

From: [Thomas, Jessica R](#)
To: [CONP CONP](#)
Subject: RE: CON 6219
Date: Monday, July 14, 2025 5:14:42 PM
Attachments: [image002.png](#)
[image003.png](#)
[Freeman Hospital West - 2025Q3 Proposal 06-25 Intuitive Purchase Quote 2025-07-14.pdf](#)
[Representative Registration- Thomas.pdf](#)
[Fw dV5 AMP Approval Requested Freeman Health System Elevated Target.msg](#)

Mackinzey,

Hi! Please see the attached registered representative for me, Jessica Thomas, as requested. Also attached is a quote from Intuitive that is valid through the CON approval process in September. I have also included the email documentation to validate our approval for the AMP program.

For clarification of the (+) on the utilization volumes, this number does include all three units. The (+) is simply the total of number of cases we projected per year that was added to the volume from the previous year. I just added the (+) to make it easier to visualize the increase in projected cases per year. This can easily be amended and resent if you prefer.

Please let me know if you have any additional questions.

Thank you,

Jessica Thomas, RN, BSN
Director of Perioperative Services



P. 417-347-6086 | C. 417-291-5313

From: CONP CONP <CONP@health.mo.gov>
Sent: Wednesday, July 2, 2025 5:37 PM
To: Thomas, Jessica R <jrthomas2@freemanhealth.com>
Subject: CON 6219
Importance: High

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Jessica,

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

- Provide a registered representative form for Jessica Thomas.
- The Intuitive quote states valid until 6/30/25. Will this be valid at the time of CON approval?
- The utilization states (+). Explain what this is and if this utilization contains numbers for all three units. If the utilization changes for these units, please provide an updated revenues and expenses form.
- Can you provide the approval letter to utilize the AMP model?

This information is needed by July 14, 2025.



Mackinzey Fick (Last Day in CON will be 6/16)

Assistant Program Coordinator
Certificate of Need Agency :

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

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

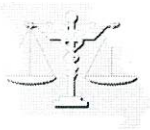
✉: mackinzey.fick@health.mo.gov | ☎: 573-751-6403

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Disclaimer

This email originated from Freeman Health System. This email contains confidential information which is intended only for the use of the individual or entity named above. If the reader of this email is not the intended recipient or agent responsible for delivering it to the intended recipient, he/she is hereby notified that you are in possession of confidential and privileged information. If you have received this email in error, please notify the sender immediately. State and federal law prohibits you from making further disclosure of this information without specific written consent of the person to whom it pertains, or as otherwise permitted by law.

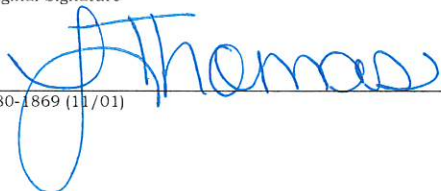
Locally owned, not-for-profit and nationally recognized, Freeman Health System includes Freeman Hospital West, Freeman Hospital East, Freeman Neosho Hospital and Ozark Center – the area's largest provider of behavioral health services – as well as two urgent care clinics, dozens of physician clinics and a variety of specialty services. With more than 300 physicians on staff representing more than 60 specialties, Freeman provides cancer care, heart and vascular care, neurology and neurosurgery, orthopedics, children's services and women's services. Additionally, Freeman is the only Children's Miracle Network Hospital in a 70-mile radius. For more information, visit www.freemanhealth.com.



Certificate of Need Program

REPRESENTATIVE REGISTRATION

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

Project Name Expansion of Robotic Surgery Line		Number 6219 HS	
(Please type or print legibly.)			
Name of Representative Jessica Thomas		Title Director of Surgical Services	
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Freeman Health System		Telephone Number 417-347-1111	
Address (Street/City/State/Zip Code) 1102 W 32nd St Joplin, MO 64804			
Who's interests are being represented? (If more than one, submit a separate Representative Registration Form for each.)			
Name of Individual/Agency/Corporation/Organization being Represented Freeman Health System		Telephone Number 417-347-6086	
Address (Street/City/State/Zip Code) 1102 W 32nd St Joplin, MO 64804			
Check one. Do you: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral		Relationship to Project: <input type="checkbox"/> None <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input type="checkbox"/> Other (explain):	
Other Information: _____ _____		_____ _____	
I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: <i>Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in § 105.478, RSMo.</i>			
Original Signature 		Date 7/14/25	



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

Quote Details

Quote ID	Q-00085510
Quote Date	6/24/2025
Valid Until	09/30/2025
Sales Rep	Kevin Mitchell
Phone Number	+1-956-451-8317
Email	kevin.mitchell@intusurg.com

Company Information

Hospital Name	Freeman Hospital West
SF ID/IDN Affiliation	13462/Freeman Health System
Address	1102 W 32nd St
City, State, Zip	Joplin, Missouri, 64804-3503
Contact Name	
Telephone	

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

Part Number	Qty	Item	Price	Subtotal
Systems				
	1	Da Vinci 5 Single Console System (Fluorescence Imaging Included): One (1): da Vinci 5® System Console One (1): Integrated Simulator One (1): da Vinci 5® System Tower One (1): Integrated Intuitive HUB One (1): Integrated Insufflator One (1): Integrated E-200 Generator One (1): CO2 Tank Kit One (1): da Vinci 5® System Patient Cart One (1): da Vinci 5® Operating System Software Package (including Integrated table motion) Vision Equipment Accessories Training Instruments da Vinci 5 ® System Documentation	\$ 2,500,000.00	\$ 2,500,000.00
	1	Da Vinci 5 Single Console System (Fluorescence Imaging Included): One (1): da Vinci 5® System Console One (1): Integrated Simulator One (1): da Vinci 5® System Tower One (1): Integrated Intuitive HUB One (1): Integrated Insufflator One (1): Integrated E-200 Generator One (1): CO2 Tank Kit One (1): da Vinci 5® System Patient Cart One (1): da Vinci 5® Operating System Software Package (including Integrated table motion) Vision Equipment Accessories Training Instruments da Vinci 5 ® System Documentation	\$ 2,500,000.00	\$ 2,500,000.00
Upgrades				
	1	Da Vinci E-200 Generator (Backup)	\$ 25,000.00	\$ 25,000.00
Freight				

	1	System Freight - Central (AR, IA, IL, KS, LA, MN, MO, ND, NE, OK, SD, TX, WI)	\$ 11,000.00	\$ 11,000.00
	1	System Freight - Central (AR, IA, IL, KS, LA, MN, MO, ND, NE, OK, SD, TX, WI)	\$ 11,000.00	\$ 11,000.00
Total				\$ 5,047,000.00

Part Number	Months	Item	Price	Annual Service Fee
Service				
	12	da Vinci 5-Single Console-Human Use (Systems)-SERVICE PLAN : DVCOMPLETE CARE-Warranty (Included)	\$ 0.00	\$ 0.00
	48	da Vinci 5-Single Console-Human Use (Systems)-SERVICE PLAN : DVCOMPLETE CARE-After Warranty Service (Annual)	\$ 195,000.00	\$ 195,000.00
	12	SERVICE PLAN : E-200 BACKUP-Warranty (Included)	\$ 0.00	\$ 0.00
	48	SERVICE PLAN : E-200 BACKUP-After Warranty Service (Annual)	\$ 0.00	\$ 0.00
	12	da Vinci 5-Single Console-Human Use (Systems)-SERVICE PLAN : DVCOMPLETE CARE-Warranty (Included)	\$ 0.00	\$ 0.00
	48	da Vinci 5-Single Console-Human Use (Systems)-SERVICE PLAN : DVCOMPLETE CARE-After Warranty Service (Annual)	\$ 195,000.00	\$ 195,000.00
Subscription				
	13	MY INTUITIVE+ SUBSCRIPTION-Subscription (Included)	\$ 0.00	\$ 0.00
	*	MY INTUITIVE+ SUBSCRIPTION-Subscription Fee-(Annually Recurring)	\$ 70,000.00	\$ 70,000.00
	13	MY INTUITIVE+ SUBSCRIPTION-Subscription (Included)	\$ 0.00	\$ 0.00
	*	MY INTUITIVE+ SUBSCRIPTION-Subscription Fee-(Annually Recurring)	\$ 70,000.00	\$ 70,000.00

Terms and Conditions

1) Terms and Conditions

- 1.1 A signed Sales, License, and Service Agreement ("SLSA") or equivalent is required prior to shipment of the System(s) or System Upgrades. All site modifications and preparation are the Customer's responsibility and are to be completed to the specification given by Intuitive Surgical, Inc. ("Intuitive") prior to the installation date.
- 1.2 Customer acknowledges that the cleaning and sterilization equipment, not provided by Intuitive, is required to appropriately reprocess da Vinci® instruments and endoscopes. Please refer to the Intuitive Surgical Reprocessing website: <https://reprocessing.intuitivesurgical.com>. Customer is responsible for ensuring that its' cleaning and sterilization program comply with all health and safety requirements.

2) REQUIREMENTS PRIOR TO SHIPMENT

- 2.1 System delivery is subject to credit approval **and** receipt of Customer's purchase order by Intuitive. Whether or not Customer issues a purchase order does not affect Customer's commitment to acquire and pay for the System.

Please provide the following for shipment and billing reference:

- Purchase Order No: _____
- Point of Contact: _____
- Email: _____
- Phone Number: _____

3) I&A Terms and Conditions:

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

4) Return Goods Policy:

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

5) Exchange Goods Policy:

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

6) Credit Policy:

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

7) Miscellaneous:

7.1 Warranty: Warranties are applied for manufacturing defects.

- Endoscope, Camera, Simulator, Systems and System upgrades – 1 year warranty.
- Accessories – 90-day warranty.
- Instruments: see above for credit.

7.2 Any term or condition contained in your purchase order or similar forms which is different from, inconsistent with, or in addition to these terms shall be void and of no effect unless agreed to in writing and signed by your authorized representative and authorized representative of Intuitive Surgical. The terms and conditions of this quote, including pricing, are confidential and proprietary information of Intuitive Surgical and shall not be disclosed to any third party without the consent of Intuitive Surgical. For questions, please contact Customer Service at 800-876-1310.

EXHIBIT A
Deliverables, Price and Delivery

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

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

Vision Equipment:

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

Accessories:

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

Training Instruments

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

da Vinci 5® System Documentation

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

One (1): Da Vinci 5 SynchroSeal Instruments and Accessories User Manual Addendum
One (1): SureForm 45 and SureForm 60 Instruments and Accessories User Manual Addendum
One (1): SureForm 45 and SureForm 60 Force Fire, FDA Guidance
One (1): NIR Camera System User Manual Addendum
One (1): Universal Reprocessing Hardware kit
Two (2): Endowrist Instrument Release Kit (IRK)
Warranty period: n/a

Upgrades with Incremental Costs:

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

(all kits subject to change without notice)

From: [Kevin Mitchell](#)
To: [Thomas, Jessica R](#)
Subject: Fw: dV5 AMP Approval Requested: Freeman Health System Elevated Target
Date: Monday, July 14, 2025 10:55:50 AM

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Please see approval below

[Kevin Mitchell](#)
Area Sales Manager, Kansas City

Mobile: (956) 451 8317
Customer Support: (800) 876 1310
Kevin.Mitchell@intusurg.com

INTUITIVE

1020 Kifer Rd
Sunnyvale, CA 94086-5304 USA
Intuitive.com

From: Marc Bland <Marc.Bland@intusurg.com>
Sent: Wednesday, May 22, 2024 1:02 PM
To: Pricing <Pricing@intusurg.com>
Cc: Lindsey Otradovec <Lindsey.Otradovec@intusurg.com>; Scott Floyd <Scott.Floyd@intusurg.com>; Lisa Spoonhour <Lisa.Spoonhour@intusurg.com>; Kevin Mitchell <Kevin.Mitchell@intusurg.com>; Nick Santore <Nick.Santore@intusurg.com>; Ryan Colwell <Ryan.colwell@intusurg.com>; Nick Alter <Nicholas.Alter@intusurg.com>; David Farnham <David.Farnham@intusurg.com>; Alpesh Patel <Alpesh.Patel@intusurg.com>; Angelina Fentress <Angelina.Fentress@intusurg.com>; Jennifer Klepper <Jennifer.Klepper@intusurg.com>; Kyle Souza <Kyle.Souza@intusurg.com>
Subject: Re: dV5 AMP Approval Requested: Freeman Health System Elevated Target

Approved.

Marcus Bland
Sr VP & GM US & Canada Commercial
Marc.Bland@intusurg.com

INTUITIVE
5655 Spalding Drive
Peachtree Corners, GA 30092 United States
intuitive.com

On May 22, 2024, at 12:42 PM, Pricing <Pricing@intusurg.com> wrote:

Hi Marc,

On behalf of Kevin Mitchell, I am writing to solicit approval for a 2-system AMP deal (dV5s) with Freeman Health System in Missouri. This is within GM approval authority.

Non-Standard Items: N/A

Key Highlights/Flags:

- 2 dV5's at list price. Customer will have to increase procedures by 53% to hit target in Year 1
- Target will be 2,150 (250/300/320x5); the customer currently has one system that did 187 cases in Q1
- Cap at target

Commercial Background

Freeman Hospital West is currently beyond capacity on their Xi system and did over 790 total robotic cases last year on their only system. Q1 2024 they finished with 187 total cases and have a current RR of 183 cases. We have recently completed a MACA project, which gave surgeons and hospital leadership confirmation that doing robotic cases is a benefit for the hospital and patients for clinical and economic reasons. They are aligned with the AMP principles of open surgery is bad and more MIS dV surgery is better. The leadership team wants to provide current surgeons and new surgeons that will begin working there in the near future that they have the access for these surgeons to do more dV surgery.

Incremental opportunities with unfettered access to DV:

- Dr. Coy (GEN) 50 more incremental cases per quarter
- Dr. Christian (GEN) 30 more cases per quarter
- Dr. Emmert (GEN) 10 more cases per quarter
- Dr. Chandler (GYN) 10 more cases per quarter
- Dr. Carlson (GYN) 5 more cases per quarter
- Dr. Adcock (GYN) 5 more cases per quarter
- Dr. Gorman (URO) they just hired him and promised him DV access when he arrives in August. 15 Cases per quarter.

Strategically they are in competition with another hospital in the same city and want to be first to market with dV5.

Current Fleet – Q1'23 Avg.

- 1 Xi – 187 cases in Q1

Procedure Growth

Freeman Health System will have to increase their total procedures by 53% in order to

hit target in Year 1.

<image002.png>

Sales Ask

- dV5 Single
 1. \$1,953 @ 2,150 (250/300/320x5)
 2. Cap at 2,150
 3. **CPE = \$2.5M**

- dV5 Single
 4. \$2,358 @ 2,150 (250/300/320x5)
 5. Cap at 2,150
 6. **CPE = \$3.1M**

CPE Calculation

<image003.png>

IDN Comparison

<image004.png>

Historic Procedure Growth

<image005.png>

Thanks,

David Farnham

Financial Analyst – Pricing

Mobile: 1 650 521 6975

Direct: 1 408 523 5330

David.Farnham@intusurg.com

<image001.png>

1020 Kifer Rd

Sunnyvale, CA 94086 USA

intuitive.com