



Certificate of Need Program

NEW OR ADDITIONAL EQUIPMENT APPLICATION

Applicant's Completeness Checklist and Table of Contents

Project Name: Expansion of Robotic Service Line

Project No: 6219 HS

Project Description: This application is to secure additional robotic resources to allow Freeman Health System to better serve our patients surgical needs

Done Page N/A Description

Divider I. Application Summary:

- ✓ 4, 6 1. Applicant Identification and Certification (Form MO 580-1861)
- ✓ 4, 10-20 2. Representative Registration (Form MO 580-1869)
- ✓ 4-6, 21, 22-26 3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.

Divider II. Proposal Description:

- ✓ 28, 33-37 1. Provide a complete detailed project description and include equipment bid quotes.
- ✓ 28 2. Provide a timeline of events for the project, from CON issuance through project completion.
- ✓ 28, 38 3. Provide a legible city or county map showing the exact location of the project.
- ✓ 29, 39 4. Define the community to be served and provide the geographic service area for the equipment.
- ✓ 29-30 5. Provide other statistics to document the size and validity of any user-defined geographic service area.
- ✓ 30 6. Identify specific community problems or unmet needs the proposal would address.
- ✓ 30 7. Provide the historical utilization for each of the past three years and utilization projections through the first three (3) **FULL** years of operation of the new equipment.
- ✓ 31 8. Provide the methods and assumptions used to project utilization.
- ✓ 31, 40-42 9. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
- ✓ 31-32, 43-53 10. Provide copies of any petitions, letters of support or opposition received.
- ✓ 32, 40-42 11. Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper.
- ✓ 32, 54 12. Document that providers of all affected facilities in the proposed service area were addressed letters regarding the application.

Divider III. Service Specific Criteria and Standards:

- ✓ 1. For new units, address the minimum annual utilization standard for the proposed geographic service area.
- ✓ 2. For any new unit where specific utilization standards are not listed, provide documentation to justify the new unit.
- ✓ 56-57 3. For additional units, document compliance with the optimal utilization standard, and if not achieved, provide documentation to justify the additional unit.
- ✓ 4. For evolving technology address the following:
 - ✓ - Medical effects as described and documented in published scientific literature;
 - ✓ - The degree to which the objectives of the technology have been met in practice;
 - ✓ - Any side effects, contraindications or environmental exposures;
 - ✓ - The relationships, if any, to existing preventive, diagnostic, therapeutic or management technologies and the effects on the existing technologies;
 - ✓ - Food and Drug Administration approval;
 - ✓ - The need methodology used by this proposal in order to assess efficacy and cost impact of the proposal;
 - ✓ - The degree of partnership, if any, with other institutions for joint use and financing.

Divider IV. Financial Feasibility Review Criteria and Standards:

- ✓ 59, 61-62 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.
- ✓ 59, 63-64 2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) **FULL** years beyond project completion.
- ✓ 59 3. Document how patient charges are derived.
- ✓ 60, 65-71, 72-75 4. Document responsiveness to the needs of the medically indigent.



Certificate of Need Application

Freeman Health System Expansion of Robotic Service Line

Project #6219 HS

Letter of Intent Date: May 28, 2025
Application Date: June 27, 2025

Divider I. Application Summary

Divider I. Application Summary

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

-Please see the attached Form MO 580-1861

-Please see the Freeman-Oak Hill Health System, Freeman Neosho, Hospital, and Ozark Center State of Missouri Certificates of Good Standing.

2. Representative Registration (Form MO 580-1869)

Please see the attached representative registration Form MO 580-1869 from the following:

- Matthew Fry President and Chief Executive Officer
- Steve Graddy SVP, Chief Financial Officer
- Dr. Amanda Harrell DO, FACP, DABOM SVP, Chief Medical Officer
- Jeanee' Kennedy SVP, Chief Nursing officer
- Dr. Kevin Christian, DO FACS Surgery Service Line Director
- Dr. Cory Emmert, DO General Surgeon
- Dr. Brad Coy, DO General Surgeon
- Dr. Craig Chandler, DO Obstetrician Gynecologist
- Dr. Jessica Windschitl, DO Obstetrician Gynecologist
- Dr. Megan Carlson, DO Obstetrician Gynecologist
- Dr. Brendan Gorman, DO Urologist

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

Please see the attached Form MO 580-1863

Line 6 Major Medical Equipment

Please see the enclosed quote provided by Intuitive for the DaVinci Surgical Robot attached as **Exhibit A**. The quote lists the surgical robot components and a total cost of \$2,536,000. Freeman Health System is requesting the purchase of two (2) DaVinci Surgical Robots with a combined total cost of \$5,072,000.

Line 16 Other Methods (Specify)

Freeman Health System will utilize the DaVinci Accelerated Minimally Invasive Program (AMP) – Pay Per Use Fee Model. Please see below.

Key Attributes

- Multiple System Acquisition Model
- Flexible, usage-based arrangement with no initial cash outlay.
- Costs are aligned with revenue-generating activities.
- Pay per use fee calculated as System + Service + Interest divided by a 7-year Procedure Target.
- Target validated and mutually agreed upon; set by system type and includes a ramp:
 - o dV5: 200 cases yr1, 250 cases yr2, 300 yr3-7 = 1,950 cases by year 7
- No financial recourse if target levels are not achieved. No minimum payment required.
- Performance based on AMP Fleet average- Contract allows for AMP Fleet average to run at 90% of target.
- Technology Protection: Future upgrades result in the cancellation of the existing contract and the start of a new 7-year transaction agreement.
- Master Agreement creates simplicity for future robotic placements based on utilization.



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 Expansion of Robotic Service Line	Project Number 6219 HS
Project Address <small>(Street/City/State/Zip Code)</small> 1102 W 32nd St Joplin MO 64834	County Jasper

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
Freeman Health System	1102 W 32nd St Joplin MO 64834	417-347-6601
List All Operator(s): <small>(List entity to be licensed or certified.)</small>	Address <small>(Street/City/State/Zip Code)</small>	Telephone Number
Freeman Health System	1102 W 32nd St Joplin MO 64834	417-347-6601

3. Ownership (Check applicable category.)

- | | | | |
|---|--------------------------------------|---------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Individual | <input type="checkbox"/> City | <input type="checkbox"/> District |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation | <input type="checkbox"/> County | <input type="checkbox"/> Other _____ |

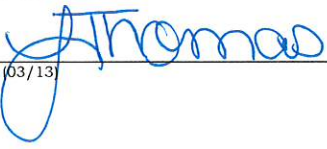
4. Certification

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 Jessica Thomas	Title Director of Perioperative Services
Telephone Number 417-347-6601	Fax Number
Signature of Contact Person 	E-mail Address jrthomas2@freemanhealth.com
	Date of Signature 6-11-25

STATE OF MISSOURI



Denny Hoskins
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

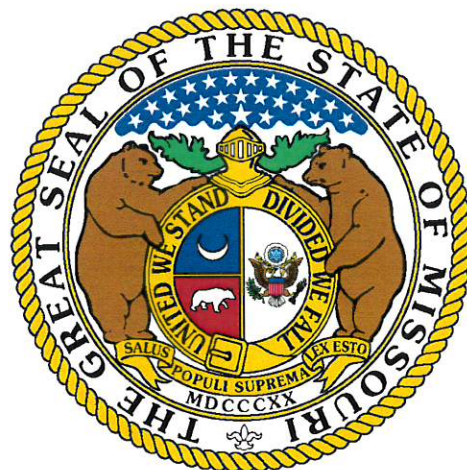
I, DENNY HOSKINS, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

FREEMAN-OAK HILL HEALTH SYSTEM
N00051816

was created under the laws of this State on the 1st day of March, 1995, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 24th day of June, 2025.

Denny Hoskins
Secretary of State



Certification Number: CERT-06242025-0192

STATE OF MISSOURI



Denny Hoskins
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, DENNY HOSKINS, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

FREEMAN NEOSHO HOSPITAL
N00057600

was created under the laws of this State on the 28th day of September, 1981, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 24th day of June, 2025.

Denny Hoskins
Secretary of State

Certification Number: CERT-06242025-0191



STATE OF MISSOURI



Denny Hoskins
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, DENNY HOSKINS, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

OZARK CENTER
N00005516

was created under the laws of this State on the 1st day of February, 1965, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 24th day of June, 2025.

Denny Hoskins
Secretary of State

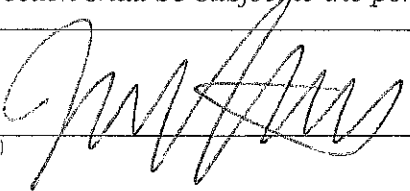


Certification Number: CERT-06242025-0193



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
<i>(Please type or print legibly.)</i>		
Name of Representative Matthew Fry		Title President and CEO
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? <i>(If more than one, submit a separate Representative Registration Form for each.)</i>		
Name of Individual/Agency/Corporation/Organization being Represented Freeman Health System		Telephone Number 417-347-1111
Address (Street/City/State/Zip Code) 1102 W 32nd St Joplin, MO 64804		
<p>Check one. Do you:</p> <p><input checked="" type="checkbox"/> Support</p> <p><input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Neutral</p> <p>Other Information:</p> <p>_____</p> <p>_____</p>		<p>Relationship to Project:</p> <p><input type="checkbox"/> None</p> <p><input checked="" type="checkbox"/> Employee</p> <p><input type="checkbox"/> Legal Counsel</p> <p><input type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Lobbyist</p> <p><input type="checkbox"/> Other (explain):</p> <p>_____</p> <p>_____</p>
<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 6/11/25



Certificate of Need Program

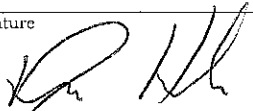
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Name of Representative Steve Graddy		Title SVP Chief Financial Officer																				
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Freeman Health System		Telephone Number 417-347-1111																				
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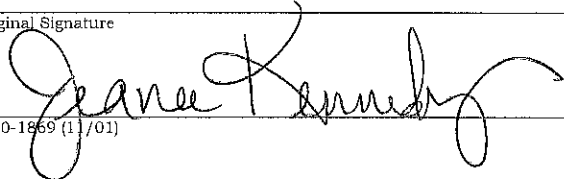
REPRESENTATIVE REGISTRATION(A registration form must be completed for **each** project presented.)

Project Name Expansion of Robotic Surgery Line		Number 6219 HS
(Please type or print legibly.)		
Name of Representative Dr. Amanda Harrell, DO, FACP, DABOM		Title SVP Chief Medical Officer
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 417-347-1111
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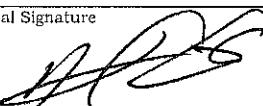
REPRESENTATIVE REGISTRATION*(A registration form must be completed for **each** project presented.)*

Project Name Expansion of Robotic Surgery Line		Number 6219 HS	
<i>(Please type or print legibly.)</i>			
Name of Representative Jeanee' Kennedy		Title SVP Chief Nursing Officer	
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			
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Project Name Expansion of Robotic Surgery Line		Number 6219 HS	
<i>(Please type or print legibly.)</i>			
Name of Representative Dr. Kevin Christian, DO FACS		Title Surgery Service Line Director	
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			
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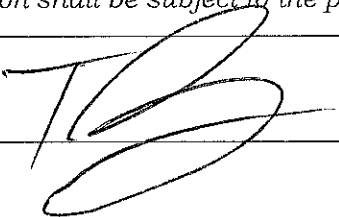
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Project Name Expansion of Robotic Surgery Line		Number 6219 HS	
(Please type or print legibly.)			
Name of Representative Dr. Cory Emmert, DO		Title General Surgeon	
Firm/Corporation/Association of Representative (may be different from below, e.g., 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			
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Project Name Expansion of Robotic Surgery Line		Number 6219 HS	
<i>(Please type or print legibly.)</i>			
Name of Representative Dr. Brad Coy, DO		Title General Surgeon	
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			
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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>			
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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 Dr. Craig Chandler, DO	Title Obstetrician and Gynecologist
--	--

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 417-347-1111
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Address (Street/City/State/Zip Code) 1102 W 32nd St Joplin, MO 64804

Check one. Do you:

- ☒ Support
☐ Oppose
☐ Neutral

Relationship to Project:

- ☐ None
☒ Employee
☐ Legal Counsel
☐ Consultant
☐ Lobbyist
☐ 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: *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.*

Original Signature 	Date 6/11/25
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Certificate of Need Program

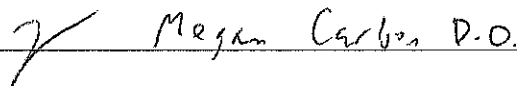
REPRESENTATIVE REGISTRATION*(A registration form must be completed for **each** project presented.)*

Project Name Expansion of Robotic Surgery Line		Number 6219 HS
<i>(Please type or print legibly.)</i>		
Name of Representative Dr. Jessica Windschitl, DO		Title Obstetrician and Gynecologist
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? <i>(If more than one, submit a separate Representative Registration Form for each.)</i>		
Name of Individual/Agency/Corporation/Organization being Represented Freeman Health System		Telephone Number 417-347-1111
Address (Street/City/State/Zip Code) 1102 W 32nd St Joplin, MO 64804		
<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 checked="" type="checkbox"/> Employee <input 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 6/11/25



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
<i>(Please type or print legibly.)</i>		
Name of Representative Dr. Megan Carlson, DO		Title Obstetrician and Gynecologist
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? <i>(If more than one, submit a separate Representative Registration Form for each.)</i>		
Name of Individual/Agency/Corporation/Organization being Represented Freeman Health System		Telephone Number 417-347-1111
Address (Street/City/State/Zip Code) 1102 W 32nd St Joplin, MO 64804		
<p>Check one. Do you:</p> <p><input checked="" type="checkbox"/> Support</p> <p><input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Neutral</p> <p>Other Information:</p> <p>_____</p> <p>_____</p>		<p>Relationship to Project:</p> <p><input type="checkbox"/> None</p> <p><input checked="" type="checkbox"/> Employee</p> <p><input type="checkbox"/> Legal Counsel</p> <p><input type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Lobbyist</p> <p><input type="checkbox"/> Other (explain):</p> <p>_____</p> <p>_____</p>
<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  Megan Carlson D.O.		Date 6/11/25



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 Dr. Brendan Gorman, DO	Title Urologist
--	--------------------

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 417-347-1111
---	----------------------------------

Address (Street/City/State/Zip Code) 1102 W 32nd St Joplin, MO 64804

Check one. Do you:

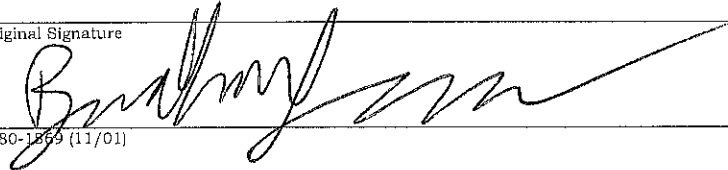
- ☒ Support
☐ Oppose
☐ Neutral

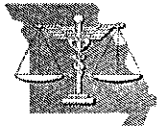
Relationship to Project:

- ☐ None
☒ Employee
☐ Legal Counsel
☐ Consultant
☐ Lobbyist
☐ 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: *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.*

Original Signature 	Date 6/11/25
---	-----------------



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 ***	\$0
3. Subtotal Construction Costs (#1 plus #2)	\$0
4. Architectural/Engineering Fees	\$0
5. Other Equipment (not in construction contract)	\$0
6. Major Medical Equipment	\$5,072,000
7. Land Acquisition Costs ***	\$0
8. Consultants' Fees/Legal Fees ***	\$0
9. Interest During Construction (net of interest earned) ***	\$0
10. Other Costs ***	\$0
11. Subtotal Non-Construction Costs (sum of #4 through #10)	\$5,072,000
12. Total Project Development Costs (#3 plus #11)	\$5,072,000 **

FINANCING:

13. Unrestricted Funds	\$0
14. Bonds	\$0
15. Loans	\$0
16. Other Methods (specify)	\$5,072,000
17. Total Project Financing (sum of #13 through #16)	\$5,072,000 **

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.



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

Quote Details

Quote ID	Q-00083119
Quote Date	5/28/2025
Valid Until	06/30/2025
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
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
Total				\$ 2,536,000.00

Part Number	Months	Item	Price	Annual Service Fee
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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
Subscription				
	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)

Divider II. Proposal Description

II. Proposal Description:

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

Freeman Health System in Joplin, Missouri, is a 459-bed, three-hospital system. As the only locally owned, not-for-profit health system in the area, Freeman focuses on meeting the health and wellness needs of those we serve as well as the needs of future generations. Our mission is "To improve the health of the communities we serve through contemporary, innovative, and quality healthcare solutions". With more than 300 physicians on staff representing more than 70 specialties, Freeman provides comprehensive oncology services, heart and vascular care, neurology, surgical services, interventional radiology, orthopedics, behavioral health care, children's services and women's services.

We are seeking approval to acquire two additional surgical robots. The purchase of these robots will allow our many skilled and trained surgeons to perform robotic procedures for patients in a variety of specialties. We plan to expand our robotic surgical procedures for cardiothoracic, gynecology, urology and general surgery cases. The opportunity to move some of these existing procedures from open and laparoscopic to robotic assisted has numerous benefits – fewer complications, decreased length of stay, reduced blood loss, and lower doses of narcotic pain medication post-operatively leading to improve quality and patient outcomes.

The quote for the proposed surgical robots is attached as **Exhibit A**.

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

The proposed timeline of events is as follows:

▪ LOI Submitted	May 28, 2025
▪ LOI Approved	May 28, 2025
▪ CON Submitted	June 27, 2025
▪ CON Approval and Issuance	September 8, 2025
▪ Installation of DaVinci Robots (2)	September 2025
▪ Completion of Project	October 1, 2025

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

The map included in **Exhibit B** identifies the project location and the cities within a 15-mile radius of the project. The map was provided by the Bureau of Health Care Analysis and Data Dissemination, Missouri Department of Health and Senior Services.

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

Freeman Health System serves the communities in nineteen counties in Missouri, Kansas, Oklahoma and Arkansas. In Missouri, Freeman serves Jasper, Newton, McDonald, Barton, Vernon, Barry, Lawrence, Dade, and Greene counties. In Kansas, the counties served are Cherokee, Crawford, Labette and Bourbon. In Oklahoma, Freeman serves Ottawa, Craig and Delaware Counties. In Arkansas, Freeman serves Benton county.

The map in **Exhibit C** identifies the counties that are part of Freeman's primary, secondary and tertiary service areas.

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

The following table provides population estimates for Missouri counties in Freeman Health System's primary and secondary service areas. The estimates were provided by the Office of Administration Division of Budget and Planning.

<https://info.mo.gov/OA/bp/projections/TotalPop.pdf>

County	2030 Projected Total Population
Jasper	152,490
Barton	13,730
Newton	66,663
McDonald	28,078
Vernon	19,465

In addition to the five Missouri counties and 280,426 residents identified in the previous section, Freeman Health System also serves five counties in Kansas and Oklahoma in its secondary service area.

The table below provides 2031 population estimates for the five counties:

County	2031 Projected Total
Cherokee (KS)	19,130
Crawford (KS)	40,180
Labette (KS)	18,053
Ottawa (OK)	30,060
Delaware (OK)	56,200
Total:	163,623

The Kansas and Oklahoma population estimates above were sourced from U.S. Census Bureau, population estimates, and CEDBR Analysis.

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

As a trusted provider in the community, we would like the ability to provide our patients with access to state-of-the-art technology for surgical procedures within our facility, offering providers control over treatment scheduling and care management, without the need to go elsewhere. The acquisition of these additional surgical robots will reduce the patient wait times due to accessibility, allow for the expansion of robotic surgical procedures to additional specialties, and continue to improve the quality and outcomes of patients at Freeman Health System. We have reached 100% utilization of our current system and have maximized the total number of patients that can be performed on one robot without acquiring additional robots.

7. Provide historical utilization for each of the past three years and utilization projections through the first three full years of operation of the new equipment.

Since the inception of the robotic service line at Freeman Health System, the number of surgical procedures performed has steadily increased. Since 2023, we have reached a maximum capacity for the utilization of one system requiring us to seek the approval of additional robots to increase availability.

Historical utilization for the previous three years and projected utilization for three full years of operation is outlined below:

Fiscal Year	Historical	Projected
2023	647	
2024	794	
2025	784	
Year 1 (2026)		1009 (+225)
Year 2 (2027)		1459 (+450)
Year 3 (2028)		1909 (+450)
Year 4 (2029)		1909

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

We forecasted utilization by calculating the past 12-month volumes of open surgical cases and laparoscopic cases in the proposed specialties by robotically trained surgeons at Freeman Health System that could be converted over to robotic. Working with the surgeons in these specialties, we determined which procedures could be performed robotically if they had access to additional robots. We took into consideration which physicians are currently robotically trained as well as those being recruited to join our medical staff.

In addition, Freeman Health System projects 3% annual volume growth due to maturation of the program and projected increases in physician use and patient request for the surgical robot.

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

Members of the medical staff at Freeman Health System have informed the System's administrative team that patients have voiced their preference for robotic surgery over other surgical techniques. There is a growing trend within minimally invasive surgery where the preferred method of surgery is robotically assisted rather than laparoscopically performed.

A state-of-the-art robotic surgery system is a necessary technology to recruit surgeons who have been trained on robotic surgery in their residency and fellowship programs. It will be a critical tool in recruiting much-needed urologists, cardiothoracic surgeons, general surgeons, and gynecologists for our community. Without this expanded accessibility to technology, our providers are limited on their ability to practice their skill, as well as minimally invasive options being offered to patients.

Exhibit D is the public notice that ran in The Joplin Globe on June 26, 2025, to announce Freeman Health System is seeking approval for the acquisition and operation of additional surgical robots to be located at 1102 W 32nd Street, Joplin, MO 64804.

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

Please see attached letters of support from the following:

- Matthew Fry President and Chief Executive Officer
- Steve Graddy SVP, Chief Financial Officer

- Dr. Amanda Harrell DO, FACP, DABOM SVP, Chief Medical Officer
- Jeanee' Kennedy SVP, Chief Nursing officer
- Dr. Kevin Christian, DO FACS Surgery Service Line Director
- Dr. Cory Emmert, DO General Surgeon
- Dr. Brad Coy, DO General Surgeon
- Dr. Craig Chandler, DO Obstetrician Gynecologist
- Dr. Jessica Windschitl, DO Obstetrician Gynecologist
- Dr. Megan Carlson, DO Obstetrician Gynecologist
- Dr. Brendan Gorman, DO Urologist

11. Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper.

Exhibit D is the public notice that ran in The Joplin Globe on June 26, 2025, to announce Freeman Health System is seeking approval for the acquisition and operation of additional surgical robots to be located at 1102 W 32nd Street, Joplin, MO 64804.

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

Please see the attached letter sent to Mercy Hospital.



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

Quote Details

Quote ID	Q-00083119
Quote Date	5/28/2025
Valid Until	06/30/2025
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
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
Total				\$ 2,536,000.00

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
Subscription				
	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)

Exhibit B

1102 W 32nd Street
Joplin, MO, 64804
(Lat: 37.054317 & Long: -94.526702)

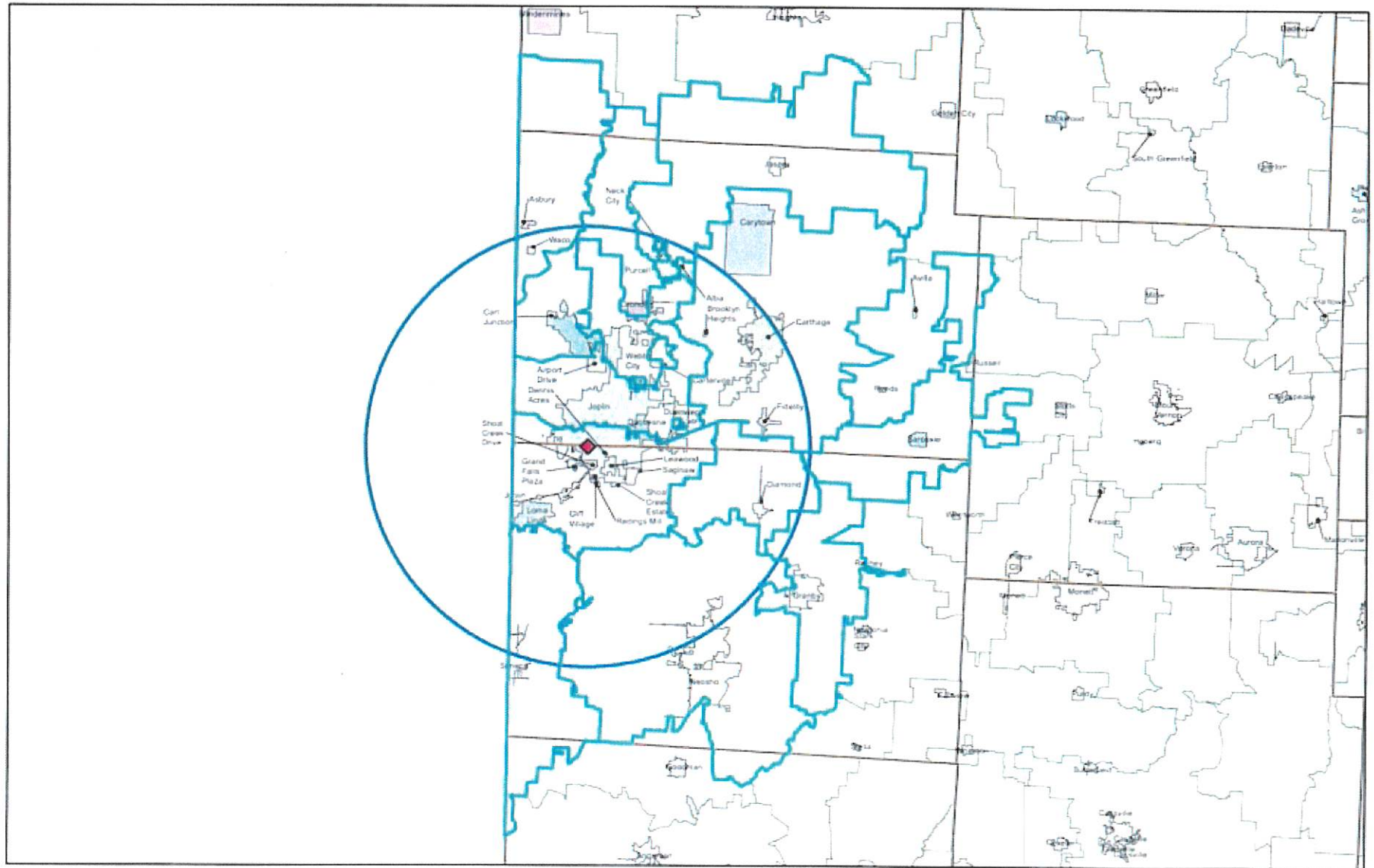


Exhibit C

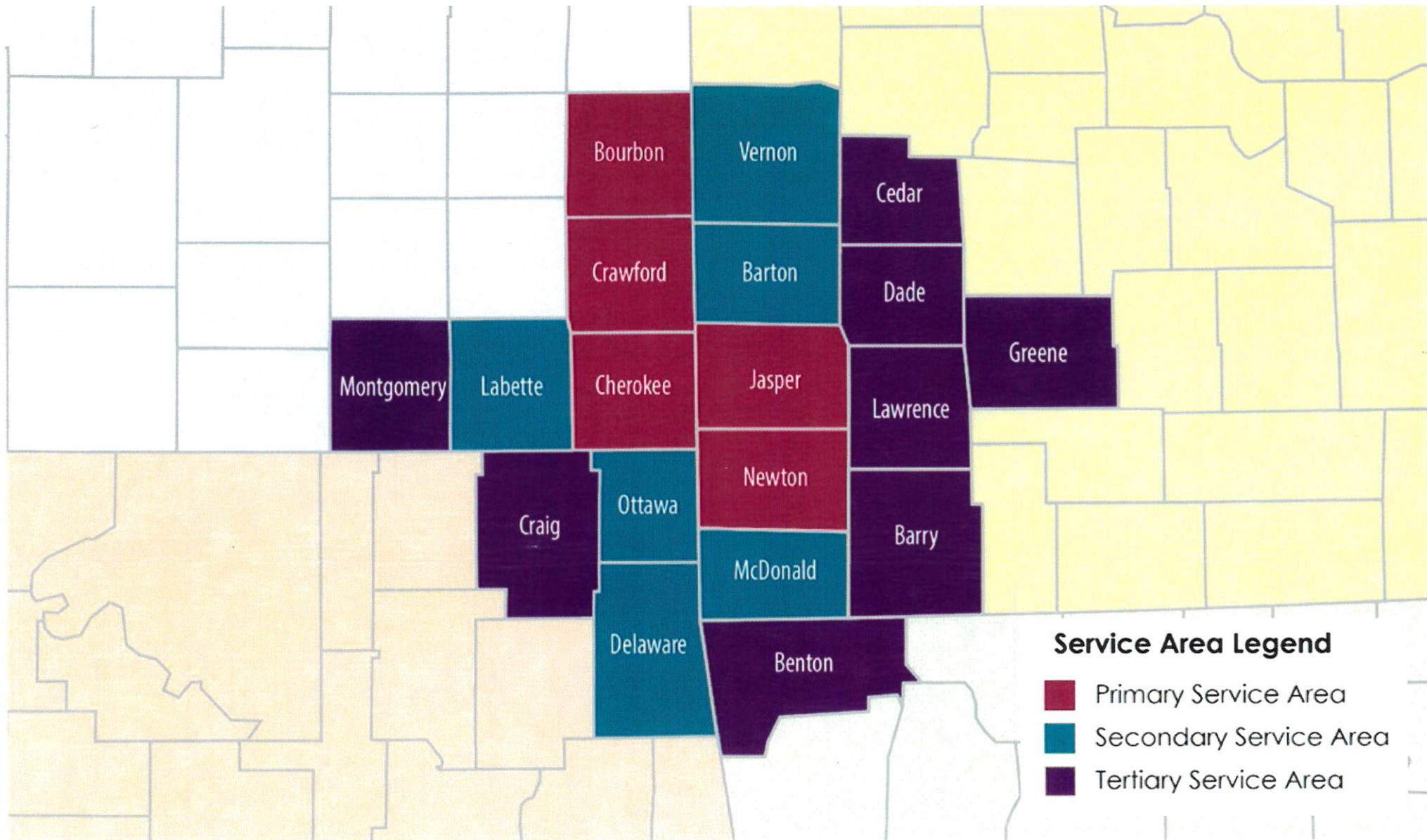


Exhibit D

THE JOPLIN GLOBE

DEPT 1220
PO BOX 4268
HOUSTON TX 77210-4268
(417) 623-3480

Fax(417) 623-1188

Advertising Memobill

1 Billing Period 06/2025		2 Advertiser/Client Name FREEMAN HEALTH SYSTEMS	
23 Cash Amount Due 226.84	Credit Card Amount Due 226.84		3 Terms of Payment
21 Current Net Amount Due .00	22 30 Days .00	60 Days .00	Over 90 Days .00
4 Page Number 1	5 Billing Date 06/25/25	6 Billed Account Number 68435	7 Advertiser/Client Number LEGAL. 68435

8 Billed Account Name and Address FREEMAN HEALTH SYSTEMS ANGELA MOUSER-MARKETING DEPT LOWER LEVEL 1001 MCINTOSH CIRCLE DRIVE JOPLIN MO 64804		Amount Paid: Comments: Ad #: 997460
---	--	---

Please Return Upper Portion With Payment

10 Date	11 Reference	12 13 14 Description-Other Comments/Charges	15 SAU Size 16 Billed Units	17 Times Run 18 Rate	19 Gross Amount	20 Net Amount
06/26/25	997460 LC	#997460/NEED OF APPROV PUBLISHED IN THE JOPLI 06/26/25 6X 07/03/25 03 JG INET	1X 15.00 15.00	6 2.81	226.84	226.84

Statement of Account - Aging of Past Due Amounts

21 Current Net Amount Due	22 30 Days	60 Days	Over 90 Days	Credit Card Amount Due	23 Cash Amount Due
0.00	0.00	0.00	0.00	226.84	226.84

THE JOPLIN GLOBE

(417) 623-3480

24 Invoice Number 997460	25 Billing Period 06/2025	6 Billed Account Number 68435	Advertiser Information 7 Advertiser/Client Number 68435		2 Advertiser/Client Name FREEMAN HEALTH SYSTEMS
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Exhibit D

THE JOPLIN GLOBE
DEPT 1220
PO BOX 4268
HOUSTON TX 77210-4268
(417) 623-3480
Fax (417) 623-1188

ORDER CONFIRMATION

Salesperson: LEGAL

Printed at 06/25/25 15:11 by jhowe

Acct #: 68435

Ad #: 997460

Status: New

FREEMAN HEALTH SYSTEMS
ANGELA MOUSER-MARKETING DEPT
LOWER LEVEL
1001 MCINTOSH CIRCLE DRIVE
JOPLIN MO 64804

Start: 06/26/2025 Stop: 07/03/2025
Times Ord: 6 Times Run: ***
STD 1.00 X 15.00 Words: 77
Total STD 15.00
Class: 147 LEGALS
Rate: LC Cost: 226.84
Affidavits: 1

Contact: ANGELA MOUSER
Phone: (417) 347-6621
Fax#: (417) 347-9772
Email: AMMouser@freemanhealth.com
Agency:

Ad Descrpt: #997460/NEED OF APPROVAL
Descr Cont: PUBLISHED IN THE JOPLIN G
Given by: MOUSER/EMAIL
P.O. #:
Created: jhowe 06/25/25 14:53
Last Changed: jhowe 06/25/25 14:58

PUB ZONE EDT TP RUN DATES
JG A 97 S 06/26,27,28 07/01,02,03
INET A 10 S 06/26,27,28 07/01,02,03

AUTHORIZATION

Thank you for advertising in The Joplin Globe, our related publications and online properties. If you are advertising in The Joplin Globe classifieds, your ad will begin running on the start date noted above.

Please be sure to check your ad proof for any corrections. Although we are happy to make corrections during our regular business hours, you are responsible for checking your ad proof prior to the publish date. Also, we reserve the right to edit or reclassify your ad to better serve buyers and sellers.

We appreciate your business.

Name (print or type)

Name (signature)

(CONTINUED ON NEXT PAGE)

Exhibit D

THE JOPLIN GLOBE
DEPT 1220
PO BOX 4268
HOUSTON TX 77210-4268
(417) 623-3480
Fax (417) 623-1188

ORDER CONFIRMATION (CONTINUED)

Salesperson: LEGAL

Printed at 06/25/25 15:11 by jhowe

Acct #: 68435

Ad #: 997460

Status: New

Published in The Joplin Globe
First published on June 26th, 2025
Freeman Health System is seeking
Certificate of Need approval from the
Missouri Health Facilities Review Com-
mittee for the acquisition and operation
of a surgical robot to be located at 1102
W. 32nd Street, Joplin, Missouri 64804.
Comments or questions about the mat-
ter should be addressed to Katrina
Richards, Freeman Health System,
1102 W. 32nd Street, Joplin, Missouri
64804.
Published on June 26th through July 3rd.
(997460)



June 11, 2025

Ms. Mackinzey Fick
Assistant Program Coordinator
Missouri CON Program
MO DHSS CON Program Office
Jefferson City, MO 65109

Dear Ms. Fick,

Freeman Health System is actively pursuing the ability to secure and install additional DaVinci surgical systems through the Certificate of Need application. I understand that the DaVinci robotic system is not new technology and has been in use since 2000 with the latest platform approved by the FDA in 2024. The acquisition and installation of additional DaVinci robotic systems will allow us to expand our current robotic fleet to serve more of our surgical patients' needs. Freeman Health System will ensure patients in need of robotic surgery will be afforded the appropriate care in a timely fashion.

I fully support Freeman Health System Certificate of Need application for securing additional DaVinci robotic systems.

Thank you,

A handwritten signature in black ink, appearing to read "Matthew Fry".

Matthew Fry

President and CEO



June 11, 2025

Ms. Mackinzey Fick

Assistant Program Coordinator

Missouri CON Program

MO DHSS CON Program Office

Jefferson City, MO 65109

Dear Ms. Fick,

Freeman Health System is actively pursuing the ability to secure and install additional DaVinci surgical systems through the Certificate of Need application. I understand that the DaVinci robotic system is not new technology and has been in use since 2000 with the latest platform approved by the FDA in 2024. The acquisition and installation of additional DaVinci robotic systems will allow us to expand our current robotic fleet to serve more of our surgical patients' needs. Freeman Health System will ensure patients in need of robotic surgery will be afforded the appropriate care in a timely fashion.

I fully support Freeman Health System Certificate of Need application for securing additional DaVinci robotic systems.

Thank you,

A handwritten signature in blue ink, appearing to read 'Steve W. Graddy', is written over a light blue horizontal line.

Steve Graddy

SVP, Chief Financial Officer



June 11, 2025

Ms. Mackinzey Fick

Assistant Program Coordinator

Missouri CON Program

MO DHSS CON Program Office

Jefferson City, MO 65109

Dear Ms. Fick,

Freeman Health System is actively pursuing the ability to secure and install additional DaVinci surgical systems through the Certificate of Need application. I understand that the DaVinci robotic system is not new technology and has been in use since 2000 with the latest platform approved by the FDA in 2024. The acquisition and installation of additional DaVinci robotic systems will allow us to expand our current robotic fleet to serve more of our surgical patients' needs. Freeman Health System will ensure patients in need of robotic surgery will be afforded the appropriate care in a timely fashion.

I fully support Freeman Health System Certificate of Need application for securing additional DaVinci robotic systems.

Thank you,

A handwritten signature in black ink, appearing to read 'A Harrell', written over a horizontal line.

Amanda Harrell, DO, FACP, DABOM

SVP, Chief Medical Officer



June 11, 2025

Ms. Mackinzey Fick
Assistant Program Coordinator
Missouri CON Program
MO DHSS CON Program Office
Jefferson City, MO 65109

Dear Ms. Fick,

Freeman Health System is actively pursuing the ability to secure and install additional DaVinci surgical systems through the Certificate of Need application. I understand that the DaVinci robotic system is not new technology and has been in use since 2000 with the latest platform approved by the FDA in 2024. The acquisition and installation of additional DaVinci robotic systems will allow us to expand our current robotic fleet to serve more of our surgical patients' needs. Freeman Health System will ensure patients in need of robotic surgery will be afforded the appropriate care in a timely fashion.

I fully support Freeman Health System Certificate of Need application for securing additional DaVinci robotic systems.

Thank you,

A handwritten signature in black ink, appearing to read 'Jeanee' Kennedy'. The signature is fluid and cursive, with a large loop at the end.

Jeanee' Kennedy

SVP, Chief Nursing Officer



June 11, 2025

Ms. Mackinzey Fick

Assistant Program Coordinator

Missouri CON Program

MO DHSS CON Program Office

Jefferson City, MO 65109

Dear Ms. Fick,

Freeman Health System is actively pursuing the ability to secure and install additional DaVinci surgical systems through the Certificate of Need application. I understand that the DaVinci robotic system is not new technology and has been in use since 2000 with the latest platform approved by the FDA in 2024. The acquisition and installation of additional DaVinci robotic systems will allow us to expand our current robotic fleet to serve more of our surgical patients' needs. Freeman Health System will ensure patients in need of robotic surgery will be afforded the appropriate care in a timely fashion.

I fully support Freeman Health System Certificate of Need application for securing additional DaVinci robotic systems.

Thank you,

A handwritten signature in black ink, appearing to be 'KC' with a stylized flourish.

Kevin Christian, DO FACS

Surgery Service Line Director



June 11, 2025

Ms. Mackinzey Fick

Assistant Program Coordinator

Missouri CON Program

MO DHSS CON Program Office

Jefferson City, MO 65109

Dear Ms. Fick,

Freeman Health System is actively pursuing the ability to secure and install additional DaVinci surgical systems through the Certificate of Need application. I understand that the DaVinci robotic system is not new technology and has been in use since 2000 with the latest platform approved by the FDA in 2024. The acquisition and installation of additional DaVinci robotic systems will allow us to expand our current robotic fleet to serve more of our surgical patients' needs. Freeman Health System will ensure patients in need of robotic surgery will be afforded the appropriate care in a timely fashion.

I fully support Freeman Health System Certificate of Need application for securing additional DaVinci robotic systems.

Thank you,

A handwritten signature in black ink, appearing to read 'Brad Coy'. The signature is fluid and cursive, with a large loop at the end.

Brad Coy, DO

General Surgeon



June 11, 2025

Ms. Mackinzey Fick
Assistant Program Coordinator
Missouri CON Program
MO DHSS CON Program Office
Jefferson City, MO 65109

Dear Ms. Fick,

Freeman Health System is actively pursuing the ability to secure and install additional DaVinci surgical systems through the Certificate of Need application. I understand that the DaVinci robotic system is not new technology and has been in use since 2000 with the latest platform approved by the FDA in 2024. The acquisition and installation of additional DaVinci robotic systems will allow us to expand our current robotic fleet to serve more of our surgical patients' needs. Freeman Health System will ensure patients in need of robotic surgery will be afforded the appropriate care in a timely fashion.

I fully support Freeman Health System Certificate of Need application for securing additional DaVinci robotic systems.

Thank you,

A handwritten signature in blue ink, appearing to read 'Cory Emmert'.

Cory Emmert, DO

General Surgeon



June 11, 2025

Ms. Mackinzey Fick

Assistant Program Coordinator

Missouri CON Program

MO DHSS CON Program Office

Jefferson City, MO 65109

Dear Ms. Fick,

Freeman Health System is actively pursuing the ability to secure and install additional DaVinci surgical systems through the Certificate of Need application. I understand that the DaVinci robotic system is not new technology and has been in use since 2000 with the latest platform approved by the FDA in 2024. The acquisition and installation of additional DaVinci robotic systems will allow us to expand our current robotic fleet to serve more of our surgical patients' needs. Freeman Health System will ensure patients in need of robotic surgery will be afforded the appropriate care in a timely fashion.

I fully support Freeman Health System Certificate of Need application for securing additional DaVinci robotic systems.

Thank you,

A handwritten signature in black ink, appearing to read 'Jessica Windschitl'. The signature is fluid and cursive, with a large loop at the beginning and a series of smaller loops and strokes that form the rest of the name.

Jessica Windschitl, DO

Obstetrician and Gynecologist



June 11, 2025

Ms. Mackinzey Fick

Assistant Program Coordinator

Missouri CON Program

MO DHSS CON Program Office

Jefferson City, MO 65109

Dear Ms. Fick,

Freeman Health System is actively pursuing the ability to secure and install additional DaVinci surgical systems through the Certificate of Need application. I understand that the DaVinci robotic system is not new technology and has been in use since 2000 with the latest platform approved by the FDA in 2024. The acquisition and installation of additional DaVinci robotic systems will allow us to expand our current robotic fleet to serve more of our surgical patients' needs. Freeman Health System will ensure patients in need of robotic surgery will be afforded the appropriate care in a timely fashion.

I fully support Freeman Health System Certificate of Need application for securing additional DaVinci robotic systems.

Thank you,

A handwritten signature in black ink, appearing to read 'C. Chandler, DO'. The signature is fluid and cursive, with a large initial 'C' and a distinct 'DO' at the end.

Craig Chandler, DO

Obstetrician Gynecologist



June 11, 2025

Ms. Mackinzey Fick

Assistant Program Coordinator

Missouri CON Program

MO DHSS CON Program Office

Jefferson City, MO 65109

Dear Ms. Fick,

Freeman Health System is actively pursuing the ability to secure and install additional DaVinci surgical systems through the Certificate of Need application. I understand that the DaVinci robotic system is not new technology and has been in use since 2000 with the latest platform approved by the FDA in 2024. The acquisition and installation of additional DaVinci robotic systems will allow us to expand our current robotic fleet to serve more of our surgical patients' needs. Freeman Health System will ensure patients in need of robotic surgery will be afforded the appropriate care in a timely fashion.

I fully support Freeman Health System Certificate of Need application for securing additional DaVinci robotic systems.

Thank you,

A handwritten signature in blue ink, appearing to be "Megan Carlson", written over a horizontal line.

Megan Carlson, DO

Obstetrician and Gynecologist



June 11, 2025

Ms. Mackinzey Fick

Assistant Program Coordinator

Missouri CON Program

MO DHSS CON Program Office

Jefferson City, MO 65109

Dear Ms. Fick,

Freeman Health System is actively pursuing the ability to secure and install additional DaVinci surgical systems through the Certificate of Need application. I understand that the DaVinci robotic system is not new technology and has been in use since 2000 with the latest platform approved by the FDA in 2024. The acquisition and installation of additional DaVinci robotic systems will allow us to expand our current robotic fleet to serve more of our surgical patients' needs. Freeman Health System will ensure patients in need of robotic surgery will be afforded the appropriate care in a timely fashion.

I fully support Freeman Health System Certificate of Need application for securing additional DaVinci robotic systems.

Thank you,

Brendan Gorman, DO

Urologist

A handwritten signature in black ink, appearing to read 'Brendan Gorman', written over a horizontal line.



1102 W. 32nd St.
Joplin, MO 64804
www.freemanhealth.com
Phone: 417-347-1111

June 24, 2025

Jeremy Drinkwitz, President, Mercy Joplin Communities
Mercy Hospital
100 Mercy Way
Joplin, MO 64804

Dear Jeremy,

Freeman Health System is actively pursuing the ability to secure and install additional DaVinci surgical systems through the Certificate of Need application. The acquisition and installation of additional DaVinci robotic systems will allow us to expand our current robotic fleet to serve more of our surgical patients' needs. A new regulation specifies that hospitals in the area be notified directly.

If you have any questions or concerns about implementation of the project, please contact Jessica Thomas, Director of Perioperative Services, at jrthomas2@freemanhealth.com.

Thank you,

A handwritten signature in black ink, appearing to read 'Matthew Fry', is positioned above the printed name.

Matthew Fry
President and CEO

Divider III. Service Specific Criteria and Standards

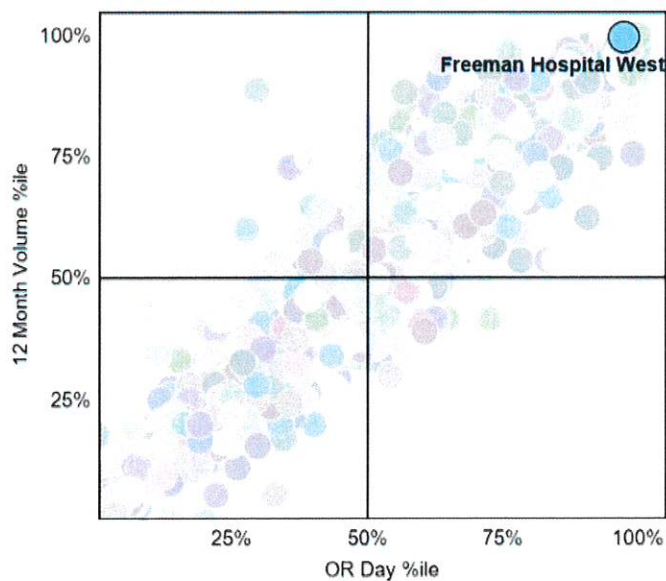
III. Service Specific Criteria and Standards:

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

Freeman Health System currently owns 1 DaVinci robot. Based on the total volumes demonstrated on the utilization and projection chart and the service specific revenues and expenditures form, Freeman Health had above industry standards for total volume performed on one unit. As the graph below demonstrates, Freeman Health is best in class compared to peers.

Freeman Hospital West

Best in class utilization compared to peers with 1 system



In addition, the one DaVinci unit is over 100% utilized during primetime hours, as defined by 0700-1700 Monday-Friday. The current surgeons are utilizing 100% of the available block time for robotic surgery, limiting those who wish to have additional robotic time. Freeman Health System has a robotically trained cardiothoracic surgeon joining full-time in August 2025 and a general surgeon joining full-time in 2026. Existing surgeons and new recruits are requesting additional access to a robot.

Freeman with 101% Robot Utilization

Freeman well above goal utilization for robotic systems (70%)

Total cases

338

↑ 2

Daily avg 4

Max cases per day 6

Avg system case time

1h 10m

↓ 0h 0m

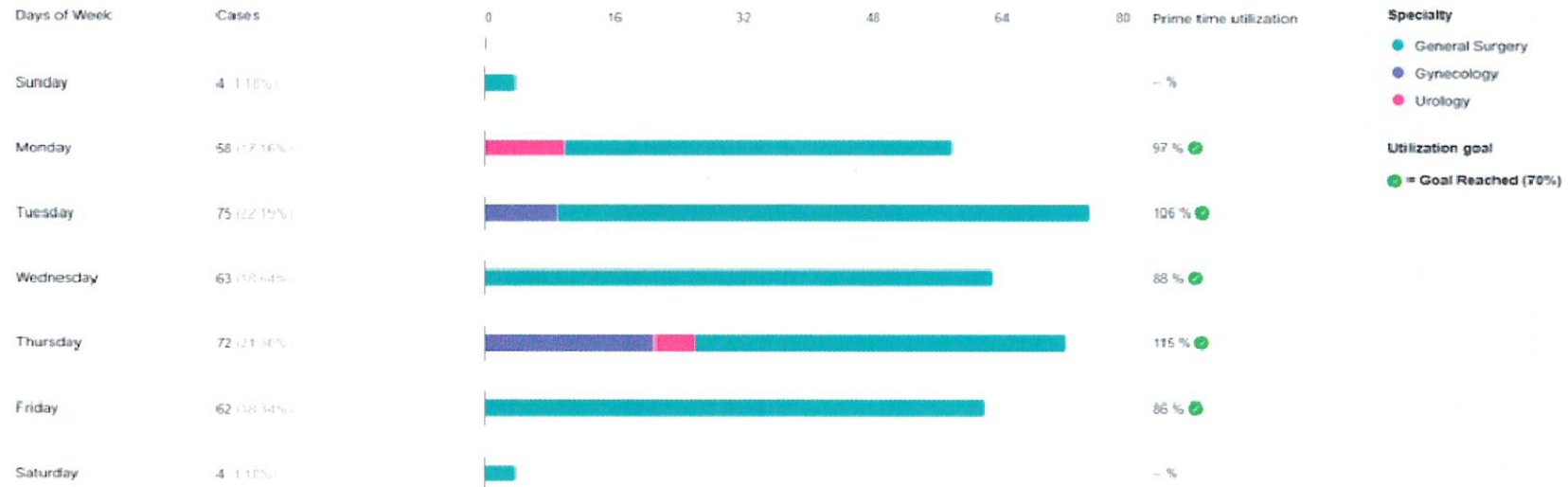
Avg daily start 08:15 am

Prime time utilization

101%

↑ 3%

Compare by Days of the week



Divider IV. Financial Feasibility Review Criteria and Standards

IV. Financial Feasibility Review Criteria and Standards:

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.

The enclosed documents in **Exhibit E** provide the following:

- An internal memo from Michael Sanders, Vice President of Finance, stating Freeman Health System has multiple financing options available. This memo also outlines that Freeman Health System plans to use the AMP model to finance the robotic equipment through Intuitive.
- Memo from Great Southern Bank identifying lines of credit available to Freeman Health System with a borrowing capacity of \$5,000,000.

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

Please see the attached Form MO-1865

Assumptions in projections:

- 5% Charge increase per year
- Payments increase 3% per year
- Salaries increase 3% per year
- AMP Fee is \$2,154 per patient use and 20% of current DaVinci cases will move to the AMP model. All new robotic cases will be on AMP.
- Supplies increase 5% per year
- Other increases 3% per year
- Overhead increases 3% per year, but no new overhead for new cases outside of the system. Assume 70% of new cases are brand new cases to the system.

3. Document how patient charges were derived.

System charges are captured through various modules: OR charges based on time, central supply, implants, and pharmacy are entered at the time of service. Any ancillary services such as imaging, laboratory, etc. are also added to the account. All facility charges are billed on a UB04 claim. Physician charges are coded and billed separately on a 1500 claim based on operative reports.

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

Freeman Health System's mission is to improve the health of the communities we serve through contemporary, innovative, quality healthcare solutions. As a 501(c)(3) organization, Freeman Health System does not operate for the benefit of private interests, and no part of the organization's net earnings are intended to benefit any private shareholder or individual.

The following documents provide Freeman Health System's Financial Assistance Policy **Exhibit F**, which directly addresses the financially and medically indigent, and Freeman's 2022 Community Benefit Report **Exhibit G** to provide scope.



Memorandum

TO: Department of Health and Senior Services – Certificate of Need Unit
FROM: Michael Sanders, Vice President of Finance, Freeman Health System
SUBJECT: Surgical Robot Certificate of Need
DATE: June 19, 2025

Freeman Health System has several options available to finance the acquisition of the equipment, construction and start up expenses associated with adding surgical robotic services. Financing options include:

- > Cash generated from operations
- > Freeman Unrestricted Investment account, 3/31/25 balance of \$239,743,735
- > daVinci Accelerated Minimally Invasive Program (AMP) – Pay Per Use Fee Model
- > Private placement debt with one of Freeman Health System's banking partners
- > Public issuance of debt through Health Facilities Revenue Bonds

Freeman plans to use the AMP model to finance the robotic equipment. For documentation purposes, the March 31, 2025 unrestricted account statements are available upon request.

A handwritten signature in blue ink that reads "Michael Sanders". The signature is written in a cursive, flowing style.

Michael Sanders, Vice President of Finance

Exhibit E



6/26/25

To whom it may concern,

The purpose of this communication is to advise that Freeman Health System has maintained a deposit relationship with Great Southern Bank since 2004 and consistently maintains liquidity and capital reserves sufficient to support an expenditure of \$5 Million or more.

Please feel free to contact me directly if any additional information is required, 417-895-4714 or dhelm@greatsouthernbank.com

Thank you,



Dovie Helm
Treasury Management Officer
1451 E Battlefield
Springfield, MO 65804



Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES**Project Title:** Expansion of Robotic Service Line**Project #:** 6219 HS**Historical Financial Data for Latest Three Full Years plus
Projections Through Three Full Years Beyond Project Completion**

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

	Year		
	<u>FY23</u>	<u>FY24</u>	<u>FY25</u>
Amount of Utilization:*	<u>647</u>	<u>794</u>	<u>784</u>
Revenue:			
Average Charge**	<u>\$42,894</u>	<u>\$49,606</u>	<u>\$50,648</u>
Gross Revenue	<u>\$27,752,418</u>	<u>\$39,387,164</u>	<u>\$39,708,032</u>
Revenue Deductions	<u>21,554,533</u>	<u>31,027,043</u>	<u>31,810,341</u>
Operating Revenue	<u>6,197,885</u>	<u>8,360,121</u>	<u>7,897,691</u>
Other Revenue	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL REVENUE	<u>\$6,197,885</u>	<u>\$8,360,121</u>	<u>\$7,897,691</u>
Expenses:			
Direct Expenses			
Salaries	<u>1,446,203</u>	<u>2,283,897</u>	<u>2,139,802</u>
Fees	<u>0</u>	<u>0</u>	<u>0</u>
Supplies	<u>1,067,864</u>	<u>1,737,057</u>	<u>1,800,952</u>
Other	<u>805,031</u>	<u>1,077,445</u>	<u>1,067,287</u>
TOTAL DIRECT	<u>\$3,319,098</u>	<u>\$5,098,399</u>	<u>\$5,008,041</u>
Indirect Expenses			
Depreciation	<u>341,855</u>	<u>349,616</u>	<u>356,935</u>
Interest***	<u>0</u>	<u>0</u>	<u>0</u>
Rent/Lease	<u>0</u>	<u>0</u>	<u>0</u>
Overhead****	<u>1,725,858</u>	<u>2,611,455</u>	<u>2,667,858</u>
TOTAL INDIRECT	<u>\$2,067,713</u>	<u>\$2,961,071</u>	<u>\$3,024,793</u>
TOTAL EXPENSES	<u>\$5,386,811</u>	<u>\$8,059,470</u>	<u>\$8,032,834</u>
NET INCOME (LOSS):	<u>\$811,074</u>	<u>\$300,651</u>	<u>-\$135,143</u>

*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:****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.

Exhibit F

Name: Financial Assistance Policy**Path:** \\ SUPPORT DEPARTMENTS POLICIES\
Patient Accounts**Number:** 250922 (To copy the link to this policy, please
right click the browser url and left click COPY)**Status:** Active [Dawson, Virginia Ann]**Effective Date:** 4/23/2010 12:00 AM**Supersedes:****Corporation(s):**

Corporation
Fort Scott
Joplin
Neosho

Approval(s): CEO or COO

Employee	Decision	Date
Dawson, Virginia Ann	Approved	3/20/2025 9:27:36 AM
Wilson, Lindsay Dawn	Approved	7/1/2019 2:10:57 PM
Gaudette, Kevin Paul	Approved	7/3/2019 7:49:55 AM
Apfelbaum, Lisa Marie	Approved	7/1/2019 11:23:21 AM
Blades, Joette Lynn	Approved	4/22/2022 11:35:54 AM

Department(s):

Dept #	Department
01.66270	FHS HOME CARE
01.68100	FHS AMBULANCE
01.99600	FHS PROF SUPPORT
01.68050	FHS HEALTH ESSENT
01.72100	FHS ADMISSIONS
01.72200	FHS PATIENT ACCTS
04.72100	FNH ADMISSIONS
04.72200	FNH PATIENT ACCTS
04.99600	FNH PROF SUPPORT

Notify All Employees: ☒**Revisions:** 04/2010 , 03/2011 , 05/2011 , 03/2013 ,
08/2014 , 09/2014 , 08/2015 , 03/2016 ,
02/2017 , 12/2017 , 07/2019**Reviews:** Apfelbaum, Lisa Marie-
02/2025 , Apfelbaum, Lisa
Marie-02/2024 ,
Apfelbaum, Lisa Marie-
12/2023 , Apfelbaum, Lisa
Marie-01/2023 ,
Apfelbaum, Lisa Marie-
04/2022 ,
Kaughman, Holly
Elizabeth-03/2022 ,
Apfelbaum, Lisa Marie-
06/2021 , Apfelbaum, Lisa
Marie-06/2020 ,
Apfelbaum, Lisa Marie-
04/2019 , Apfelbaum, Lisa
Marie-04/2019 ,
Apfelbaum, Lisa Marie-
01/2018 , Apfelbaum, Lisa
Marie-10/2012 ,
Apfelbaum, Lisa Marie-
02/2012 , Apfelbaum, Lisa
Marie-08/2010

Special Approvals:

Reviewer(s): Gaudette, Kevin Paul
 [01.70000] FHS ADMINISTRATION
 [1000621] CHIEF REVENUE OFFICER
Position

Keywords:

Apfelbaum, Lisa Marie
 [01.72200] FHS PATIENT ACCTS
 [1001083] DIR PATIENT FINANCIAL SVCS
Primary Reviewer Position

Activation Notice(s):

No files to display.

PURPOSE:

Freeman Health System is a non-for-profit health system offering financial assistance to the community we serve. Freeman provides assistance without regard to race, color, ethnicity, gender, religion, age, disability, sexual orientation, or religious affiliation, or national origin. Services covered under the Financial Assistance (FA) policy must be deemed as: Emergency Medical care or Medically Necessary care and may follow CMS Medical Necessity Guidelines as appropriate.

POLICY STATEMENT:

Freeman Health System financial assistance policy covers the following entities: Freeman Hospital West/East, Urgent Care, Home Health, Neosho Hospital, Freeman Physician Groups, and Surgery Center of Pittsburgh.

The Freeman Health System program offers Financial Assistance for the following:

- Medical Care (Emergent and Medically Necessary)
- Catastrophic Emergent and Medically Necessary Care
- Premium Assistance
- Outpatient Pharmaceuticals

Freeman Health System will make reasonable efforts to notify patients that they may qualify for financial assistance and how to apply including but not limited to postings in the admitting office, emergency rooms, physician offices, and other non-obscure areas within our patient care locations. Freeman will also notify customers of our financial assistance program on billing statements, letters, and other printed material. Financial assistance information is posted on the Freeman Health System website and copies of this policy can be obtained at admitting areas and the business office.

ELIGIBILITY:

The Freeman Health System typically bases eligibility on income and residency.

Income: Financial assistance is typically granted to eligible insured and uninsured patients with incomes not exceeding 250% of the Federal Poverty Level.

- Insured patient balances due to:
 - o Coinsurance, copay, and deductible.
 - o Where there is no contractual obligation with the payer.
 - o Charges where insured patients have exhausted benefits and are otherwise responsible for remaining amounts.
 - o Patients eligible for Medicaid or other indigent care programs where service is non-covered.
 - o Patients eligible for Medicaid or other indigent care programs where charges have exceeded the approved length of stay.
- Self-pay discount given to uninsured patients that meet guidelines for financial assistance under: (Financial Assistance, Presumptive eligibility based predictive model or Presumptive eligibility based on life circumstances) will be applied to charges approved for patients under financial assistance.

Residency: To be eligible for financial assistance, the applicant must be permanently residing in the Freeman Health System primary or secondary service area (See Exhibit A: service area). There may be exceptions to this residency requirement if an out-of-area resident is being treated for a life-threatening injury or condition.

US Citizenship/Immigration Status: Financial assistance is available to non-citizen immigrants legally residing in the Freeman Health System service area. Non-citizen applicants will be asked to provide an Alien Resident Card or a United States Citizen Identification Card to be considered for eligibility. Immigrants in the United States with a status of visitor, student or any person who has a "temporary" or "pending" status may not qualify for financial assistance.

ELIGIBLE SERVICES:

1. Emergency medical care provided in an emergency setting.
2. Medically necessary care, which is reasonably calculated to prevent, diagnosis, correct, cure, alleviate, or

prevent the worsening of conditions in a patient which:

- Endanger life.
 - Cause suffering or pain.
 - Results in illness or infirmity.
 - Threaten to cause or aggravate a handicap; or
 - Cause physical deformity or malfunction.
3. Medical services provided in a non-emergency setting for needs that may threaten life.
 4. The following Health Essentials services:
 - a. Oxygen therapy
 - b. c-pap and bi-pap
 - c. Group 2 and Group 3 wheelchairs
 - d. Invasive and non-invasive ventilators
 5. McDonald County ambulance services.
 6. The services of Freeman Health System physicians provided in the Freeman Health System facilities covered under this policy.
 7. Service provided by Ozark Center physicians and in-patients at Freeman Health System Hospitals.
 8. The services of contracted emergency department physicians, not employed by Freeman Health System.
- For a complete list of providers that are covered by this policy, as well as those not covered under this policy, (See Exhibit B: Covered provider list).

Exclusions:

Services not eligible for financial assistance include:

1. A service or item is not medically necessary if there is another service or item for the recipient that is equally safe and effective and substantially less costly including, when appropriate, no treatment at all.
2. Experimental services or services which are generally regarded by the medical profession as unacceptable treatment are not medically necessary.
3. Health Essentials services are excluded, except for the specific service listed above as eligible services.
4. Air ambulance services provided to or from non-Freeman Health System facilities, or non-Freeman Health System ambulance services.
5. Services that are elective, experimental, cosmetic, or packaged price procedures.
6. Service provided by Ozark Center physicians at Ozark Center out-patient facilities.
7. Services provided in Freeman Health System facilities by non-Freeman Health System providers. Patients are urged to contact these providers directly to inquire into their assistance policies.

Financial assistance is not offered to insured patients for any amount due after insurance if the patient fails to get the required referrals or insurance approvals or is seeking or has received out-of-network care for non-emergent services. Financial assistance is offered to insured patients providing that the insurance contract allows it. Patients possessing tax-advantaged, personal health accounts such as a Health Savings Account, a Health Reimbursement Arrangement or a Flexible Spending Account will be expected to utilize account funds prior to being granted financial assistance.

EMERGENCY MEDICAL POLICY:

Freeman Health System will provide emergency care in accordance with the Federal Emergency Medical Treatment and Labor Act (EMTALA) regulations. No patient will be screened for financial assistance or payment information prior to receiving medical treatment in emergency situations. Emergency care will be provided at an equal level to all patients, regardless of ability to pay. Collection actions that discourage people from seeking emergency medical care, such as requiring upfront payments or permitting debt collection activities that interfere with provision of emergency medical care, are prohibited under this policy.

FINANCIAL ASSISTANCE:

Financial assistance may be provided to patients, or their guarantors, who meet the income, assets, and residency guidelines under this policy.

Free Care: The full cost of care for eligible services provided at Freeman Health System are waived and covered for the patient, or guarantor, if the following guidelines are met:

1. The applicant meets eligibility criteria and has annual household income that does not exceed 100% of the

Federal Poverty Level, and.

2. Other coverage and payment sources have been examined and applications submitted for private coverage, including but not limited to: HSA, HRA, public medical assistance programs, and other forms of financial assistance offered by third parties.

Free Care with Fixed Co-payment: The cost of care for eligible services provided at Freeman Health System is waived, except for fixed co-payment.

(See Exhibit C: Income guidelines) if the following guidelines are met:

1. The applicant meets eligibility criteria and has annual household income more than 100% Federal Poverty Level but no exceeding 200% of the Federal Poverty Level, and.

2. Other coverage and payment sources have been examined and applications submitted for private coverage, public medical assistance programs, and other forms of financial assistance offered by third parties.

The free care fixed co-payment will be an amount as described in Exhibit C: (Income guidelines). Patients with insurance will pay the free care fixed co-payment, in addition to any co-payment required by their insurance plan for the specific visit.

Partial Discounted Care: The cost of care for eligible services provided at Freeman Health System are discounted for the patient, or guarantor, if the following guidelines are met:

1. The applicant meets eligibility criteria and has an annual household income more than 200% Federal Poverty Level but not exceeding 250% of the Federal Poverty Level, and

2. Other coverage and payment sources have been examined and applications submitted for private coverage, including but not limited to: HSA, HRA, public medical assistance programs, and other forms of financial assistance offered by third parties.

Under the partial discount, patients will pay the amount as described in Exhibit C: (income guidelines). Patients with insurance will be required to also pay any co-payment required by their insurance plan for the specific visit.

Catastrophic Assistance: Freeman Health System may provide financial assistance for eligible patients, or their guarantors, with household income greater than 250% of the federal poverty level when Freeman Health System medical bills exceed 30% of household income. Patients, or their guarantors, meeting the threshold for catastrophic eligibility will have their Freeman Health System charges reduced to an amount equal to 30% of family income.

COBRA Premium Assistance: Patients, or guarantors, with annual household income not exceeding 250% Federal Poverty Level may qualify for COBRA premium assistance. Patients, or guarantors, are expected to apply for programs and other funding sources identified by Freeman Health System, including COBRA coverage, which extends health insurance benefits for a limited time once employment ends. If COBRA coverage is possible and the patient does not receive Medicare or Medicaid, an eligible patient, or patient guarantor, may provide COBRA premium notice and Freeman Health System may pay this cost for a limited time while the patient or guarantor obtains other health insurance coverage. Patients that qualify for premium assistance should already have coverage established and will not be bound to Freeman Health System for their healthcare needs. Premium assistance review is bound to the policy guidelines of 90 days.

Out-Patient Pharmacy Assistance: This program is for patients being discharged from the hospital as an in-patient or from an emergency department, urgent care clinic, or the Stephens Unit who need medication to continue treating a condition diagnosed by Freeman Health System physician. Medications prescribed by a primary care physician in a clinic/office setting are excluded.

This benefit may also be available under situations for established patients of Freeman Clinics requiring medications to save lives or sustain life. This may include outpatient oral cancer drugs and associated medications. This benefit cannot be combined with other available benefits such as Drug Manufacturing Grants and or Financial Aid. Patients not eligible for this benefit may be considered for assistance equal to our 340B cost for drug. Drugs eligible for Financial Assistance benefit must be filled at our Freeman West Hospital Quick Med location, any pricing for 340B will be established at the time of the prescription being filled by pharmacy.

Out-patient pharmacy benefits are limited to two occurrences in a 12-month period. There is a maximum benefit of \$250.00 per episode, not to be combined by individuals who qualify. Requests for assistance must be made at the time of prescription drop-off at Freeman Health System Hospital Pharmacy location with application completed.

Pharmacy assistance will be available only for prescription medications that are part of the Freeman Health System drug formulary and in accordance with formulary requirements. Certain medications may be excluded from coverage of benefits such as prescription cough suppressants. This program will cover non-name brand medications. In the event the prescribed medication is not available in the form of a "generic" brand, the pharmacist will use discretion for determination of coverage.

Pharmacists will review prescriptions and patient history for approval. Benefits for pain-relieving medications will be

reviewed to determine if treatment is a result of an acute injury or accident. Benzodiazepines may be dispersed with a maximum quantity 20 pills provided for patients of outpatient status. (Inpatient discharges may not be subject to quantity limitations)

Freeman Pharmacist reserves the right to deny prescriptions based on need and availability.

APPLICATION AND DOCUMENTATION:

Applications for financial assistance must be submitted within 240 days from the date of the first post-discharge statement. Applicants will be screened for potential Medicaid eligibility as well as coverage by other sources, including governmental programs. When applying for assistance, an applicant must cooperate with Freeman Health System to explore available third-party coverage. Assistance will be provided to patients in applying for Medicaid or other programs. All available health insurance or grant resources must be exhausted before consideration for financial assistance. Patients who choose not to cooperate in applying for programs may be denied financial assistance. During this screening process, a financial assistance application will be completed. If the applicant is found ineligible for Medicaid or other coverage, a financial assistance eligibility determination will be made. If the patient does not meet state Medicaid criteria, it is not necessary to process an application through that program.

APPLICANTS MUST PROVIDE THE FOLLOWING DOCUMENTS WITH THEIR APPLICATION:

1. Proof of identity (driver's license, or other photo ID with patients' address)
2. Proof of annual income (copies of the previous year's income tax return)
3. Proof of current income (copy of employers check stub(s) for all employers where employees worked in the current year.

No applicant will be denied assistance based on failure to provide information or documentation not described in this policy or on the application.

If an application is incomplete, the applicant will be notified by mail that more information is needed to complete the application process. It will be the responsibility of the patient, or guarantor, to complete the application and provide supporting documents to constitute a complete application. An incomplete application will be returned to the patient via mail and in some cases a Freeman Health System representative may contact the applicant by phone to obtain the required information, noting such contact in comments. Applications that remain incomplete after 30 days of request for information may be denied, without supporting information that would have led to delay; (such as but not limited to major illness of self or dependent, death in family etc.)

If an applicant denied assistance has experienced a change of income or status after the decision, an updated application may be submitted for review.

Applicants found ineligible for financial assistance may dispute the decision in writing by providing information as to the reason for the dispute and any helpful information to describe the basis for the dispute or appeal. A dispute or appeal letter must be received within 30 days of the date of the determination letter.

Financial assistance applications and required documentation are to be submitted to the following office:

Patient Account Department
Freeman Health System
3320 S. McClelland Blvd
Joplin, Missouri 64804-3599

TIME FRAME FOR ELIGIBILITY DETERMINATION:

A determination of eligibility will be made within 15 working days after the receipt of a complete application including all the information necessary to make a determination.

Once the eligibility determination has been made, the results will be documented in the comments section on the patient's account and the completed and approved application will be filed on the system shared drive. Patients will receive written notification of the eligibility determination.

PRESUMPTIVE ELIGIBILITY BASED ON LIFE CIRCUMSTANCES:

Some patients are presumed to be eligible for financial assistance based on their life circumstances. Presumptive financial assistance may be granted based on information obtained from sources other than the patient or patient guarantor.

Presumptive eligibility may be determined based on individual life circumstances that may include:

- Patients that are proven to be homeless and unable to provide verifications to complete the financial assistance application.
- Patients who are incarcerated and unable to provide verifications to complete the financial assistance application.
- Patients that receive benefits under the Women, Infants and Children's (WIC) program. Applicants must provide the WIC program eligibility statement.

- Patients that receive Supplemental Nutritional Assistance Program (SNAP) benefits (formerly known as Food Stamps). Applicants must provide the SNAP (food stamp) eligibility statement.
- Patients that have eligibility for State Medicaid programs which meet Freeman FPG guidelines, but for which there is no program reimbursement due to but not limited to: (restrictions/exclusions, out of state provider enrollment).

Such patients may be approved with management consideration.

These patients will not need to complete the financial assistance application and presumptive eligibility will be used to grant them a full free care discount of 100% providing patients meet residency and immigration requirements.

PRESUMPTIVE ELIGIBILITY BASED ON PREDICTIVE MODEL:

Freeman Health System understands that there are certain patients for whom the financial assistance application process may present a challenge. Under these circumstances other sources of information may be used to make an individual assessment of financial need. This information will allow for an informed decision on the financial need of these non-responsive patients utilizing the best estimates available in the absence of information provided directly by the patient. Freeman Health System will use a healthcare industry-recognized model that is based on public record databases. This predictive model incorporates public record data to calculate a socio-economic and financial capacity score that includes estimates for income. This electronic technology is designed to assess each patient to the same standards and is calibrated against historical approvals under the typical financial assistance application process.

When this electronic technology is utilized, it will be deployed prior to bad debt assignment after all other eligibility and payment sources have been exhausted. This allows all patients to be screened for assistance prior to pursuing any extraordinary collection actions. The data returned from this electronic eligibility review will constitute adequate documentation of financial need under this policy.

When eligibility is granted using electronic enrollment screening as the basis for presumptive eligibility, a 100% discount will be granted for eligible services.

Patient accounts granted presumptive eligibility using this method will be provided free care for any remaining balance due to eligible services for retrospective dates of service only. Refunds for payments made by patients on the specific account (s) prior to electronic screening will be granted only if the patient completes an application and is found eligible for assistance and a refund. Accounts granted presumptive eligibility will be classified as financial assistance. They will not be sent to collection, will not be subject to further collection actions, will not be sent a written notification of their electronic eligibility qualification, and will not be included in the hospital's bad debt expense.

No patient will be denied assistance based on this method. If a patient does not qualify under the electronic enrollment process, the patient may apply for assistance by submitting an application through the typical process.

QUALIFICATION PERIOD:

If a patient is determined to be eligible, financial assistance will be granted for accounts incurred within 240 days of the first post-discharge statement and will remain in effect for 3 months. There is an exception for outpatient recurring dialysis, and recurring rentals; for these patients assistance will be approved for one year.

AMOUNTS GENERALLY BILLED:

Freeman Health System will use a look-back method for determining the amount generally billed (AGB). Under this method, a percentage discount is calculated annually on allowed claims for emergencies and other medically necessary care provided to patients covered by Medicare fee-for-service and all private insurers. Patient responsibilities are included in this allowed amount.

The AGB percentage will be calculated for each hospital and updated annually. Patients determined eligible for financial assistance will not be expected to pay gross charges for eligible services while covered under this financial assistance policy. Questions concerning the calculation of the amount generally billed should be directed to the Decision Support Department, accessed by calling (417) 347-1111.

OBTAINING FINANCIAL ASSISTANCE INFORMATION:

The financial assistance application, financial assistance policy and financial assistance plain language summary free of charge.

Website:

Please visit the Freeman Health System for a copy of the financial assistance application, financial assistance policy and the financial assistance plain language summary.

Phone:

Please call the Patient Accounts Department at (417) 347-6686 or toll-free at 888-707-4500 to request a copy of the financial assistance application, financial assistance policy and/or financial assistance plain language summary. It will be

mailed free of charge.

In Person:

Information on financial assistance is available in hospital registration and admission areas and in physician offices. Please visit our Patient Accounts Department to obtain a copy of the financial assistance application, financial assistance policy and/or financial assistance plain language summary.

If you need help completing the financial assistance application, please call the Patient Accounts Department or arrange an appointment with one of our staff representatives.

Information on financial assistance and the notice posted in the hospital is translated into Spanish and will be translated and in any language that is the primary language spoken by 1,000, or 5% — whichever is fewer — of patients likely to be encountered by Freeman Health System hospitals.

Patients Financial Assistance applications will be retained on file for 7 years. Applications will be available for Freeman Health Providers allowing cross access to reduce duplicate efforts and to assure standard practices across the health system.

REPORTING FINANCIAL ASSISTANCE:

Information regarding the amount of Financial Assistance provided by the health system, based on the health system's fiscal year, should be aggregated, and included in the annual report filed with the Bureau of State Health Data and Process Analysis at the State Department of Health. These reports also will include information concerning the provision of government sponsored indigent health care and other county benefits.

RELATED POLICIES:

Information on the Freeman Health System Billing and Collection Policy is available on the Freeman Health System website or may be obtained or by contacting Patient Accounts Department at (417) 347-8247 or toll-free at 888-707-4500.

The individuals below have read and approved this policy:

<u>January 30, 2025</u>	Freeman Health System CEO Date
<u>January 30, 2025</u>	Freeman Health System CFO Date

Board Approval:

Freeman Health System's Governance Boards have reviewed and approved this financial assistance policy. This policy is subject to periodic review.

<u>January 30, 2025</u>	Freeman Joplin Health System Governance Board Date
<u>2025</u>	Freeman Neosho Hospital System Governance Board Date
<u>2025</u>	Freeman Fort Scott System Governance Board Date

Generated: [6/26/2025 5:51 PM]

Expires: [6/28/2025 5:51 PM]

Exhibit G**2022 Community Benefit Report**

Financial assistance at cost	\$17,450,967
Unreimbursed Medicaid	22,098,079
Community health improvement	531,627
Health professions education	3,069,066
Subsidized health services	1,653,659
Research	1,279,382
Contributions	557,692
Community-building activities	276,500

Freeman Development, through Freeman Health System, provided support for the following:

Healthcare education*	36,328
Cancer Education/Detection/Community Health**	18,061
Direct financial assistance/Chaplains Aid, Cancer, Dialysis, Cardiac***	49,396
Employee Disaster Fund/Relief Fund	5,250
Autism****	139,783
Turnaround Ranch and Ozark Center*****	24,962

**\$30,600 Healthcare Education made possible by Auxiliary*

***1,391.88 Cancer Detection made possible by Auxiliary*

****\$26,992 Direct financial assistance made possible by Auxiliary*

*****\$6,500 Autism financial assistance made possible by Auxiliary*

******\$3,000 Ozark Turn Around Ranch financial assistance made possible by Auxiliary*

Children's Miracle Network Hospitals provided support for:

Disbursements-aid for medical needs of local families***	106,438
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*****\$10,000 Disbursement-aid for medical needs made possible by Auxiliary*

Exhibit G

Development Office provided support for the following:

Ronald McDonald House Gift*****	10,000
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*****\$10,000 Ronald McDonald House of the Four States gift made possible by Auxiliary

Freeman Auxiliary/Volunteers provided support for the following:

Children's Miracle Network Hospitals*****	10,000
Cardiac Bear Program	2,442
Neosho Infusion Patients Snacks***	50
Scholarships – Student Volunteer Program	4,100
Chaplain Aid Fund and Prayer Cards***	11,000
Autism Center****	6,500
Ronald McDonald House*****	10,000
Learning Center Smart Boards	5,000
Cancer Institute Chemotherapy Pt. Care Refreshments***	3,500
Sponsorship for Kidney Walk for Pt. Assistance Fund***	10,000
Mammogram financial aid**	1,392
Ozark Center – Turnaround Ranch*****	3,000
Nursing Event Sponsorship*	10,000
Assistance to Nursing Schools*	14,000
Nursing Scholarships	2,500
Cancer Institute Awning Fees	1,500
Total	94,984

Exhibit G

Freeman employees provided support for the following:

Employee Donations to Development & Children's Miracle Network Hospitals	189,482
 United Way	 480

Additionally, Freeman employees volunteered countless hours to support:

- United Way Circles Initiatives
- Child Abuse Prevention Awareness event for kids
- Salvation Army Joplin
- Cerebral Palsy of Tri-County/Painting Project
- Camp Soroptimist Tailgate Dinner
- Watered Gardens
- Wildcat Glades Water Festival
- Ronald McDonald House's Big Red Shoe Run
- Life Choices Banquet setup
- Rapha House
- Children's Haven
- Chase the Chill
- Salvation Army Pittsburg
- Spiva Center for the Arts
- Boys & Girls Club of Southwest Missouri
- Victory Ministry Sports Complex

Fostering healthy communities

Exhibit G

Freeman fosters the health of the community through many outreach programs:

- Diabetes education
- Support groups for a variety of illnesses and conditions
- Low-cost community health screenings
- Mammograms for underinsured women/Helping Friends Mammogram Fund
- Free annual preseason physical exams for athletes attending area schools
- Organizing, operating and sponsoring the Joplin Christmas Parade
- Freeman Health Academy, a program that gives students the opportunity to learn about healthcare careers from Freeman physicians and clinical staff, provided at no cost to students
- Freeman's multi-million dollar gift to the development of the KCU Medical School in Joplin and provision of residency and training opportunities for KCU students at a cost of \$85,000 per slot

Supporting our schools

Freeman partners with Joplin Public Schools and Carl Junction Public Schools through Bright Futures to encourage graduation and help students succeed.

- Freeman employees volunteer as mentors and help with Positive Adults Lunching with Students, a program that pairs a caring adult with an elementary student who needs a positive role model.
- Freeman supports activities and events at its partner schools: Joplin High School, Joplin South Middle School, Joplin West Central Elementary School, Joplin Early Childhood Center, Carl Junction High School and Carl Junction Bright Futures. This support includes providing an annual Teacher Appreciation Breakfast, helping with annual carnivals, football concessions and more.