/2025

RAYUS RADIOLOGY  
By (sign): \_\_\_\_\_  
Name: RAYUS RADIOLOGY  
Date: 03/18/2025

Thank you,

Heather Lewis



Quote Name: C D I SSM IMAGING CENTER  
Account: 54432641 C D I SSM IMAGING CENTER  
Address: C D I SSM IMAGING CENTER, 3440 DEPAUL LN STE 104, BRIDGETON, MO, 63044,  
Total Items: 1

Quote Number: Q-5718389  
Effective From: 3/24/2025 12:00:00 AM  
Expires On:6/1/2025 12:00:00 AM  
PO Number:  
Sales Rep: Janis Barten  
Contact Number:

Item #	Item Description	Vendor Name	Catalog Number	Qty	UOM	Case/Pack	Product Category	Final Price	Extended Price	Comments
1187553	INJECTOR, OPTISTAR ELITE PEDESTAL NEW POWER SUPPLY D/S	GUERBET LLC	M5600	1.00	EA	1 EA/EA;1 EA/EA	C022 - Diagnostic Imaging	\$26,750.00	\$26,750.00	

Quote Sub Total: \$26750  
Additional Freight: \$0  
Estimated Taxes: \$2400.81  
Shipping & Handling: \$1.19  
Quote Total: \$29152

**Important Notice:**

- Unless otherwise specifically stated in this price quote or a contract, all prices shown are good for 60 days from the date of this price quote.
- Contracted pricing is subject to qualifications and/or approval from each manufacturer associated with the GPO, along with completion and approval of a Letter of Commitment, if applicable.
- In order to be eligible for pharmaceutical base costs, you must provide the DEA or HIN # for each ship-to with the GPO application.
- Applicable sales tax, freight, handling or any other customary charges will be calculated at time of invoice.



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Date: 3/31/25

To: RAYUS Radiology  
Brian Harrison  
Phone: (612) 760-9587  
E-Mail: [brian.harrison@rayusradiology.com](mailto:brian.harrison@rayusradiology.com)

From: Braden Shielding Systems LLC  
Tony Steffens  
Phone: (918) 624-2888 Ext:1003  
Direct: (918) 359-2831  
E-Mail: [tsteffens@bradenshielding.com](mailto:tsteffens@bradenshielding.com)

Pages: 1 of 7

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Reference: RAYUS Radiology

Subject: RF Shielding Quotation #SS45049M

Dear Brian,

Please find attached the Braden Quotation #SS45049M for RAYUS Radiology located in Bridgeton, MO. Please call or write if you have any questions.

Best Regards,

A handwritten signature in blue ink, appearing to read "Tony H. Steffens", is positioned above the printed name.

Tony Steffens  
Sales Manager Medical Products





***QUOTATION***

**DATE:**           **March 31, 2025**

**SHEET: 1 of 5 SS45049M**

**TO:**            RAYUS Radiology  
                  5775 Wayzata Blvd, Suite 400  
                  St Louis Park, MN 55416

**ATTN:**         Mr. Brian Harrison

**SUBJECT:**    RAYUS Radiology  
                  Siemens Altea 1.5T  
                  Bridgeton, MO

Dear Brian,

Braden Shielding Systems is in receipt of your request to bid on the Radio Frequency shielded enclosure for the above-mentioned project. This Quotation is predicated on the following:

- o Braden drawings "J187" dated 10/13/2008.
- o Siemens Medical Systems Typical drawings.
- o Previous Siemens Installations.
- o Braden Shielding Systems SCM 228 Series Galvanized Shield.
- o Labor bid as NON-UNION and NON-PREVAILING WAGE.
- o Two (2) trips and two (2) tests included.
- o Items listed in this quotation.

Therefore, Braden Shielding Systems proposes to design, manufacture, deliver, install, test, and warrant the following:

- o ONE (1) RF SHIELDED ENCLOSURE SYSTEM:

<b>TOTAL BASE PRICE</b>	<b><i>\$114,086.00</i></b>
<b><u>ADD ESTIMATED USE TAX (5.475%) IF REQUIRED*</u></b>	<b><u><i>\$3,988.00</i></u></b>
<b>TOTAL PRICE</b>	<b><i>\$118,074.00</i></b>

See the last page of this Quotation for available Options and Accessories.

\* If exempt from sales / use tax, an executed exemption, resale certificate, or direct pay permit must be returned.  
THE MATERIAL PORTION OF THE ABOVE PRICE IS: \$72,843.00

## ***QUOTATION***

**DATE:**        **March 31, 2025**

**SHEET: 2 of 5 SS45049M**

This total price is based upon:

- Braden will have clear and free access to the sites with at least one standard flat bed/semi-trailer. All unloading will be by forklift truck.
- The site conditions do not require the use of a crane. Should a crane be necessary this will be at additional charge.
- The only documentation provided to Braden is that stated above.
- The general contractor supplies all necessary temporary electrical power to the job site. The general contractor provides adequate temporary lighting, as necessary.
- Braden is to be given free and clear access to the site of our work.
- Work stoppages caused by site readiness, trade union activity or other conflicts that will impede our orderly completion of work will be considered as an extra cost outside our scope of work. The cost relative to work stoppages and re-mobilization will be submitted as a change order.
- Braden will not be responsible for shoring of any portion of the structure should it be necessary to accept the added weights of shielding materials or equipment. The RF ceiling system will be supported from the structure above in approximately twenty-four (24) places. The weight of the RF ceiling system is six (6) pounds per square foot.
- The general contractor provides adequate refuse containers for the removal of waste crating materials. Waste to be removed from the site by the general contractor.

INCLUSIVE WITHIN THE QUOTED BASE PRICE FOR THE SYSTEM ARE THESE ITEMS:

**o      Basic RF Enclosure:**

Approximately 2145 square feet of interior surface area. (19'-0" x 28'-0" x 11'-5" H)  
The basic RF enclosure shall be comprised of dual skin, structural, modular, RF panels.

**o      RF Doors:**

One (1) "**MIRAGE AED35**" Acoustical RF shielded (finger) door, single leaf 4'-0" x 7'-0".  
Standard finish: See "Options and Accessories" page for standard plastic laminates.  
Standard hardware: Ramp block with integral cam follower, Schlage B660P 626 Deadbolt lock.

**o      Windows:**

One (1) 5'-0"W x 4'-0"H Control Room window. (Glazing by Braden)  
Five (5) 4'-4"W x 5'-7"H Exterior RF view windows. (Glazing by Braden)  
One (1) 2'-6"W x 5'-7"H Exterior RF view window. (Glazing by Braden)  
RF View windows will be constructed of two layers (2) high visibility screen mesh with a flat black finish for optimal visibility. The control room window will have two (2) layers of 1/4" tempered glass. The exterior RF view windows will have one (1) layer of 1/4" tempered glass.

**o      Pipe Penetrations:**

One (1) - 4" diameter Stainless Steel waveguide for Cryogen vent.  
One (1) - 1 1/2" diameter waveguide for Sprinkler.  
Two (2) - 3/4" diameter waveguides for O<sub>2</sub>, MA. (1/2" copper tubing)  
One (1) - 1" diameter waveguide for MV. (3/4" copper tubing)

## ***QUOTATION***

**DATE:**        **March 31, 2025**

**SHEET: 3 of 5 SS45049M**

- o     HVAC:** (Exact sizes to be verified)  
3/16" HEX cell waveguide material for HVAC system consisting of:  
Five (5) - SF of HVAC material allotted for supply / return air.  
One (1) - 24" x 24" screen waveguide for Pressure relief vent.
- o     Electrical:**  
One (1) - 2 x 30 AMP filter for Nova Automation LED Lighting.  
One (1) - 2 x 30 AMP filter for Receptacle circuit.  
One (1) - 4 x 1 AMP filter for EPO UPS, Under-voltage trip.  
One (1) - 2 x 1 AMP filter for Smoke detector.
- o     Special Construction Items:**
  - Siemens Altea Penetration panel interface.
  - One (1) - 24" x 24" Miniature Pressure Relief RF Door. (OUTSWING)
  - RF ceiling transition at exterior wall kickers.
  - RF floor recess for Siemens supplied table mounting plate.
  - Interior furring track mounted to RF floor and ceiling. (Studs not by Braden)
  - Suspended ceiling attachment devices on a 4'-0"x 4'-0" grid pattern.
  - Magnet entry in RF wall system.
  - RF ceiling supports for overhead cable tray. (Cable tray not by Braden)
  - Grounding Alarm supplied and installed by Braden. (Monitored by customer)
- o     RF Testing:**  
Testing procedure per Siemens Specifications.  
First & Second Test - Included in price.
- o     Exclusions and Items not Included:**
  - Interior framing and finishes except as noted above.
  - Seismic RF support system.
  - PE stamped drawings and calculations.
  - Leveling of concrete substrate.
  - Payment and performance bonds.
  - Weekly jobsite meetings.
  - Magnetic shielding.

## ***QUOTATION***

**DATE:**           **March 31, 2025**

**SHEET: 4 of 5 SS45049M**

Unless specifically stated otherwise, prices quoted or stated do not include Fees, Permits, Federal, State, or municipal sales, use, excise, or other taxes measured, in whole or in part, by gross receipts. Any such taxes applicable to the sale, processing, assembling, installing, use or consumption of any goods or materials and/or any services or labor shall be an obligation of the customer and will be invoiced to the customer.

NOTE: Any applicable exemptions to the above stated taxes should be made available to Braden prior to invoicing or sales tax will be charged to the state of destination. Sales tax exemption certificate must correlate with state of destination.

**WARRANTY:** The enclosure is guaranteed to retain the specified RF shielding characteristics for a period of Five (5) years from the date of final acceptance test. All moving parts such as doors or purchased components such as electrical filters, waveguides and patient couch anchor bolts shall carry a one (1) year warranty. THE FOREGOING WARRANTY IS BRADEN SHIELDING'S SOLE WARRANTY WITH RESPECT TO THE GOODS AND SERVICES PURCHASED HEREIN. ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, ARE HEREBY DISCLAIMED. BRADEN SHIELDING'S LIABILITY FOR BREACH OF WARRANTY HEREUNDER IS LIMITED SOLELY TO THE REPLACEMENT OF THE DEFECTIVE GOOD OR SERVICE. THE FOREGOING SHALL CONSTITUTE THE SOLE REMEDY OF BUYER AND THE SOLE LIABILITY OF BRADEN SHIELDING UNDER THIS WARRANTY.

**LIMITATION OF LIABILITY:** BRADEN SHIELDING'S LIABILITY TO BUYER, WHETHER IN CONTRACT, IN TORT, UNDER ANY WARRANTY, IN NEGLIGENCE OR OTHERWISE, SHALL NOT EXCEED IN ANY CASE THE RETURN OF THE AMOUNT OF THE PURCHASE PRICE PAID BY BUYER AND UNDER NO CIRCUMSTANCES SHALL BRADEN SHIELDING BE LIABLE FOR SPECIAL, INDIRECT OR CONSEQUENTIAL DAMAGES, LOSS OF PROFITS, LOSS OF GOODWILL, OR ANY OTHER VARIETY OF DAMAGES FOR THE GOODS AND SERVICES SOLD HEREUNDER. THE PRICE STATED FOR THE GOODS IS CONSIDERATION FOR LIMITING BRADEN SHIELDING'S LIABILITY.

**PAYMENTS:**           Invoice for materials upon shipment.  
                          Invoice for installation upon completion enclosure.  
                          Invoice for return trip and final test after MRI delivery.

**TERMS:**               Net due thirty (30) days from date of invoice. If payment is not made as provided herein, Braden may (1) withhold completion of work hereunder; (2) cancel this Quotation as accepted and agreed to; and/or (3) assess penalties, late fees, and/or interest in an amount not to exceed the maximum amount permitted by the laws of the State of Oklahoma.

**SCHEDULE:**           From time of award of contract to proceed.  
(Standard)               Three (3) weeks for Approval drawings.  
                          Five (5) weeks for delivery after receipt of Approved drawings.

**INSTALLATION:**   Included

**RETURN TRIP:**       Included

***QUOTATION***

**DATE:**       **March 31, 2025**

**SHEET: 5 of 5 SS45049M**

**ATTENTION:**       This Quotation shall be valid for 120 days. Execution of this Quotation shall constitute acceptance of the terms and conditions cited herein and bind the parties and their respective successors, heirs, representatives, and assigns. The terms and conditions shall be governed by and interpreted in accordance with the laws of the State of Oklahoma, and any civil suit hereunder shall be instituted in the courts of Tulsa County, State of Oklahoma.

Pricing assumes material delivery during fiscal 2025.

**ACCEPTED:**

\_\_\_\_\_

\_\_\_\_\_  
Title



\_\_\_\_\_  
Tony Steffens  
Sales Manager Medical Products  
Braden Shielding Systems

## 2025 Available Options and Accessories

### o Standard RF Shielded Door Laminate Options:

Description	Price Each	Y or N
Formica "Finnish Oak" 118-58	Included	
Formica "Hazel Walnut" 5788-NG	Included	
Formica "White" 949-58	Included	
Wilsonart "Wild Cherry" 7054-60	Included	
Wilsonart "Zanzibar" 7957-78	Included	
Wilsonart "Monticello Maple" 7925-38	Included	
Wilsonart "Huntington Maple" 7929-38	Included	
Wilsonart "Tuscan Walnut" 7921-38	Included	
Wilsonart "Columbian Walnut" 7943-07	Included	
Wilsonart "Natural Pearl" 7061-60	Included	

Non-standard laminates may result in additional charges and material delivery delays.

### o RF Shielded Door Options:

Description	Price Each	Y or N
Upgrade "Mirage" to "Mirage AED35" Acoustical RF (finger) door	\$7,100.00	
Upgrade "Mirage" to "Air-RF" Pneumatic RF (fingerless) door. Expandable RF woven gasket seal. Air Compressor supplied by limited by original manufactures warranty.	\$7,500.00	
Upgrade "Mirage" to "Oasis" Pneumatic RF (fingerless) door. Retracting RF seal strips. Air Compressor supplied by limited by original manufactures warranty.	\$22,000.00	

### o RF Shielded Door Accessories:

Description	Price Each	Y or N
Upgrade Schlage Lockset on standard "Mirage" to AlarmLock Trilogy DL2700 T2 lockset	\$300.00	
Upgrade Schlage Lockset on standard "Mirage" to AlarmLock Trilogy PDL3000 T2 lockset	\$1,000.00	
Add electric strike to standard "Mirage" for owner's security contractor supplied card reader	\$1,000.00	
Add EMlock with keypad or card reader on "Mirage AED35"	\$2,600.00	
Add IV Pass through to "Mirage", "Mirage AED35", and "Air-RF"	\$1,300.00	
Add Automatic Operator to "Oasis" Pneumatic RF (fingerless) door. (Not available on other Braden RF door systems)	\$6,800.00	
Add IV Pass through to "Oasis" Pneumatic RF (fingerless) door.	Will Quote	

### o RF Shielded Electrical filters:

Description	Price Each	Y or N
Ethernet filter, RJ-45, 10/100/1000Base-T/TX (Gigabit), IEEE802.3ab, SE 100db @ 10KHz-10GHz	\$1,200.00	
Ethernet filter POE, RJ-45, 10/100/1000Base-T/TX, IEEE802.3ab, SE 100db @ 10KHz-10GHz	\$1,400.00	

### o Ferrous Metal Detectors:

Description	Price Each	Y or N
Kopp - Ferralert "Target Scanner" handheld screener, rechargeable battery operated	\$4,200.00	
Kopp - Ferralert "Solo" S700 Single pole screener	\$18,000.00	
Kopp - Ferralert "Halo II Plus" Ferromagnetic Portal detector	\$32,000.00	
Kopp - Ferralert "Halo II Plus" Ferromagnetic Portal detector with F.I.L.M. Incident Detector	\$37,000.00	
Kopp - Encompass LE Ferromagnetic Portal detector with Advanced F.I.L.M Incident Detector	\$40,000.00	

NOTE: THE ABOVE PRICES DO NOT INCLUDE ANY APPLICABLE TAXES.

March 3, 2025

Mr. Brian Harrison  
Rayus  
5775 Wayzata Blvd., Suite 540  
St. Louis Park, Minnesota 55416

RE: Rayus  
3440 DePaul Lane  
Bridgeton, MO 63044

Dear Brian:

Per your email dated 2/20/25, as well as our walk through, we propose to furnish the necessary labor, materials and equipment to complete the following sections of work on the above referenced project. This is based on the red lined notes you provided within the email on the existing plan. This proposal is valid until July 2025.

Demolition...	\$ 19,745.00
Drywall...	\$ 15,606.00
Acoustical Ceilings...	\$ 7,156.00
Carpentry & Casework...	\$ 25,690.00
Floorcovering...	\$ 9,754.00
Painting...	\$ 4,259.00
Concrete...	\$ 4,143.00
Glass/Glazing...	\$ 7,569.00
Sprinklers...	\$ 13,586.00
HVAC...	\$171,624.00
Electrical...	\$ 96,449.00
General Conditions...	<u>\$ 51,659.00</u>
<b>Total...</b>	<b>\$427,240.00</b>

**Exclusions/Clarifications:**

- No overtime
- Concrete is limited to the trough only
- No window treatments
- No new window sills
- No plumbing
- Flooring is limited to the MRI Room only and is based on using Milliken Laterals LVT
- Painting includes removal and prep of the existing VWC in the Control Room and painting the same
- No new wallcovering
- No repairs to existing HVAC system
- Pricing includes new supplemental cooling unit for equipment room
- New chiller is to be Owner furnished
- No equipment screens
- Glass is limited to the reinstallation only of (1) storefront unit in lieu of two which was existing conditions.
- New Nova lighting is to be provided by Owner
- No RF shielding work
- No UPS is included
- No repairs to any existing code violations (if required)

Thank you for the opportunity to bid this project. Should you have any questions, please feel free to call.

Sincerely,

Michael G. Zavaglia  
President

MGZ:llb

Accepted by: \_\_\_\_\_

Date: \_\_\_\_\_





February 5, 2025

Rayus Radiology  
5775 Wayzata Blvd. Suite 190  
St. Louis Park, Mn. 55416  
Attn: Brian Harrison

**RE: Rayus/SSM Bridgeton  
MRI Upgrade  
Architect Project No. 25026**

Dear Brian,

Enclosed is our proposal for Architectural services for the for the MRI upgrade within the existing MRI room in the SSM Bridgeton building. The scope of work is outlined below.

## SERVICES

1. The existing MRI machine will be removed and replaced. It is assumed that the existing shielding will be removed and replaced. The existing room will be refinished as a part of the project. The existing trench in the floor of the MRI room will need to be infilled with concrete.
2. Reflect the scope of work required on the exterior of the building for the mobile MRI unit.
3. Field Measurement and verification of existing conditions.
4. Architectural code review and documentation.
5. MEP/FP services to be supplied by design-build contractors. Archimages will supply them with AutoCAD background drawings. A scope of their work will be outlined on the Architectural drawings.
6. We have base cadd plans of the building and suite.
7. Perform design development and construction drawings based on the scope of work drawing from Rayus.
8. Perform construction document services. Drawings will be completed for permit, bid, and construction. The site specific equipment drawings from your vendor will be incorporated into the construction documents.
9. Work with your shielding vendor for the new floor shielding.
10. Finish selections by Rayus and we will record them on the final drawings.
11. Assist with contractor bidding. Review submitted shop drawings and other submittals. We will answer all contractor request for information requests during bidding and construction.
12. Perform final punch list of the project.
13. Provide as built Architectural drawings at project completion.

14. Incorporate and coordinate tenant supplied equipment within the drawing set.
15. Document all work required by your I.T. representative.
16. Attend bi-weekly construction meetings.
17. We do not have included any work associated with furniture or artwork selection.
18. We do not include project scheduling or estimating.

**FEE STRUCTURE:**

Archimages proposes to perform the Architectural & structural services outlined in this proposal under a lump sum fee format.

**FEES:**

Architectural Fee:	\$ 15,000.00
Structural Fee:	\$ 3,000.00
Reimbursable Budget	\$ 500.00

Reimbursable expenses will be an additional charge of cost plus 10% and include but are not limited to printing, mileage, transportation and accommodations, photographs, courier, plots and artist renderings. Invoices are sent monthly and due upon receipt.

While the fee may be incorporated into a future contract, should the project not proceed or should a more comprehensive contract not be achieved, this agreement will be valid for work performed until the delivery of written notice of termination by either party.

Charges will be due within thirty (30) days of the invoice date. Interest will be charged on unpaid balances at the rate of one and one-half percent (1-1/2%) per month compounded monthly.

**OWNER:**  
Rayus Radiology  
5775 Wayzata Blvd Ste 190,  
Minneapolis, Minnesota

**ARCHITECT:**  
Archimages  
143 West Clinton Place  
St. Louis, Mo. 63122

**By:**

**By: Jim Huber**  
**Principal**



Date: \_\_\_\_\_

Date: February 5, 2025

## **DIVIDER III**

### **COMMUNITY NEED CRITERIA AND STANDARDS**

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

**1. Describe the financial rationale for the proposed replacement equipment.**

The replacement of the existing equipment is not financially motivated, but rather, motivated to avoid utilizing a piece of equipment that has exceeded its useful life. As otherwise set forth in Divider III, Item 2, the equipment reached the end of its useful life as of June 30, 2024.

**2. Document if the existing equipment has exceeded its useful life.**

Please see the attached end of service support notice for the existing MRI unit.

**3. Describe the effect the replacement unit will have on quality of care.**

Please see the technological advances described in Divider III, Item 6.

**4. Document if the existing equipment is in constant need of repair.**

In 2024, the current unit was down 31 separate times for repairs.

**5. Document if the lease on the current equipment has expired.**

Not applicable.

**6. Describe the technological advances provided by the new unit.**

The new unit has a number of technological advances:

- Deep Resolve – a collection of programs powered by artificial intelligence that: denoise MRI scan results; accelerate image acquisition with high-signal-to-noise scans; improve sharpness and resolution; and, reduce image acquisition time.
- TurboSuite – a collection of programs that significantly decrease image acquisition time and breath hold requirements.
- myExam – software that standardizes scan procedures, reduces training requirements, and helps increase image quality and decrease time spent in the MRI unit.
- Tim 4G and BioMatrix technology – coils and technology specifically designed to reduce motion, automatically detect motion (such as patient breathing), or adjust for motion in producing images, in order to increase image quality. Coils for the new unit contain more channels than the coils for the previous unit, which increases imaging quality.

- Bore and Table Improvements – the new unit has a wider bore to allow for larger patients, and a table that can provide motorized assistance in positioning or transferring patients.

**7. Describe how patient satisfaction would be improved.**

Patient satisfaction will be improved through more accurate scans, reduced scan times, and increased patient comfort.

**8. Describe how patient outcomes would be improved.**

Please see the technological advances described in Divider III, Item 6.

**9. Describe what impact the new unit would have on utilization.**

The new unit will reduce scan times and increase patient throughput, which the Applicant expects will increase utilization. The Applicant expects that through additional capabilities and increased throughput, it will be able to perform up to three to five additional scans per day.

**10. Describe any new capabilities that the new unit would provide.**

The new unit will a wide bore unit, allowing for more patients of larger body habitus to be seen by the Applicant. AI software will allow for shorter scan times and patient comfort. Twist imaging will allow for higher quality angio scans. The new unit will have built in spine coils for quicker turnaround.

**11. By what percent will this replacement increase patient charges?**

The replacement unit will not cause an increase in patient charges.



**SSM IMAGING  
3440 DE PAUL LN  
BRIDGETON, MO 63044**

**June 30, 2023**

**IMPORTANT END OF SERVICE SUPPORT NOTIFICATION FOR HD 14x-16x: 1.5T HDx/HDxT 14x-16x**

We know it is important to your planning to have advanced notice of changes in the status of your maturing medical equipment. That's why we take a proactive approach to notify you when our products will reach an end of service support (EOSS) status.

Our records indicate that your facility has one or more **HD 14x-16x: 1.5T HDx/HDxT 14x-16x** that will reach its EOSS status as of June 30, 2024. Please refer to the table at the end of this notification for details. After the EOSS date, GE Healthcare will no longer offer full service support or service contracts with commitments as to parts, software updates or uptime guarantees, and we will adjust your product's service contract coverage accordingly (e.g., remove the products from your GE Healthcare service contract, transition the products to an "end of service support" coverage, or as otherwise specified in your GE Healthcare service contract). Until the EOSS date, GE Healthcare will continue to deliver to our service contract commitments.

We consider many factors when determining that a product has reached EOSS. As equipment ages and technology advances, suppliers are unable to procure parts and components necessary to maintain older product designs. In addition, advancements in cybersecurity protection outpace legacy operating systems and IT infrastructure technologies, limiting support and serviceability.

We understand the potential impact that this notification may cause you and our goal is to help you find the best solution to address your needs. Please consider our new product **SIGNA™ Explorer Lift, SIGNA™ Artist Evo** as a replacement for your system. If you would like to discuss technology and service options that may be available after the EOSS date, please contact your GE Healthcare team.

If your facility has sold one or more of these products to another consignee, please forward this notification to them and also supply their contact information to us so we can continue further updates with them.

Thank you for your trust and confidence in our products and solutions. We look forward to a continued relationship with you and to meeting your future equipment and service needs.

Sincerely,

***Obaid, Sami(Sr Product Manager, Global 1.5T MR)***

Product Model Name/Version:	Unique Identifier
HD 14x-16x: 1.5T HDx/HDxT 14x-16x	314344CDIMR1

## **DIVIDER IV**

### **FINANCIAL FEASIBILITY REVIEW CRITERIA AND STANDARDS**



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

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

See attached.

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

See attached.

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

The Applicant is a large provider of MRI services in the Missouri market and sets charges in the same general manner at all of its locations. Generally, the Applicant reviews existing payor policies for imaging and the competitive market, and then structures its charges accordingly.

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

See attached charity care policy.



April 3, 2025

SSM /CDI Imaging Center, LLC  
5775 Wayzata Blvd  
Saint Louis Park, MN 55416

Siemens Financial Services, Inc. is pleased to submit this **PRELIMINARY FINANCING PROPOSAL** to you. The terms and conditions of the proposed financing are as follows:

**Lender:** Siemens Financial Services, Inc., its designee or assignee

**Borrower:** SSM / CDI Imaging Center, LLC

**Guarantor:** Diagnostic Services Holdings

**Bid ID:** 29911

**Equipment Location:** 3440 DePaul Lane, Suite 104, Bridgeton, MO 63044

Loan	
Equipment Description	Equipment cost/Loan Amount
MAGNETOM Altea-System (CPQ 1231200 Rev.0) and other equipment	\$2,300,000.00
Payment Stream Estimate*: 60 at \$45,959.76	
*plus applicable taxes	

**PRICING:** This Pricing is subject to the submittal by Borrower of its financial and business information and review by Lender, which may result in modification of the pricing or a decision not to proceed with a loan proposal.

**RATE ADJUSTMENT:** The **Monthly** Payments are based upon the like term Swap Rate as reported by any nationally recognized source of financial data that may be selected by Lender in its reasonable discretion for purposes of establishing such Swap Rate for 04/03/2025, or, where there is no Swap Rate reported for the like term, then the Swap Rate for the term that is closest in length to the like term. The Payments will be adjusted for any corresponding increase in such Swap Rate as reported for the date that is two (2) business days prior to the Loan Date.

**PAYMENT METHOD:** All payments shall be required to be made via automatic withdrawals from Borrower's bank account.

**DOCUMENTS:** All loan documentation shall be provided by Lender and must be satisfactory to all parties.

**INSURANCE:** Borrower will be required to provide Lender with insurance certificates, in form and substance acceptable to Lender, showing physical damage and liability insurance, with an insurer and in amounts satisfactory to Lender, and which names Lender and its assigns as loss payee and additional insured, as applicable.

**COLLATERAL:** Lender shall have a first lien on all of the Equipment.

**DOCUMENTATION FEES:** \$0.00

**APPROVAL:** This proposal is subject to, among other things, final pricing and credit approval by Lender.

**REFERRAL:** Lender may at its option refer the transaction (in part or in whole) to potential designees, along with the transmittal to such designees, of Borrower's financial and business information sent to and obtained by Lender. Borrower, as well as any individuals whose personal information is included, consent to such transmittal by signing this proposal.

**PROPOSAL EXPIRATION:** This proposal shall expire if not accepted by Borrower within thirty (30) days from date of this letter.

The terms and conditions outlined herein are not all-inclusive and are based upon information provided to date. This proposal may be withdrawn or modified by Lender at any time. This proposal does not represent an offer or commitment by Lender to enter into a loan agreement or to provide any other financing, and does not create any obligation for Lender.

Please indicate your acceptance of this proposal by executing a copy where indicated below and returning it to my attention along with the Proposal Fee via email or mail at the address noted below.

If you have any questions or comments, please do not hesitate to contact me at the number noted below. I look forward to working with your organization.

Sincerely,

**Christopher Esp**  
Finance Sales Manager  
Siemens Financial Services, Inc.  
40 Liberty Blvd  
Malvern, PA 19355  
Phone: 732-512-7766  
Email: chris.esp@siemens.com

**AGREED TO AND ACCEPTED BY:**

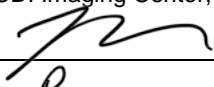
*Borrower* SSM / CDI Imaging Center, LLC

*Signature*

*Name*

*Title*

*Date*

  
\_\_\_\_\_  
Ryan Raschke  
CFO  
\_\_\_\_\_  
4-8-2025  
\_\_\_\_\_

**SERVICE-SPECIFIC REVENUES AND EXPENSES****Project Title:** SSM RAYUS RADIOLOGY - Replacer **Project #:** 6195 HT**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>2022</u>	<u>2023</u>	<u>2024</u>
<b>Amount of Utilization:*</b>	<u>2,520</u>	<u>2,645</u>	<u>2,847</u>
<b>Revenue:</b>			
Average Charge**	<u>\$448</u>	<u>\$405</u>	<u>\$374</u>
Gross Revenue	<u>\$1,128,204</u>	<u>\$1,071,225</u>	<u>\$1,064,778</u>
Revenue Deductions	<u>107,744</u>	<u>143,955</u>	<u>61,559</u>
Operating Revenue	<u>1,020,460</u>	<u>927,270</u>	<u>1,003,219</u>
Other Revenue	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTAL REVENUE</b>	<b><u>\$1,020,460</u></b>	<b><u>\$927,270</u></b>	<b><u>\$1,003,219</u></b>
<b>Expenses:</b>			
Direct Expenses			
Salaries	<u>170,011</u>	<u>209,631</u>	<u>181,592</u>
Fees	<u>264,660</u>	<u>266,989</u>	<u>272,895</u>
Supplies	<u>13,751</u>	<u>24,034</u>	<u>18,593</u>
Other	<u>76,716</u>	<u>114,282</u>	<u>100,340</u>
<b>TOTAL DIRECT</b>	<b><u>\$525,138</u></b>	<b><u>\$614,937</u></b>	<b><u>\$573,420</u></b>
Indirect Expenses			
Depreciation	<u>6,502</u>	<u>12,484</u>	<u>7,627</u>
Interest***	<u>0</u>	<u>0</u>	<u>0</u>
Rent/Lease	<u>0</u>	<u>0</u>	<u>0</u>
Overhead****	<u>8,308</u>	<u>18,837</u>	<u>19,687</u>
<b>TOTAL INDIRECT</b>	<b><u>\$14,810</u></b>	<b><u>\$31,321</u></b>	<b><u>\$27,314</u></b>
<b>TOTAL EXPENSES</b>	<b><u>\$539,948</u></b>	<b><u>\$646,258</u></b>	<b><u>\$600,734</u></b>
<b>NET INCOME (LOSS):</b>	<b><u>\$480,512</u></b>	<b><u>\$281,013</u></b>	<b><u>\$402,485</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.

**SERVICE-SPECIFIC REVENUES AND EXPENSES****Project Title:** SSM RAYUS RADIOLOGY - Replacer **Project #:** 6195 HT**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>	3,586	3,697	3,722
<b>Revenue:</b>			
Average Charge**	\$380	\$380	\$380
Gross Revenue	\$1,362,680	\$1,404,860	\$1,414,360
Revenue Deductions	75,280	77,609	78,144
Operating Revenue	1,287,400	1,327,251	1,336,216
Other Revenue	0	0	0
<b>TOTAL REVENUE</b>	<b>\$1,287,400</b>	<b>\$1,327,251</b>	<b>\$1,336,216</b>
<b>Expenses:</b>			
Direct Expenses			
Salaries	187,040	192,651	196,430
Fees	251,835	342,237	347,604
Supplies	58,247	59,994	61,794
Other	103,350	106,451	109,644
<b>TOTAL DIRECT</b>	<b>\$600,471</b>	<b>\$701,332</b>	<b>\$715,473</b>
Indirect Expenses			
Depreciation	25,971	25,791	25,791
Interest***	32,311	32,311	32,311
Rent/Lease	0	0	0
Overhead****	19,402	19,984	20,583
<b>TOTAL INDIRECT</b>	<b>\$77,684</b>	<b>\$78,086</b>	<b>\$78,685</b>
<b>TOTAL EXPENSES</b>	<b>\$678,155</b>	<b>\$779,418</b>	<b>\$794,158</b>
<b>NET INCOME (LOSS):</b>	<b>\$609,245</b>	<b>\$547,833</b>	<b>\$542,058</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.

*System – Administrative***TITLE:**

Operations – Financial Assistance (Charity Care)

**OUTCOME STATEMENT:**

SSM Health's Financial Assistance Policy identifies opportunities for financial assistance to patients who are financially or medically indigent and demonstrate an inability to pay for the services provided to them or their dependents. The Financial Assistance Policy (FAP) provides and establishes system-wide guidelines for financial assistance that ensures compliance with all state, federal and regulatory guidelines.

SSM Health is committed to providing financial assistance to persons who have healthcare needs and are uninsured or underinsured. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, SSM Health strives to ensure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care. SSM Health will provide, without discrimination, emergency care for medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance.

Accordingly, this policy:

- Includes eligibility criteria for financial assistance
- Describes the basis for calculating Amounts Generally Billed (AGB) to patients eligible for financial assistance under the policy
- Describes the method by which patients may apply for financial assistance
- Limits the amounts that the hospital will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to the AGB.
- Lists Financial Assistance and other discounts that may be provided to patients.

Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with SSM Health's procedures for obtaining insurance available or 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. SSM Health may at any time define and revise the criteria determining eligibility for financial assistance.

In order to manage its resources responsibly and to allow SSM Health to provide the appropriate level of assistance to the greatest number of persons in need, the Board of Trustees establishes the following guidelines for the provision of patient Financial Assistance.

\* As required by CMS Regulation §482.12 A-0043 Conditions of Participation: Governing Body, the following hospitals are included as SSM entities:

**Missouri:** (1) SSM Health St. Mary's Hospital – St. Louis and SSM Health Cardinal Glennon Children's Hospital, (2) SSM Health DePaul Hospital – St. Louis, (3) SSM Health St. Clare Hospital – Fenton, (4) SSM Health St. Joseph Hospital – Lake St. Louis, (5) SSM Health St. Joseph Hospital – St. Charles and SSM Health St. Joseph Hospital – Wentzville, (6) SSM Health Saint Louis University Hospital, (7) SSM Health St. Mary's Hospital – Jefferson City, (8) SSM Health St. Mary's Hospital – Audrain,

**Oklahoma:** (1) St. Anthony Hospital and Bone & Joint Hospital at St. Anthony, (2) St. Anthony Shawnee Hospital,

**Wisconsin:** (1) SSM Health St. Mary's Hospital - Madison, (2) SSM Health St. Clare Hospital - Baraboo, (3) SSM Health St. Mary's Hospital - Janesville, (4) SSM Health St. Agnes Hospital, (5) SSM Health Ripon Medical Center, (6) SSM Health Waupun Memorial Hospital

**Illinois:** (1) SSM Health St. Mary's Hospital – Centralia and (2) SSM Health Good Samaritan Hospital – Mt. Vernon

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**SCOPE:**

This policy is applicable to all SSM hospitals\*.

**FILE MAINTENANCE INFORMATION:**

Original Effective Date: 10/31/2012  
Revision Dates: 10/7/2013, 06/15/2015, 08/01/2016, 1/10/2017, 12/04/2019; 12/04/2020  
Review Dates:  
Author(s): Director, Patient Services Center  
Body or Person Last Approved: System Vice President, Revenue Management  
Senior Vice President, Finance

## **DEFINITIONS:**

- I. **Application Period:** Defined as the time provided to patients by the hospital to complete the Financial Assistance application. It begins on the first day care is provided and ends on the 240th day after the hospital provides the individual with the first post-discharge billing statement for the care provided.
- II. **Eligible Service Area:** The geographic area, identified as a cluster of ZIP codes, from which 75% of a hospital's discharges originate for all hospitals.
- III. **Family Size:** Family size is defined by the Internal Revenue Service and is equal to the number of individuals for whom the taxpayer is allowed a deduction on their federal tax return. If IRS tax documentation is not available, family size will be determined by the number of family members documented and verified on the financial assistance application.
- IV. **Family Income:** Family Income is determined using the Census Bureau definition, which uses the following income when computing Federal Poverty Level (FPL):
  - A. Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, assistance from outside the household, and other miscellaneous sources;
  - B. Noncash benefits (such as food stamps and housing subsidies) do not count;
  - C. Determined on a before-tax basis;
  - D. Excludes capital gains or losses; and
  - E. Includes the income of all family members who are included in the family size. (Non-relatives, such as housemates, do not count).
- V. **Federal Poverty Level (FPL):** The set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities. It is determined by the Department of Health and Human Services and is adjusted for inflation and reported annually in the form of poverty guidelines.
- VI. **Financial Assistance:** Defined as free or discounted health care services provided to persons who cannot afford to pay all or a portion of their financial liability for services and who meet SSM Health's financial assistance policy criteria.
- VII. **Financial Indigence:** Financially indigent persons include uninsured and underinsured persons who meet an institution's eligibility for discounted care up to and including a 100% discount.
- VIII. **Medical Indigence:** Medically indigent patients include persons with catastrophic medical costs for whom payment of medical bills would threaten the household financial viability. Qualifying as a medically indigent patient does not require qualification as financially indigent. Generally, medically indigent persons qualify for reductions in their obligations to pay for medical services rendered. The Medical Indigence program considers the patient's ability to pay without liquidating assets critical to living or earning a living, such as home, car, personal belongings, etc. All patients are eligible to be considered for medically indigent status with the exception of patients with income below 200% of the FPL, as these patients are considered eligible for 100% financial assistance under the financially indigent definition.



- IX. **Medically Necessary:** Defined by Medicare as services or items reasonable and necessary for the diagnosis, prevention or treatment of an illness, injury or disease.
- X. **Patient Liability:** The amount a patient is personally responsible for paying after all available discounts, including uninsured discount, financial assistance discount and discount due to limitation on charges to patients per 501 (r) regulations.
- XI. **Plain Community:** A faith-based group connected by business, shared culture and simple living (e.g., Amish, Mennonite).
- XII. **Presumptive Charity Eligibility:** SSM Health may utilize predictive analytical software or other criteria to assist in making a determination of financial assistance eligibility in situations, including but not limited to the homeless population, where the patient qualifies for financial assistance but has not provided the necessary documentation to make a determination. Irregularly, in the absence of using the predictive analytical software, presumptive charity may be authenticated by the patient care team as represented as charity or uninsured discounts to the patients' financial obligation.
- XIII. **Underinsured:** The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.
- XIV. **Uninsured:** The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

#### **PROCESS:**

- I. **Services Eligible:** For purposes of this policy, all emergency and medically necessary services provided by the hospital facility are eligible.  
The following health care services are not considered medically necessary and are not eligible under this policy:
  - A. Cosmetic treatment and/or procedures unrelated to severe congenital malformations or physical disfigurements caused by injury or illness determined not medically necessary by a licensed physician
  - B. Bariatric procedures determined not medically necessary by a licensed physician
  - C. Any other service or procedure determined by a licensed physician to be not medically necessary
- II. **Eligibility for Financial Assistance:** Eligibility for financial assistance will be considered for those individuals who:
  - A. Have limited or no health insurance;
  - B. Cooperate with SSM Health's policies and procedures;
  - C. Demonstrate financial need;
  - D. Supply all required information to process the application; and
  - E. Reimburses the Hospital for any monies paid directly to patient by insurance.

The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account race, color national origin, religion, sex, gender identity, sexual orientation, disability, age, marital status, socioeconomic status, or source of payment. A determination of financial assistance will be effective for a period of up to 60 days from the date the

application was approved and will include all outstanding receivables that are within the application period.

**III. Financial need and eligibility will be determined in accordance with the following procedures:**

- A. **Application** - In order to be eligible for financial assistance consideration, the patient or guarantor must complete the Patient Financial Assistance Application form and submit the documentation requested to support reported income and expenses. One application will cover the unpaid patient liabilities for all open accounts for the same guarantor or additional patients listed on the application that reside at the same residence. Applications for financial assistance should be complete and accurate and include verifiable proof of income and/or assets as well as unusual expenses.

Patients can also submit an application verbally, either over the phone to a Financial Assistance Representative or face to face with a Financial Counselor. The Financial Assistance Representative or the Financial Counselor will document the patient responses onto the application form and the patient will verify and attest to all the information. All supporting documentation must be supplied for the application to be considered complete. Patients qualifying for financial assistance but do not provide the necessary documentation may be eligible for presumptive charity care as defined in "XII Presumptive Charity Eligibility".

SSM Health's values of respect and stewardship shall be reflected in the application process, financial need determination and granting of financial assistance. Requests for financial assistance shall be processed promptly and SSM Health shall notify the patient or applicant in writing within a reasonable time limit of receipt of a completed application.

Applications will not be considered complete unless the required documentation is received and evaluated by a financial assistance analyst. Applicants will receive written notice regarding the decision of their application. The applicant will receive an updated statement(s) reflecting any financial assistance discounts during their next regular billing cycle.

Required documents include:

1. Completed signed written/verbal application.
2. Income verification for applicant. If guarantor filed married, filing joint on most recent taxes, the guarantor must send income verification for spouse as well.
  - a. Verification of income can include (not an inclusive listing): pay stubs, unemployment checks, social security award letters/checks, disability award letters, child support documentation, and pension verification.
3. Tax Return Documentation
  - a. Most recently filed tax return or Non-Filing Letter from the IRS. Taxes must be accompanied by all supporting schedules (A-F) and documents (W2s, 1099s) to be considered complete.
4. Medicaid Approval/Denial Letter
  - a. This is only a requirement if the facility financial counselor has pre-screened the patient for Medicaid eligibility.

- i. If patient is pre-screened as potentially eligible, they must cooperate with Medicaid application process to be eligible for financial assistance with SSM Health.
- 5. Additional documents that may be requested (to qualify patient for medical indigence) include:
  - a. Verification of monthly expenses.
  - b. All medical bills, housing bill, and any other bill essential to the basic needs of living.
  - c. A declaration of income/supporter statement.
  - d. Bank/Saving Statements for most recent three months
    - a. An explanation of any unusual deposits/expenses on the statements
    - b. Documents must reflect all deposits.
- B. **Consideration for Patient Assets:** Available assets in excess of \$5,000, with the exception of Protected Assets listed below, will be added to current year's income in establishing the level of financial assistance to be offered to the patient.

Protected Assets include:

- 1 50% of the equity in primary residence up to \$50,000;
  - 2 Business use vehicles;
  - 3 Tools or equipment used for business; reasonable equipment required to remain in business;
  - 4 Personal use property (clothing, household items, furniture);
  - 5 IRAs, 401K, cash value retirement plans;
  - 6 Financial awards received from non-medical catastrophic emergencies;
  - 7 Irrevocable trusts for burial purposes, prepaid funeral plans; and/or;
  - 8 Federal/State administered college savings plans.
- C. **Presumptive Financial Assistance Eligibility:** SSM Health understands that certain patients/guarantors may be unable to complete a financial assistance application. As a result, the patients' eligibility for financial assistance may be established using externally available third-party data sources such as credit agencies. (See Exhibit C for income and credit score criteria and other considerations). In addition, Presumptive Financial Assistance may be granted to patients without the necessary application documentation including but not limited to patients who are homeless or received care from a homeless clinic, deceased patients with no known estate, or patients granted relief by the courts for bankruptcy.
- D. **Incomplete Applications:** All incomplete applications will receive a letter of notification that will detail the information that is needed to satisfy the documentation requirements for eligibility. If the applicant sends in incomplete documentation a second time, the applicant will receive a letter and a phone call attempt to notify the patient that their application is not complete.

Applications for financial assistance can be returned to a Financial Counselor at the facility in which care was provided or mailed to:

SSM Health  
Attention: Financial Assistance  
PO Box 411997  
St. Louis MO 63141  
Fax: (314) 989-6734

Email: [financialaid@ssmhealth.com](mailto:financialaid@ssmhealth.com)

Questions about the Financial Assistance Policy may be directed to SSM Health Customer Service, 855-989-6789.

- IV. **Eligible Service Areas:** Eligibility for financial assistance may be restricted to residents in eligible service areas of SSM Health's Operating Entities. SSM Health operating entities may limit financial assistance to the Eligible Service Areas only if prior year:
- (1) Operating margin is negative; or
  - (2) Cost of charity care as a percentage of total expenses is greater than three (3) percent.

SSM Health operating entities that meet these criteria must submit a written request to the Chief Mission Integration Officer with supporting data and receive formal approval before implementing restrictions of financial assistance to residents in Eligible Service Areas.

- V. **Cooperation to Establish Coverage:** SSM Health supported by some specialist vendors, will proactively help patients apply for public and private programs to establish coverage for health care services. SSM Health may deny financial support to those individuals who do not cooperate in applying for those programs (e.g. Medicaid, COBRA, Ticket to Work) that may pay for their health care services.
- VI. **Out-of-Network Services:** SSM Health hospitals are not in-network for certain insurance plans. As an out-of-network provider, SSM Health may not receive any reimbursement from the insurance carrier. Patients that seek services at SSM Health hospitals, out of network of their insurance plan, are not eligible for financial assistance if other providers within SSM hospital Eligible Service Area has in-network providers capable of providing the service.
- VII. **International/Traveling Patients:** The Financial Assistance will not be available to International/Travelling patients.
- VIII. **Plain Community Patients:** Due to these patient's inability to cooperate with applying for insurance coverage and ability to provide necessary supporting documentation, these patients will not be eligible for Financial Assistance. A discount (see section IX) will be provided to the Plain Community patients
- IX. **Discounts to Patients**
- A. **Uninsured Discounts:** SSM Health provides a discount on gross charges for all uninsured patients (See Exhibit A).
  - B. **Charity Discounts:** SSM Health provides a charity discount for eligible patients based on Federal Poverty Level Guidelines. The charity care discount is applied to the patient's remaining liability after insurance for insured patients and after the uninsured discount is applied for uninsured patients. (See Exhibit B). Any non-covered or denied service provided to a Medicaid eligible patient is considered a charity discount.
  - C. **Plain Community Discounts:** Members of an established Plain Community will receive a discount in the range of average of Medicare Fee-for-service and private health insurance to 10 percentage point below the average.

D. **Catastrophic Discounts:** Patients may be eligible to receive a discount on a case-by-case basis based on their specific circumstances, such as catastrophic illness or Medical Indigence, at the discretion of SSM Health. In such cases, other factors may be considered in determining their eligibility for discounted or free services, including:

- (1) Bank accounts, investments and other assets
- (2) Employment status and earning capacity
- (3) Amount and frequency of bills for health care services
- (4) Other financial obligations and expenses
- (5) Generally, financial responsibility will be no more than 25% of gross family income.
- (6) Attestation(s) for income/support to assist in determining FPL, in the case of missing documents (“Declaration of Income/Supporter Statement”)
- (7) Credit report(s)

X. **Amount Generally Billed (AGB)/Limitation of Charges:** SSM Health limits the amount charged for emergency and medically necessary care provided to patients who are eligible for financial assistance under this policy to not more than gross charges for the care multiplied by the AGB percentage. The AGB percentage is determined using the look-back method. (See Exhibit D).

The AGB percentage is calculated at a hospital facility level, at a minimum annually, with implementation not more than 120 days after the end of the 12 month period utilized above.

XI. **Relationship to Collection Policies:** Patients/guarantors are expected to pay the amount of their account that is not eligible for assistance under this policy. Patients/guarantors who fail to pay their balance after the associated discounts have been applied will be subject to normal collection procedures. During the process of collection procedures, it may be identified the patient is eligible for charity care. In these circumstances, the patient will not be responsible for the respective liability and the amount will be recorded by SSM as charity care. Please see SSM Billing and Collection Policy for a comprehensive schedule of collection activities to which an account will be subjected. A copy of the SSM Billing and Collection Policy may be obtained at no charge by either calling the Customer Service Center (855-989-6789), from a Financial Counselor at any local SSM Health facility or online at [www.ssmhealth.com](http://www.ssmhealth.com).

XII. **Providers Covered:** A list of providers that are covered under this policy and those that are not is maintained at <https://www.ssmhealth.com/SSMHealth/media/Documents/For%20Patients/financial-assistance-policy/ssm-health-providers-covered-financial-assistance-policy.pdf>. Any questions about inclusion or exclusion of providers that are covered under this policy can be directed to SSM Health Customer Service at (855) 989-6789.

XIII. **Regulatory Requirements:** In implementing this policy, SSM Health management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this policy.

XIV. **Documentation:** Patient Business Services will maintain records of its financial assistance applications, determinations of financial assistance and notices to patients to adequately document its fair and consistent application of this policy in accordance with our policy on record retention and destruction.

- XV. **Annual Reporting:** Each facility will be required to report information related to financial assistance and non-covered services for Medicaid and other public aid programs for the indigent in the annual disclosure packet and in the Community Benefit Inventory for Social Accountability (CBISA) software program.

Information to be collected shall include:

- A. Total number of persons served
- B. Total charges forgiven
- C. Total cost of financial assistance as defined in this policy
- D. Expenses incurred by the provision of financial assistance

Provider taxes, assessments or fees or Medicaid DSH funds in the appropriate state, are used in whole or in part to offset the cost of financial assistance.

- XVI. **Policy Questions:** If operational questions arise as to the application of certain guidelines contained within this policy, they should be referred to System Vice President, Revenue Management or the entity or network Chief Financial Officer. The inclusion of additional guidelines into entity financial assistance policies or implemented in practice that are not addressed in this policy (e.g., reducing the number of unit beds available for uninsured patients or limiting the number of uninsured and/or Medicaid patients to a particular product offering or service line) should be reviewed by the Senior Vice President – Mission, Legal and Government Affairs and referred to System Management for its consideration and approval.

**Exhibit A: Uninsured Discounts**

<b>Region</b>	<b>Uninsured Discount(s) from gross charges</b>
Oklahoma	45%
Wisconsin- Madison, Janesville, Baraboo	35%
Wisconsin-Fond du Lac, Ripon, Waupun	40%
Southern Illinois	35%
Maryville	15%
Mid-Missouri	35%
Saint Louis (Except St. Louis University Hospital)	40%
Saint Louis University Hospital	60%

Uninsured discounts have been established within a range of 55% to 65% of the average commercial discount for each region.

## Exhibit B: Charity Discounts

**Sliding Eligibility Scale based on Federal Poverty Level for All Regions.**

<b>Federal Poverty Level</b>	<b>Financial Assistance Discount</b>
0% – 200%	100%
201% - 250%	80%
251% - 300%	60%
301% - 350%	50% of amount over \$2,000
351% - 400%	20% of amount over \$2,000
Over 400%	0%



## Exhibit C: Presumptive Financial Assistance Guidelines

### Uninsured Patients

Federal Poverty Level	Health Credit Score	Financial Assistance Discount
0% – 200%	< 620	100%
201% - 250%	< 620	80%
251% - 300%	<620	60%
301% - 350%	< 620	50% of the amount over \$2,000
351% - 400%	< 620	20% of the amount over \$2,000

### Insured Patients

Federal Poverty Level	Health Credit Score	Financial Assistance Discount
0% – 200%	< 620	100% of the amount over \$2,000

**\*In absence of credit score availability, the federal poverty level may be determined using presumptive eligibility as defined in “XII Presumptive Charity Eligibility” to authenticate eligibility for financial assistance.**

**Exhibit D: Limitation of Charges/AGB**

<b>Hospital</b>	<b>Method</b>
St. Mary's Health Center, St. Louis, MO	1
Cardinal Glennon Children's Hospital	1
DePaul Health Center	1
St. Clare Health Center	1
St. Joseph Hospital West	1
St. Joseph Health Center	1
St. Joseph Health Center-Wentzville	1
St. Francis Hospital & Health Services	1
St. Mary's Hospital – Jefferson City	1
St. Mary's Hospital – Audrain	1
Saint Louis University Hospital	1
St. Anthony Hospital	1
St. Anthony Shawnee Hospital	1
Bone & Joint Hospital at St. Anthony	1
St. Agnes Hospital Fond Du Lac, WI	1
Ripon Medical Center Ripon, WI	1
Waupun Memorial Hospital Waupun, WI	1
St. Mary's Hospital Madison, WI	1
St. Clare Hospital Baraboo, WI	1
St. Mary's Janesville, WI	1
Good Samaritan Regional Health Center	1
St. Mary's Hospital Centralia, Illinois	1

**Methods:**

- A. Under this method all claims paid by Medicare fee-for-service and private health insurers over the last 12 months are used. For these claims the sum of all allowable reimbursement amounts is divided by the sum of the associated gross charges.
- B. Under this method, the facility sets the amount generally billed (AGB) to the amount the hospital facility determines would be the total amount Medicare or Medicaid would allow for the care (including both the amount that would be reimbursed by Medicare or Medicaid and the amount the beneficiary would be personally for paying in the form of co-payments, co-insurance, and deductibles.)

## **Addendum 1:**

### **Out-of-Network Services:**

SSM Health hospitals are not in-network for certain insurance plans, and SSM Health may work with insurance plans on “single case agreements” for these cases. Although SSM may agree to the terms of the negotiations with insurance plans for single case agreements, this agreement is not representative of a patient “under contract” with SSM. As an out-of-network provider, SSM Health may not receive any reimbursement from the insurance carrier. Patients that seek services at SSM Health hospitals, out of network of their insurance plan, are not eligible for financial assistance if other providers within SSM hospital Eligible Service Area has in-network providers capable of providing the service.

During the COVID-19 pandemic, the Secretary of State has concluded that this is public health emergency causing healthcare providers to have capacity constraints. As a result, patients that would ordinarily be able to choose to receive all care from in-network healthcare providers may no longer be able to receive such care in-network. Accordingly, for all care for a possible or actual case of COVID-19, SSM Health certified that it will not seek to collect from the patients’ out-of-pocket expenses in an amount greater than what the patients would have otherwise been required to pay if the care had been provided by an in-network provider.

All unreimbursed amounts are a form of patient financial assistance and determined as the difference between gross hospital charges and hospital reimbursement.

### **Access to Healthcare Crisis:**

An Access to Healthcare Crisis may amend the definitions and process as articulated in this policy. An Access to Healthcare Crisis must be proclaimed by SSM Health leadership and attached to this patient financial assistance document as an addendum. An Access to Healthcare Crisis may be related to an emergent situation whereby state / federal regulation are modified to meet the immediate healthcare needs of the hospital's community during the Access to Healthcare Crisis.

During an Access to Healthcare Crisis, SSM Health may "flex" its patient financial assistance policy to meet the needs of the community in crisis. Any Access to Healthcare Crisis policy changes will be added to this policy. Patient discounts related to an Access to Healthcare Crisis may be provided at the time of the crisis, regardless of the date of this policy (as hospital leadership may not be able to react quickly enough to update policy language to meet more pressing needs during the Access to Healthcare Crisis).