

**Subject:** CON 6622  
**Attachments:** [BJWCH Linear 2028-2029 \(002\) FLAT.pdf](#)

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CON 6622

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

- Letters should be sent to the following facilities: Patients First, Sugar Creek, MO Cancer Care, Affordable Cancer Treatment, Center for Cancer Care, St. Louis Cancer & Breast Inst., and Forest Park Hospital. Please provide proof of these letters.
- Provide revenues and expense for 28-29.
  - Sorry, 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 3/31/2023. Provide a new quote or state this is still valid.
  - The quote will be honored.
- The quote states \$3,491,821 while the proposed project budget states \$3,645,659. What is the other cost?
  - The difference is a rather specific estimate for renovations to the existing shielding.

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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.



# Certificate Of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing.  
This form may be used for domestic and international mail.

From: Bratcher  
BTC

To: 12  
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USPS

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EWOOD 63143



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U.S. POSTAGE PAID  
SAINT LOUIS, MO  
63143  
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S2323W501058-24

PS Form 3817, April 2007 PSN 7530-02-000-9065