

From: [Knox,Kate](#)
To: [Fick, Mackinze](#)y; [Chastain,John](#)
Subject: RE: CON 6202 HT
Date: Thursday, August 21, 2025 12:05:30 PM
Attachments: [image001.png](#)
[ATT00001.png](#)
[Reno Budget.xlsx](#)
[South CT - Service Specific Revenue and Expenses History 2022-2024.pdf](#)
[South CT - Service Specific Revenue and Expenses Projection 2029.pdf](#)

Mackinze

Please see answers below-

Kate Knox CIA

Finance Director, System Administration

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From: Fick, Mackinze

Sent: Wednesday, August 13, 2025 3:25 PM

To: Chastain,John <John.Chastain@coxhealth.com>

Cc: Knox,Kate <Kate.Knox@coxhealth.com>

Subject: CON 6202 HT

Importance: High

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John,

After review of the application, some additional items are needed.

- Provide the service area for the staff analysis.
[The service area will be Greene County.](#)
- Provide methods/assumptions or 3rd party documentation of renovation costs.
[See attached. This is based on our internal engineering team's estimations.](#)
- Will this unit be decommissioned or traded in?
[Decommissioned](#)

- How old is the existing unit and when was it acquired?
[It was acquired new in 2016, so approximately 9 years old.](#)
- Provide a revenues and expenses form for year 2029.
[See attached](#)
- Provide a revenues and expenses form for years 2022, 2023, and 2023.
[See attached](#)

This information is needed by August 22, 2025.

If you have any questions, please let me know. Thank you!



Mackinzey Fick

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Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: CoxHealth- Replacement CT

Project #: 6262 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.

	Year		
	2022	2023	2024
Amount of Utilization:*	8,353	9,472	9,815
Revenue:			
Average Charge**	\$33,238	\$34,048	\$34,601
Gross Revenue	\$277,637,014	\$322,502,656	\$339,608,815
Revenue Deductions	221,421,324	256,558,592	271,649,755
Operating Revenue	56,215,690	65,944,064	67,959,060
Other Revenue	0	0	0
TOTAL REVENUE	\$56,215,690	\$65,944,064	\$67,959,060
Expenses:			
Direct Expenses			
Salaries	29,247,194	29,669,619	30,193,197
Fees	0	0	0
Supplies	6,233,009	6,323,034	6,434,616
Other	12,466,017	12,646,067	12,869,232
TOTAL DIRECT	\$47,946,220	\$48,638,720	\$49,497,045
Indirect Expenses			
Depreciation	0	0	0
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	18,485,189	20,601,600	24,066,380
TOTAL INDIRECT	\$18,485,189	\$20,601,600	\$24,066,380
TOTAL EXPENSES	\$66,431,409	\$69,240,320	\$73,563,425
NET INCOME (LOSS):	-\$10,215,719	-\$3,296,256	-\$5,604,365

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

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

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

****Indicate how overhead was calculated.



Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title:

Project #:

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

*Use an individual form for each affected service with a
sufficient number of copies of this form to cover entire period,
and fill in the years in the appropriate blanks.*

Year

Amount of Utilization:*

Revenue:

Average Charge**

Gross Revenue

Revenue Deductions

Operating Revenue

Other Revenue

TOTAL REVENUE

Expenses:

Direct Expenses

Salaries

Fees

Supplies

Other

TOTAL DIRECT

Indirect Expenses

Depreciation

Interest***

Rent/Lease

Overhead****

TOTAL INDIRECT

TOTAL EXPENSES

NET INCOME (LOSS):

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

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

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

****Indicate how overhead was calculated.

Reno costs for CoxHealth Replacement CT

*Estimations provided by internal engineering team

Demo- Remove existing flooring, wall base, millwork, electrical	2,000.00
New flooring	6,000.00
New wall base	1,000.00
Paining	2,000.00
New millwork	19,000.00
Adjustment to electrical floor trench duct to new CT equipment layout and wiring	39,000.00
New ceiling tiles	6,000.00
New light fixtures and dimmer switches	4,000.00
Construction containment	1,000.00
<hr/>	
Total estimated reno budget	80,000.00