

Subject: CON 6221
Attachments: [Clarkson CON Service2028-2030 FLAT.pdf](#)

CON 6221

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

- I am unable to verify the costs within the quote. Please advise.
 - Apologies, we have also included a standard estimate for the cost of shielding. So, if you take the bid quote amount of \$1,435,671 listed on page 19 of 24 and add to it \$150,000 you should arrive at the figure listed in the project budget, \$1,585,671.
- St. Luke's is listed to have 13 MRI units. Is this for the entire business?
 - This is what they report in the Mo Hospital survey questionnaire...assume it is for all their locations
- Letters should be sent and utilization should be obtained from the following facilities: Barnes-Jewish Hospital, Imaging Partners of MO, St. John's Mercy Health System, Town & Country MRI, Advanced Imaging, Arch Medical, Mercy (at Ballas Rd), Missouri Bone & Joint Center, OpenSided MRI, Orth Sport (both locations) and Signature Health Service MRI. Please provide proof of these letters and utilization obtained.
- Provide revenues and expenses for 28-29.
 - Also apologies....I forgot to flatten the PDF for the second set of financial forms and the program just copies what it already thinks is that form. See the next page, attached.
- The quote is dated valid until 6/29/2025. Will this be valid at the time of CON approval?
 - The quote will be honored.
- The quote contains a trade in requirement sheet. What is being traded in?
 - There is nothing to trade; this must be boilerplate language that should have been removed.

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Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title:

Project #:

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

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

Year

Amount of Utilization:*

Revenue:

Average Charge**

Gross Revenue

Revenue Deductions

Operating Revenue

Other Revenue

TOTAL REVENUE

Expenses:

Direct Expenses

Salaries

Fees

Supplies

Other

TOTAL DIRECT

Indirect Expenses

Depreciation

Interest***

Rent/Lease

Overhead****

TOTAL INDIRECT

TOTAL EXPENSES

NET INCOME (LOSS):

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

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

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

****Indicate how overhead was calculated.



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