Certificate of Need Application

FOR

ST. LUKE'S HOSPITAL – POSITRON EMISSION TOMOGRAPHY-COMPUTED TOMOGRAPHY UNIT

On Behalf Of

St. Luke's Episcopal Presbyterian Hospitals

Project No. 6247 HS

Positron Emission Tomography-Computed Tomography Unit

Submitted to:

Missouri Health Facilities Review Committee

October 24, 2025

Submitted by:

Richard Hill
Breanna Booker
Attorney At Law
Lashly & Baer, P.C.
714 Locust Street
St. Louis, MO 63101

Certificate of Need Program

NEW OR ADDITIONAL EQUIPMENT APPLICATION

Applicant's Completeness Checklist and Table of Contents

Project Name: St. Luke's Hospital - PET/CT unit Project No: 6247 HS

Project Description: Fixed-location PET/CT unit

Done	Page	N/A	Description
			Divider I. Application Summary:
✔	3		1. Applicant Identification and Certification (Form MO 580-1861)
✔	4-5		2. Representative Registration (From MO 580-1869)
✔	6-9		3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.
			Divider II. Proposal Description:
✔	11, 14-59		1. Provide a complete detailed project description and include equipment bid quotes.
✔	11		2. Provide a timeline of events for the project, from CON issuance through project completion.
✔	60		3. Provide a legible city or county map showing the exact location of the project.
✔	11		4. Define the community to be served and provide the geographic service area for the equipment.
✔	12		5. Provide other statistics to document the size and validity of any user-defined geographic service area.
✔	12		6. Identify specific community problems or unmet needs the proposal would address.
✔	12		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.
✔	12		8. Provide the methods and assumptions used to project utilization.
✔	13		9. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
		✔	10. Provide copies of any petitions, letters of support or opposition received.
✔	61		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.
✔	62-64		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:
✔	66-67		1. For new units, address the minimum annual utilization standard for the proposed geographic service area.
✔	66-67		2. For any new unit where specific utilization standards are not listed, provide documentation to justify the new unit.
		✔	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:
✔	70-71		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.
✔	72-73		2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) **FULL** years beyond project completion.
✔	69		3. Document how patient charges are derived.
✔	74-86		4. Document responsiveness to the needs of the medically indigent.

DIVIDER I

APPLICATION SUMMARY

DIVIDER I. APPLICATION SUMMARY

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

   See attached.

2. **Representative Registration (Form 580-1869)**

   See attached.

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

   See attached.

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	Project Number
St. Luke's Hospital - PET/CT Unit	6247 HS
Project Address *(Street/City/State/Zip Code)*	**County**
232 South Woods Mill Road, Chesterfield, MO 63017	Saint Louis

2. Applicant Identification *(Information must agree with previously submitted Letter of Intent.)*

List All Owner(s): *(List corporate entity.)*	Address (Street/City/State/Zip Code)	Telephone Number
St. Luke's Episcopal Presbyterian Hospitals	232 South Woods Mill Road, Chesterfield, MO 63017	314-434-1500

List All Operator(s): *(List entity to be licensed or certified.)*	Address (Street/City/State/Zip Code)	Telephone Number
St. Luke's Episcopal Presbyterian Hospitals	232 South Woods Mill Road, Chesterfield	314-434-1500

3. Ownership *(Check applicable category.)*

☑ Nonprofit Corporation	☐ Individual	☐ City	☐ District
☐ Partnership	☐ Corporation	☐ County	☐ 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		Title
Richard Hill		Attorney
Telephone Number	**Fax Number**	**E-mail Address**
314-621-2939	314-621-6844	rhill@lashlybaer.com
Signature of Contact Person		**Date of Signature**
		10/22/25

MO 580-1861 (03/13)

Certificate of Need Program

REPRESENTATIVE REGISTRATION

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

Project Name	Number
St. Luke's Hospital - PET/CT Unit	6247 HS

(Please type or print legibly.)

Name of Representative	Title
Richard Hill	Attorney

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)	Telephone Number
Lashly & Baer	314-621-2939

Address (Street/City/State/Zip Code)

714 Locust Street, Saint Louis, MO 63101

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	Telephone Number
St. Luke's Episcopal Presbyterian Hospitals	314-434-1500

Address (Street/City/State/Zip Code)

232 South Woods Mill Road, Chesterfield, MO 63017

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
[signature]	10/22/25

MO 580-1869 (11/01)

Certificate of Need Program

REPRESENTATIVE REGISTRATION

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

Project Name	Number
St. Luke's Hospital - PET/CT Unit	6247 HS

(Please type or print legibly.)

Name of Representative	Title
Breanna Booker	Attorney

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)	Telephone Number
Lashly & Baer	314-436-8326

Address (Street/City/State/Zip Code)

714 Locust Street, Saint Louis, MO 63101

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	Telephone Number
St. Luke's Episcopal Presbyterian Hospitals	314-434-1500

Address (Street/City/State/Zip Code)

232 South Woods Mill Road, Chesterfield, MO 63017

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
Breanna Booker	10/22/2025

MO 580-1869 (11/01)

Certificate of Need Program

PROPOSED PROJECT BUDGET

Description	Dollars
COSTS:*	*(Fill in every line, even if the amount is "$0".)*
1. New Construction Costs ***	$434,153
2. Renovation Costs ***	$0
3. Subtotal Construction Costs (#1 plus #2)	$434,153
4. Architectural/Engineering Fees	$56,848
5. Other Equipment (not in construction contract)	$0
6. Major Medical Equipment	$1,914,041
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	$1,970,889
12. Total Project Development Costs (#3 plus #11)	$2,405,042 **
FINANCING:	
13. Unrestricted Funds	$2,208,525
14. Bonds	$0
15. Loans	$0
16. Other Methods (specify)	$0
17. Total Project Financing (sum of #13 through #16)	$2,208,525 **
18. New Construction Total Square Footage	600
19. New Construction Costs Per Square Foot *****	$725
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.*

MO 580-1863 (02/13)

St Luke's Hospital
PET/CT Unit
Budget Detail - MME

	A	B	C	D	E
	Budget Item	**Cost**	**Location**	**Inlcuded in CON Budget?**	**CON Budget**
1	Ultra HD PET	$34,568.00	Siemens Quote	Yes	$34,568.00
2	CT Cardio Base Package	$36,873.00	Siemens Quote	Yes	$36,873.00
3	CT HIGH-SPEED 0.33 S	$21,570.00	Siemens Quote	Yes	$21,570.00
4	iMAR (Metal Artifact Reduction)	$24,447.00	Siemens Quote	Yes	$24,447.00
5	Wireless RSC SCAN&GO	$4,609.00	Siemens Quote	Yes	$4,609.00
6	Tunnel Moodlight	$11,523.00	Siemens Quote	Yes	$11,523.00
7	PET Gantry UPS	$14,332.00	Siemens Quote	Yes	$14,332.00
8	FAST IRS	$0.00	Siemens Quote	Yes	$0.00
9	Low Contrast Test Tool w/ Holder	$2,166.00	Siemens Quote	Yes	$2,166.00
10	Biograph Ge-68 Uniform Sources	$12,584.00	Siemens Quote	Yes	$12,584.00
11	Uniform Source Shield	$5,200.00	Siemens Quote	Yes	$5,200.00
12	Standard Installation Kot	$32,264.00	Siemens Quote	Yes	$32,264.00
13	Elevate O e.cam	$0.00	Siemens Quote	Yes	$0.00
14	Installation US	$52,000.00	Siemens Quote	Yes	$52,000.00
15	Biograph Trinion EP	$1,209,883.00	Siemens Quote	Yes	$1,209,883.00
16	Add on MI Onco	$57,613.00	Siemens Quote	Yes	$57,613.00
17	MI Routine Cardio	$138,272.00	Siemens Quote	Yes	$138,272.00
18	Profect Mgmt/Site Planning	$15,600.00	Siemens Quote	Yes	$15,600.00
19	Essential Education Level 2 (MI)(PET)	$28,444.00	Siemens Quote	No	$0.00
20	Essential Training PH 2 (Onsite-16) PET	$6,864.00	Siemens Quote	No	$0.00
21	Elevate O e.cam	($5,000.00)	Siemens Quote	Yes	($5,000.00)
22	Additional Rigging NMPET	$46,020.00	Siemens Quote	Yes	$46,020.00
23	Trade-in of Siemens E.CAM Gantry	($1.00)	Siemens Quote	No	$0.00
24	Shielding Equipment Phase 1	$77,452.00	PITTS LITTLE Quote	Yes	$77,452.00
25	Shielding Installation Phase 1	$43,600.00	PITTS LITTLE Quote	Yes	$43,600.00
26	Shielding Equipment Phase 2	$47,545.00	PITTS LITTLE Quote	Yes	$47,545.00
27	Shielding Installation Phase 2	$30,920.00	PITTS LITTLE Quote	Yes	$30,920.00
28	**Total CON MME Costs**	**$1,949,348.00**			**$1,914,041.00**

St. Luke's Hospital
PET/CT Unit
Budget Detail - Renovation

Table 1 - Hard Costs

	A	B	C	D	E
	Line Item	**Cost**	**Location**	**Inlcuded in CON Budget?**	**CON Budget**
1	Demolition	$22,395.00	TKH Bid Form	Yes	$22,395.00
2	Carpentry Labor / Material	$3,505.00	TKH Bid Form	Yes	$3,505.00
3	Gypsum Board Labor / Material	$85,505.00	TKH Bid Form	Yes	$85,505.00
4	Door / Hardware	$38,565.00	TKH Bid Form	No	$0.00
5	Casework	$17,874.00	TKH Bid Form	No	$0.00
6	Interior Finishes Labor / Material	$73,196.00	TKH Bid Form	Yes	$73,196.00
7	Mechanical	$148,750.00	TKH Bid Form	No	$0.00
8	Electrical	$168,388.00	TKH Bid Form	Yes	$168,388.00
9	Sprinklers	$23,880.00	TKH Bid Form	No	$0.00
10	**Total Hard Costs**	**$582,058.00**			**$352,989.00**
11	**CON Hard Costs as % of Total Hard Costs**				**60.64%**

Table 2 - Soft Costs

	A	B
	Line Item	**Cost**
1	General Conditions	$109,955.00
2	General Contractor Profit	$23,880.00
3	**Total Soft Costs**	**$133,835.00**
4	**CON Hard Costs as % of Total Hard Costs**	**60.64%**
5	**CON Budget - Soft Costs**	**$81,164.22**

Table 3 - Total CON Renovation Costs

	A	B
	Line Item	**Cost**
1	CON Hard Costs	$352,989.00
2	CON Soft Costs	$81,164.22
3	**Total CON Renovation Costs**	**$434,153.22**

St Luke's Hospital
PET/CT CON
Budget Detail - A&E

	A	B	C
	Budget Item	**Location**	**Cost**
1	CDE Fee	Clayco	$59,240.00
2	Architechural/Interior Design	Archimages Quote	$29,500.00
3	Structural	Archimages Quote	$5,000.00
4	Total A&E		$93,740.00
5	CON Hard Costs as % of Total Hard Costs		$0.61
6	**Total CON A&E Costs**		**$56,848.61**

DIVIDER II

PROPOSAL DESCRIPTION

DIVIDER II. PROPOSAL DESCRIPTION

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

   The Applicant proposes to add a fixed-location Biograph Trinion EP PET/CT unit. For the past several months, the Applicant has used a mobile unit that is only available for one day per week. By establishing a permanent unit, the Applicant will significantly improve access to PET/CT services.

   A CON was previously approved for a PET/CT unit at 232 South Woods Mill Road, Chesterfield, MO 63017. However, due to a miscommunication, the unit was ultimately placed across the street at the Applicant's outpatient center located at 121 St. Luke's Center Dr., Chesterfield, MO 63017. Although this discrepancy was noted in the final periodic progress report, the Applicant acknowledges that this issue could have been communicated more explicitly to the Committee. Despite this mix-up, utilization data for the existing PET/CT unit strongly supports the need for an additional unit.

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

   - CON approval – January 2026
   - Commencement of Construction Work – January 2026
   - Equipment Installation and Commissioning – July 2026
   - Operation – July 2026

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

   See attached.

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

   The community to be served includes Franklin, Jefferson, St. Louis, and St. Charles.

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

   This is the commonly utilized geographic service area that the Applicant has used in its recent CON applications.

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

   The purchase and installation of the PET/CT scanner will significantly improve patient throughput and scheduling efficiency for both oncology and cardiology services. Currently, the hospital relies on a mobile truck scanner to accommodate patient volumes, which limits flexibility and availability. A dedicated in-house scanner would allow for more consistent scheduling and provide faster access to diagnostic imaging. This will lead to earlier diagnoses, timelier treatment planning, and an overall improved patient experience.

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.**

   The data from Year 1, Year 2, and Year 3 are from the PET/CT unit located at 121 St. Luke's Center Dr., Chesterfield, MO 63017, for the fiscal year ending on June 30th. The projections for Year 4, Year 5, and Year 6 represent the combined performance for the new PET/CT unit located at 232 South Woods Mill Road, Chesterfield, MO 63017, and the existing unit at 121 St. Luke's Center Dr., Chesterfield, MO 63017.

   Year 1 (Fiscal Year 2023) – 2,083
   Year 2 (Fiscal Year 2024) – 2,477
   Year 3 (Fiscal Year 2025) – 2,595

   Year 4 (First Year Post-New Equipment) – 5,009
   Year 5 (Second Year Post-New Equipment) – 5,109
   Year 6 (Third Year Post-New Equipment) – 5,211

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

   The utilization projections are based on historical volumes and increased conservatively for expected demand.

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

   Consumer needs and preferences were incorporated into the planning of this project through ongoing feedback from patients, referring providers, and oncology and cardiology care teams. Patients have consistently expressed the need for shorter wait times, improved appointment availability, and a more comfortable imaging environment. Referring physicians have voiced the importance of faster turnaround times for results to support timely treatment decisions. These insights were used to guide the project's planning, ensuring that the new PET/CT scanner aligns with consumer expectations for efficiency, convenience, and quality of care.

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

    N/A.

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.**

    An advertisement was included in the October 8, 2025 edition of the St. Louis Post Dispatch. The affidavit of publication is attached.

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

    See attached affidavit of the notices.

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

SIEMENS REPRESENTATIVE
Jay White - +1 (870) 404-3656/0000
jay.white@siemens-healthineers.com

PRELIMINARY PROPOSAL

Customer Number: 0000010349

Date: 06/30/2025

ST LUKES EPISCOPAL-PRESBY HOSPITAL
232 S WOODS MILL RD
CHESTERFIELD, MO 63017

Siemens Medical Solutions USA, Inc. is pleased to submit the following quotation for the products and services described herein at the stated prices and terms, subject to your acceptance of the terms and conditions on the face and back hereof, and on any attachment hereto.

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Contract Total: $ 1,749,831
(total does not include any Optional or Alternate components which may be selected)

Proposal valid until 06/30/2025

Estimated Delivery Date: 07/24/2026

Estimated delivery date is subject to change based upon factory lead times, acceptance date of this quote, customer site readiness, and other factors. A Siemens representative will contact you regarding the final delivery date.

Notwithstanding anything else in this Agreement, or in any applicable group purchasing agreement terms, if Purchaser does not accept delivery within twenty-four (24) months of the date this quotation is executed, then Seller may, at its option, adjust the prices in the quotation by written notice. In such event, Purchaser will then have the option to cancel the order without payment of a cancellation charge provided Purchaser notifies Seller within ten (10) days of the date of Seller's notice of the price adjustment.

This proposal includes the trade-in of equipment referenced in Trade Sheet Project #2023-0333. Existing system must be released 14 days post turnover.

This is a CONFIDENTIAL, one-time multi-modality bundle offer which may not be shared with any third parties, buying evaluation groups or anyone not directly employed by customer. The Siemens Executive Agreement presented to the Customer is incorporated herein and made a part hereof. This offer is only valid if firm, non-contingent purchase orders for all quotations identified in the Siemens Executive Agreement are received by Siemens on or before 06/30/2025. This date supersedes any other validity date indicated in the proposal.

This quote is based upon standard delivery terms and conditions (e.g., standard work hours, first floor delivery, etc.), basic rigging, mechanical installation and calibration. Siemens Medical Solutions USA, Inc., Project Management shall perform a site-specific assessment to ascertain any variations that are out of scope and not covered by the standard terms (examples such as, but not limited to: larger crane, nonstandard work hours, removal of existing equipment, etc.). Any noted variations identified by Siemens Project Management shall remain the responsibility of the customer and will be subject to additional fees.

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

SIEMENS REPRESENTATIVE
Jay White - +1 (870) 404-3656/0000
jay.white@siemens-healthineers.com

PRELIMINARY PROPOSAL

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

SIEMENS REPRESENTATIVE
Jay White - +1 (870) 404-3656/0000
jay.white@siemens-healthineers.com

PRELIMINARY PROPOSAL

Quote Nr:	**CPQ-428054 Rev. 5**
Terms of Payment:	**00% Down, 80% Delivery, 20% Installation** **Free On Board: Destination**
Purchasing Agreement:	VIZIENT SUPPLY LLC VIZIENT SUPPLY LLC terms and conditions apply to Quote Nr CPQ-428054 Customer certifies, and Siemens relies upon such certification, that : (a) VIZIENT MI SPECT & PET XR0896 is the sole GPO for the purchases described in this Quotation, and (b) the person signing this Quotation is fully authorized under the Customer's policies to choose and indicate for Customer such appropriate GPO.

Biograph Trinion EP

All items listed below are included for this system:

Qty	Part No.	Item Description	Extended Price
1	14424198	**ultraHDPET** Utilizing timing information (time-of-flight) between the two PET coincidence events, coupled with resolution recovery of HD•PET, ultraHD•PET option provides improved image signal-to-noise which can be used to either enhance image quality and/or reduce patient acquisition time.	$ 34,568
1	14424288	**CT Cardio Base package** Includes: Universal Physiological Monitoring Module (UPMM) ECG cable Cardio Spiral BestPhase Cardio Quick Sequence syngo.CT CaScoring Recon&GO CaScoring Any kV CaScoring	$ 36,873
1	14424312	**CT High-speed 0.33 s** This option provides a rotation speed of down to 0.33 sec per rotation for very high scan speeds. Fast gantry rotation times are the prerequisite for highest temporal resolution and are therefore essential for motion free cardiovascular imaging. With the temporal resolution of 165ms, this CT is suitable for cardiac examinations and fast scanning.	$ 21,570
1	14424303	**iMAR (Metal Artifact Reduction)** iMAR (iterative Metal Artifact Reduction) reduces metal artifacts for better image quality with no increase in dose.	$ 24,447

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

SIEMENS REPRESENTATIVE
Jay White - +1 (870) 404-3656/0000
jay.white@siemens-healthineers.com

PRELIMINARY PROPOSAL

Qty	Part No.	Item Description	Extended Price
1	14424209	**Wireless RSC Scan&GO** Includes: Wireless Remote Scan Control	$ 4,609
1	14424212	**Tunnel Moodlight** Lighting within the gantry tunnel.	$ 11,523
1	14424210	**PET Gantry UPS** Uninterruptible Power Supply (UPS) option providing 15 minutes of backup power enabling proper shutdown of the PET system in the event of power loss.	$ 14,332
1	14424359	**FAST IRS**	$ 0
1	14424331	**Low Contrast Test Tool w. Holder** The Low Contrast Test Tool 200 by Sun Nuclear (former Gammex 200) provides a test of Low Contrast Detectability. The Low Contrast Detectability Insert utilizes a background material that provides a contrast difference of approximately 0.6 percent relative to the contrast objects. The cylindrical contrast objects have nominal diameters of 3, 4, 5, and 20 mm. These contrast objects are approximately 6 HU different from the background material surrounding them when imaged via CT. The inner cylinder of contrast objects is surrounded by an outer disk of Solid Water® material.	$ 2,166
1	14424329	**Biograph Ge-68 Uniform Sources** Calibration sources for the Biograph Trinion PET/CT. These sources are to be purchased with a new Biograph Trinion system.	$ 12,584
1	14424330	**Uniform Source Shield** Shield for the Calibration sources for the Biograph Trinion PET/CT	$ 5,200
1	14424341	**Standard Installation Kit** Complete mechanical and calibration installation of the Biograph system to factory specifications.	$ 32,264
1	10185089	**Elevate O e.cam** Elevate is a Siemens Healthineers customer care program that helps you get the most from your investment. As a valued customer, MI Elevate offers customers a wide range of solutions and benefits for your existing installed Siemens Healthineers MI system. As you consider the options for replacing your existing SPECT system, Siemens Healthineers is committed to helping you find the solution that best fits your needs and enable a smooth transition to your next-generation SPECT or SPECT/CT system. Allowing you to stay competitive with the latest technology in healthcare.	$ 0
1	10412855	**Installation US**	$ 52,000
1	14424556	**Biograph Trinion EP** Launch your future forward with a PET/CT that puts you confidently ahead of the curve and easily adapts to evolving clinical	$ 1,209,883

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PRELIMINARY PROPOSAL

Qty	Part No.	Item Description	Extended Price
		possibilities. Biograph Trinion™ fully integrates hardware and software to create one high-performance platform. Biograph Trinion introduces an air-cooled, scalable, LSO-based digital detector with time of flight (TOF) performance. A brand-new imaging experience with dedicated features focused on patient well-being, while users gain new levels of efficiency from a modern design and AI-supported workflow. Biograph Trinion provides a sustainable investment from today onward, delivering reduced costs through its compact footprint, no equipment room, automated energy-saving features, and on-site scalability.	
1	14424554	**Add on MI Onco** The Add on MI Onco package provides streamlined solution tailored for efficiency and precision in PET oncology applications. Item Includes: FlowMotion AI	$ 57,613
1	14424562	**MI Routine Cardio** The MI Routine Cardio package offers essential tools for optimizing your cardiology PET workflow. With a focus on streamlining processes and ensuring accuracy, speed, and consistency, this package enhances your cardiac imaging procedures. Item Includes: Cardio PET FAST Planning PET Cardiac gating PET Cardiac dynamic ECG Module (UPMM) QualityGuard Auto Export MI View&GO Gaussian Filter MI Scan&GO Tablet (2x) Table Extension Paper Roll Holder PHS IV Fusion Pole Dual Monitor Acquisition Workplace	$ 138,272
1	7568103L	**Project Mgmt/Site Planning (US only)**	$ 15,600
1	MIP_BD_LV2	**Essential Education Level 2 (MI)(PET)** This education package has been designed specifically to meet the education needs of a current Siemens PET/CT department with a more demanding clinical workload. Components of this education package include: A 12-month subscription to our continuing education platform, PEPconnect, including access to up to 50 CEU credits. Onsite hands-on training by a Siemens Clinical Education Specialist for up to 28 hours over four consecutive business days. Ongoing access to pre-scheduled, live-remote, one on one training sessions for 12 months. Browse topics and register your sessions at Siemens PEPconnect.	$ 28,444

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		A multi-day Siemens Online Classroom, chosen from a variety of defined offerings. Browse class offerings and register at Siemens PEPconnect Live-remote training by a Siemens professional Clinical Education Specialist for up to 24 hours over three consecutive business days. This Educational offering must be completed (12) months from install end date. If training is not completed within the applicable period, Siemens obligation to provide the training will expire without refund.	
1	MIP_EP2_16	**Essential Training PH 2 (Onsite-16) PET** Up to (16) hours of on-site clinical Education training, scheduled consecutively (Monday – Friday) during standard business hours for a maximum of (4) imaging professionals. Training will cover agenda items on the ASRT approved checklist if applicable. This Educational offering must be completed (12) months from install end date. If training is not completed within the applicable time period, Siemens obligation to provide the training will expire without refund.	$ 6,864
1	MISYS_ELV_O_ECAM	**Elev O e.cam (-$5k)**	- $ 5,000
1	NMPET_ADDL_RIGGING	**Additional Rigging NMPET $46,020**	$ 46,020
1	NUPET_TRADE_IN_ALL	**Trade-in of a Siemens E.CAM Gantry Sign_Ser 2Hd Typ_B, project #2023-0333, deinstall/expires 7/30/2026, per BL Elevate ($1)**	- $ 1
		System Total	**$ 1,749,831**

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OPTIONS on Quote Nr : CPQ-428054 Rev. 5

OPTIONS for Biograph Trinion EP

All items listed below are OPTIONS and will be included on this system ONLY if initialed: *(See Detailed Technical Specifications at end of Proposal.)*

Qty	Part No.	Item Description	Extended Price
1	BFLEXOCS_S	**BAYER MEDRAD Stellant Flex - ceiling** Stellant Flex ceiling mounted injector with workstation, NO Informatics, but is Informatics ready. Includes Stellant Flex ceiling mounted injector w/short post (580 mm) and ceiling plate; workstation; installation and warranty through Bayer. This post length is recommended for rooms with a floor to structural ceiling height of approximately 9 or 9.5 feet.	**+ $ 39,352**
1	14424566	**MI Advanced Cardio** The MI Advanced Cardio package provides streamlined solutions tailored for efficiency and precision in advanced PET cardiology applications. Includes: Cardio Direct™	**+ $ 46,090**

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FINANCING: The equipment listed above may be financed through one of our financing partners. Ask us about our full range of financial products that can be tailored to meet your business and cash flow requirements. For further information, please contact your local Sales Representative.

Siemens Healthineers is pleased to submit this Preliminary Pricing Proposal. A Preliminary Pricing Proposal is provided for planning purposes only; it is not contractually binding. To receive a contractually binding proposal for the Products listed above, inclusive of Terms, Conditions, and Warranty coverage, please contact your Siemens Healthineers Sales Representative.

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Detailed Technical Specifications

Biograph Trinion EP

Part No./Product	Description
14424198 **ultraHDPET**	Utilizing timing information (time-of-flight) between the two PET coincidence events, coupled with resolution recovery of HD•PET, ultraHD•PET option provides improved image signal-to-noise which can be used to either enhance image quality and/or reduce patient acquisition time. Conventional PET does not take into account the detector geometry and incorrect positioning of the Line Of Responses (LOR). HD•PET incorporates measured point spread functions (PSF) into the iterative reconstruction algorithm. Through modeling of the PSF, HD•PET more precisely accounts for the positioning of the LOR yielding visually sharper clinical images, visual improvements in contrast and in resolution.
14424288 **CT Cardio Base package**	Includes: Universal Physiological Monitoring Module (UPMM) ECG cable Cardio Spiral BestPhase Cardio Quick Sequence syngo.CT CaScoring Recon&GO CaScoring Any kV CaScoring **Universal Physiological Monitoring Module (UPMM):** Provides patient cardiac ECG information for either CT or PET cardiac gating. Located in the patient handling system for convenient patient connection. Includes patient cable. **ECG cable** Item includes 3 channel ECG cable according to respective IEC color coding. **Cardio Spiral** The option supports adaptive retrospective ECG-gated spiral scanning to obtain CT images of the heart in defined phases of the cardiac cycle. **BestPhase** A software dedicated to automatically detect the optimal phase for motionless coronary visualization. **Cardio Quick Sequence** Prospective ECG triggered quick cardiac scan mode for coronary CaScoring imaging. ***syngo* .CT CaScoring** *syngo* .CT CaScoring allows visualization and quantification of calcified coronary lesions volume (in mm^3), calcium mass (mg calcium hydroxyapatite), vessel specific and total Agatston equivalent score and the number of lesions. Scoring can be performed separately for the main coronary branches (RCA, LM, LAD, CX). In addition, it calculates the virtual coronary age by comparison against a reference group. Combined with Rapid Results Technology it enables zero-click post-processing of both Agatston Scoring as well as coronary age analysis.

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	Any kV CaScoring Any kV CaScoring enables you to choose any kV setting for your calcium scoring scan. Previously the setting was limited to 120 kV only. A specific reconstruction kernel (Sa36) is applied and allows to perform Agatston equivalent low-dose scores, even at lower kV settings. **Recon&GO CaScoring** For the first time, Inline CaScoring makes the Calcium Score available as zero-click reconstruction. With the known functionality of Recon&GO, Inline CaScoring calculates automatically the total Agatston Score as well as the Coronary Age (based on trial data) and archives them directly in the PACS. Results can be opened in *syngo* .CT CaScoring directly at the AWP and further processed if needed.
14424303 **iMAR (Metal Artifact Reduction)**	iMAR (iterative Metal Artifact Reduction) reduces metal artifacts for better image quality with no increase in dose. The high-end iMAR algorithm can handle a wide variety of metal implants. By reducing metal artifacts, it improves visualization of soft tissue, allowing you to better address more challenging cases, such as those involving dental fillings, coils, implants, and pacemakers. Since metal can often be an issue in trauma and orthopedic cases, the iMAR algorithm is a key advantage for these clinical fields. Diagnostic value can be further strengthened with the combination of iMAR with spectral imaging or iterative reconstruction to further reduce dose. The exact amount of metal artifact reduction and the corresponding improvement in image quality achievable depends on composition and size of the metal part within the object, the patient's size, anatomical location, and clinical practice. iMAR reconstructions should be performed and evaluated in combination with standard reconstructions. iMAR can be combined with TwinSpiral Dual Energy acquisition.
14424212 **Tunnel Moodlight**	Lighting within the gantry tunnel. Light up the scanner tunnel with different colors to enhance patient comfort by creating a soothing environment and the impression of a bigger space.
14424329 **Biograph Ge-68 Uniform Sources**	Calibration sources for the Biograph Trinion PET/CT. These sources are to be purchased with a new Biograph Trinion system. **Includes:** - One Biograph Ge-68 Uniform Source Low Activity Uniform Phantom (Max. 3.2 mCi) - Set of two line sources (Max. 0.16 mCi (5.92 MBq) per line source)
14424341 **Standard Installation Kit**	Complete mechanical and calibration installation of the Biograph system to factory specifications. **Installation includes:** - Complete system assembly - Alignment - System startup - Calibrations - Performance verification to factory specifications
14424556 **Biograph Trinion EP**	Launch your future forward with a PET/CT that puts you confidently ahead of the curve and easily adapts to evolving clinical possibilities. Biograph Trinion™ fully integrates hardware and software to create one high-performance platform. Biograph Trinion introduces an air-cooled, scalable, LSO-based digital detector with time of flight (TOF) performance. A brand-new imaging experience with dedicated features focused on patient well-being, while users gain new levels of efficiency from a modern design and AI-supported workflow. Biograph

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	Trinion provides a sustainable investment from today onward, delivering reduced costs through its compact footprint, no equipment room, automated energy-saving features, and on-site scalability. Biograph Trinion integrates hardware and software into one high-performance PET/CT platform. Designed for ease, smart features redefine the imaging experience for both patients and users. Scalable configurations, small room requirements, energy efficiencies, and air cooling make Biograph Trinion a sustainable investment from day one. **Biograph Trinion features:** - Air-cooled detector - 70-cm bore size - Short, 160-cm tunnel - Integrated patient observation camera - Integrated microphone and speakers - Patient handling system (PHS) that holds patients up to 272 kg (600 lb) - Low-attenuation carbon-fiber pallet - Acquisition workplace with multilingual graphical user interface - Single 24-in (61-cm) flat screen monitor, keyboard, and mouse - Site Interface Box (SIB) - Standard Image Computation System (ICS) - Standard Image Reconstruction System (IRS) - Standard Molecular Acquisition & Reconstruction System (MARS) - **Standard patient positioning accessories:** - Knee/leg support - Head/arm support - Mattress - Head holder - Cushion set for head holder - Restraining strap set - Head strap set - Head rest

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	Standard sources and fixtures: - L-Bracket and half-moon bracket - Gantry offset phantom (LS-15 Line Sources holder) - MI PET water phantom - CT QC phantom kit **The PET component includes:** The PET imaging capability of Biograph Trinion consists of a high-performance digital lutetium oxyorthosilicate (LSO)-based detector that features small, 4 x 4 x 20-mm LSO crystals and a time-of-flight technology. **High volumetric resolution and high sensitivity** Biograph Trinion provides high volumetric resolution and sensitivity for detectability of small lesions and accurate disease staging-facilitating comprehensive patient risk stratification. The system's innovative technologies also allow for precise evaluation of treatment response, empowering you to make informed decisions and tailor interventions for optimal patient outcomes. **Time of flight (TOF)** TOF creates small segments in the line-of-response, significantly increasing the accuracy of locating the annihilation event, which translates into improved small-lesion detectability. TOF also amplifies scanner sensitivity for faster scans and lower doses. **Scalable axial field of view (FOV)** Biograph Trinion EP features a scalable axial FOV of 18 cm. The ability to extend the system's axial FOV on-site gives you the flexibility to capitalize on new imaging capabilities, workflow efficiencies, and future PET/CT opportunities. **The CT component includes:** The CT imaging capability of Biograph Trinion consists of a 64-slice CT configuration featuring a full range of high-performance spiral CT clinical applications: **High spatial resolution** Biograph Trinion features continuous 0.7-mm collimation across the full width of the Stellar detector. It achieves uniform scanning over longer ranges at high spatial resolution and speeds. Also, the detector always provides the thin-slice data necessary for flexibility in postprocessing. The Stellar detector is equipped with an advanced 3D anti-scatter grid for precision imaging. This high-end technology is carefully manufactured to achieve excellent grid homogeneity. **Tin Filter** Inherited from cutting-edge dual-source scanners, Tin Filter technology removes lower energies to reduce dose, optimizing contrast between soft tissue and air. This has direct benefits for imaging areas such as the lungs, colon, and sinuses. Additionally, clinical experience shows Tin Filter technology reduces beam-hardening artifacts and improves image quality in bony structures, rendering it highly useful in orthopedic examinations. Tin Filter technology allows you to get CT imaging at exceptionally low dose levels, comparable to conventional X-ray. Tin Filter technology also protects both you and your patients with ultra-low doses during intervention. Factory protocols for low-dose lung cancer screening, colon, and sinus employing the Tin Filter. Only Siemens Healthineers CT scanners enable lung imaging powered by Tin Filter technology. **Athlon™ tube** The robust Athlon tube paves the way to optimal, consistent results. With a wide, dynamic mAs and

Part No./Product	Description
	kV range, you can: - Increase patient range with the highest tube current in this class of up to 825[1] mA-even at low kV - Utilize very low tube currents for ultra-low-dose scanning and lung cancer screening - Maximize the usage of the Tin Filter for soft tissue imaging - Profit from increased reliability with compact design and highly efficient tube cooling **Stellar detector** Biograph Trinion features a Stellar detector, which boasts an Integrated Circuit Detector (ICD) technology, where photodiodes and electronics are integrated on one single integrated circuit. The integrated design allows superior imaging compared to conventional detector circuit designs, supporting: - Superior objective and subjective image quality in head CTs - Reduced image noise and streak artifacts, especially in low-dose or low-kV imaging or in high attenuation areas, such as the shoulder and pelvis - Improved image quality and low-contrast detectability in abdominal CT of overweight or obese patients - Lower image noise and improved image quality in coronary CTA and coronary stent imaging The Stellar detector's ICD design means that electronic components (microchips, conductors, etc.) are integrated directly at the photo diode, reducing electronic noise coming from the detector elements and minimizing the negative impact of electronics noise to image quality. The Stellar detector also features True Signal technology for minimized electronic noise. **Adaptive dose shield** Biograph Trinion's adaptive dose shield lets you optimize safety in spiral CT imaging with technology that helps protect patients against unnecessary radiation during scans, by: - Protecting patients from pre-/post-spiral radiation that is not clinically relevant - Functioning in all standard spiral scan modes - Operating effectively in short scan ranges, particularly in cardiac and pediatric scans **Acquire high-quality diagnostic images with proven PET and CT technologies:** **FlowMotion™** FlowMotion enables a continuous bed motion acquisition mode and provides improved planning, workflow, acquisition, and reconstruction with continuous-table-movement PET acquisition, a simple CT-like planning workflow and high-resolution optimized image processing. Precise CT-like planning for PET provides flexibility for the scan area, thus allowing reduced radiation dose. Additional features include: - PET acquisition without the limitation of bed positions - Customization of scan protocols to the specific physician preference for each patient - Improved axial noise uniformity, end-plane sensitivity, and increase reproducibility - CT dose reduction for ALARA dose - One-click CT-like range planning to scan the precise area needed - Improved patient satisfaction due to a sense of progress - Four FlowMotion planning zones with up to 2-m max co-scan range - Supported FlowMotion speeds of 0.1-50 mm/s **MI Pallet/Foot Extension:** Extends the pallet to support the maximum 2m PET/CT co-scan range.

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	The pallet/foot extension is intended for use of positioning the patient's feet first towards the gantry for examinations. **Ultra-low dose protocol** Ultra-low CT dose protocol (sub-0.5 mSv CT acquisitions) for PET attenuation correction-non-diagnostic CT imaging protocols. **CT HD field of view (FOV)** CT HD FOV allows for visualization of human body parts and the skin line located outside of the 50-cm standard scan FOV up to the bore size. This is based on an algorithmic complement of missing detector data outside of the 50-cm standard scan FOV. **The image quality for the area outside the 50-cm standard scan field of view does not meet the image quality of the area inside the 50-cm standard scan field of view. Image artifacts may appear, depending on the patient setup and anatomy scanned.* **CT IVR (interleaved volume reconstruction)** CT IVR enables utilization of the measured data as effectively as possible. By using IVR, the system extracts the maximum amount of diagnostic information from measured data, thereby improving spatial sampling in z-direction, independent of pitch. **CT Workstream 4D** Using the CT Workstream 4D workflow, you can directly generate axial, sagittal, coronal, or double-oblique images from standard scanning protocols. Therefore, you do not require thin-slice data to be reconstructed prior to the production of reformatted images. This enhancement saves time when compared to alternative multiplanar reconstruction (MPR) techniques, eliminates manual reconstruction steps, and reduces the data volume requirement-since virtually all diagnostic information is captured in 3D slices. **CT SAFIRE** Equipped with CT SAFIRE, a model-based iterative reconstruction, Biograph Trinion scanners achieve up to 60% dose reduction while maintaining image quality and detail visualization combined with fast image reconstruction. By this, equivalent results can be achieved at less dose, which allows the heat storage of the system to be filled up more slowly, thereby increasing the heat storage capacity. **In clinical practice, the use of SAFIRE may reduce CT patient dose depending on the clinical task, patient size, anatomical location, and clinical practice. A consultation with a radiologist and a physicist should be made to determine the appropriate dose to obtain diagnostic image quality for the particular clinical task. As determined from SOMATOM Definition Flash data, SAFIRE enables up to 60% dose reduction. Data on file.* **CT FAST Planning** CT FAST Planning is an artificial intelligence (AI) machine learning-powered set of algorithms that allow fast, organ-based setting of scan and reconstruction ranges. This enables consistent and reproducible acquisitions in single and dual energy scans. By automating the workflow, users increase efficiency due to reduced manual steps and effort in scan preparation. **Availability depends on country-specific regulatory approval and release.* **CT FAST ROI** CT Fully Automated Scanner Technology (FAST) ROI automatically identifies regions of interest and calculates Hounsfield unit (HU) values in bolus-tracking examinations. **CT FAST Adjust** If the system limits are exceeded because the parameters are unsuitable for the size of the patient, CT FAST Adjust helps you to quickly adapt the required parameter settings to the appropriate values.

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	CT FAST 3D Align Enables automated alignment of FoV and automatically performs adjustments and reconstructions of standard views. **CT CARE Dose4D™** CT CARE Dose4D provides a fully automated dose modulation solution. The algorithm automatically modulates tube current for optimum image quality. This results in reduced dose levels, depending on patient size and anatomy, i.e., there is automatic patient and organ-specific tube current adaption. **CT CARE kV** CT CARE kV automatically tailors tube voltage according to patient size and clinical task. With the selection of optimal kV level between 70 and 140 kV, CT CARE kV minimizes dose. It further simplifies the process by automatically aligning the tube current with the selected kV. **CT 10 kV Steps** CT 10 kV Steps offers a more patient-specific and individualized dose management thanks to finer kV selection at intervals of 10 kV. **CT CARE Child** CT CARE Child offers scan parameters to be adapted to even the smallest patient size. Dedicated pediatric protocols automatically set a low tube voltage-in most cases 70 kV-while CT CARE Dose4D optimizes dose distribution and offers special modulation curves. **CT CARE Topo** CT CARE Topo provides a real-time topogram, which can be stopped at any time. Manual interruption is possible once the desired anatomy has been imaged. **CT CARE Filter** CT CARE Filter is a specially designed X-ray-exposure bow-tie filter installed at the tube collimator. **CARE Bolus CT** Operating mode for contrast media (CM) enhancement triggered data acquisition. The objective is optimum utilization of the contrast medium bolus in its "plateau" phase in the target organ. This option has been especially adapted to the increased speed and timing requirements resulting from the multi-row capability and faster rotation. The CM enhancement is observed via monitoring scans in a user-defined region of interest (ROI) with a trigger threshold. As soon as the enhancement reaches its predefined threshold, the spiral scan is triggered as quickly as possible. **CARE Test Bolus CT** CARE Test Bolus CT is another method of contrast examination, an alternative to the CARE Bolus CT. The difference in the CARE Test Bolus CT is that contrast media is injected twice in the region of interest (ROI) evaluation and, therefore, the delay calculation of the diagnostic range is performed after the CARE Test Bolus range has been scanned. **CT CARE Profile** CT CARE Profile allows for visualization of the dose distribution next to the topogram prior to the scan. **CT Flex Dose Profile** For long scan ranges, CT Flex Dose Profile works in combination with CT CARE Dose4D and CT FAST Planning to allow a more optimal modulation of the dose. In longer scans, some organs require more dose than the rest of the scan, i.e., there are different target dose levels needed for different anatomical regions.

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	CT X-CARE CT X-CARE provides organ dose reduction for radiation-sensitive peripheral organs, i.e., eye lenses, while maintaining image quality. **CT Iterative Beam Hardening Correction (iBHC)** CT iBHC reduces beam-hardening artifacts, i.e., in head images. **CT SureView™-Multislice Image Reconstruction System** CT SureView ensures image quality is kept constant for all scan speeds, independent of the selected volume pitch. There is higher pitch accuracy with settings available in steps of 0.1, simplifying processes by handling complex parameter settings. **myExam Compass** myExam Companion enhances consistency of CT procedures, independent of operator skills. It helps reduce the number of protocols and complexity of advanced examinations, by suggesting which settings are more appropriate for every patient. Based on the procedure and patient characteristics it guides users to find the optimal combination of acquisition and reconstruction parameters, standardized results, and always the right dose. Part of myExam Companion™, myExam Compass is based on the condensed knowledge of thousands of scans and protocols from our installed base, which have been recognized and aggregated into clinical decision trees provided ex-factory. **Protocol Password Protection** Protocol Password Protection helps prevent unauthorized access to scan protocols and avoid unauthorized modifications. **DICOM SR Dose Reports** A DICOM structured file allows for the extraction of dose values to create transparency and document dose values, including: - PET dose injection information - PET whole-body dose - PET organ dose - CTDIvol - CT DLP **CT Dose Logs** Whenever the set reference dose levels are exceeded automatically a CT dose report is created on the system. **CT Dose Notification** The software checks the dose values per chronicle entry. CT Dose Notification may help to protect from over-radiation and warn the operator in case set dose thresholds are exceeded. **CT Dose Alerts** With CT Dose Alerts, the software checks the accumulated dose per z-position. This may help to protect from over-radiation and warn the operator in case set dose thresholds are exceeded. **syngo System Security** Modern way of guarding against malware, viruses and malicious attacks, comprising a bundle of solutions:

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	- Provides functionality for user Management and flexible access control for patient data - Improves IT security - Avoids system breakdowns due to malware installations which results in higher system uptimes and reliability - Reduces risk of unwanted software installations - Supports local IT personel - Improves system performance and robustness - Improves securily for the use of external storage devices **Smart Power Save mode** The new power save mode can automatically power off the entire system overnight, cutting energy costs by up to 47% annually-all while ensuring zero disruption to the workflow. The new power save mode embrace sustainable practices without compromising performance. **One Click Patient Unload** The workflow and user experience includes a one-click patient unload solution, potentially reducing radiation exposure to the technologist from pushing unload buttons on the gantry itself. **Biograph Trinion intelligent imaging workflow includes:** **QC&GO** QC&GO enables automation and guidance during quality control procedures, including scheduling the system to power on and be scan-ready at their desired time. **Scan&GO** Scan&GO introduces an intuitive system operation that is designed to enhance the user and patient experience while improving throughput. By using the tablet[1] and wireless remote control[1], entire routine scans can be controlled remotely, reducing walking time and potentially accelerating patient preparation and positioning. Once the scan is completed, users can preview the images on the tablet, finalize the exam, and trigger preconfigured reconstruction tasks. **Check&GO** Based on big data, the Check&GO intelligent algorithm flags problems with coverage or contrast distribution as they occur, for immediate action or correction. It also allows for quickly confirmation, and/or correction of PET cardio and neuro registration prior to reconstruction. This allows you to correct issues on the go, avoid subsequent errors, and stop the archival sub-optimal images. Check&GO Metal Detection helps to prevent mistakes and rescans by alerting the user when metallic objects such as belts, chains, keys, earrings, or other are not removed and present on the scan area after the topogram is done. It informs the user both on the tablet and the console for their presence before the spiral or the sequential scan. **Recon&GO** Recon&GO enables the creation of inline results, a set of fully automated advanced post-processing applications as an alternative to the regular semiautomatic workflows. Recon&GO optimizes your workflow by reducing post-processing tasks to zero-clicks. **MI View&GO** The MI View&GO provides an intuitive, customizable cross-specialty viewing solution and enables postprocessing directly at the scanner for an optimized departmental communication.
14424554 **Add on MI Onco**	The Add on MI Onco package provides streamlined solution tailored for efficiency and precision in PET oncology applications. Item Includes:

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	FlowMotion AI **FlowMotion AI:** Provides the Onco PET FAST Planning package which incorporates AI technology to identify patient landmarks on the topogram and automatically define a scan range based on a predefined list of available scan ranges. Allows consistent scan ranges within a department workflow.
14424562 **MI Routine Cardio**	The MI Routine Cardio package offers essential tools for optimizing your cardiology PET workflow. With a focus on streamlining processes and ensuring accuracy, speed, and consistency, this package enhances your cardiac imaging procedures. Item Includes: Cardio PET FAST Planning PET Cardiac gating PET Cardiac dynamic ECG Module (UPMM) QualityGuard Auto Export MI View&GO Gaussian Filter MI Scan&GO Tablet (2x) Table Extension Paper Roll Holder PHS IV Fusion Pole Dual Monitor Acquisition Workplace **Cardio PET FAST Planning:** incorporates AI technology to identify patient landmarks on the topogram and automatically define a predefined cardio scan range. Allows consistent cardio scan range within a department workflow. **PET Cardiac Gating:** PET cardiac gated list mode acquisition, offline histogramming, and reconstruction for improved accuracy in quantitation as well as visualization of cardiac motion. Supports a maximum of 24 gate bins from the list mode PET acquisition. **PET Cardiac Dynamic:** PET cardiac dynamic list mode acquisition, offline histogramming and reconstruction. Support for retrospective histogramming in any arbitrary frame durations of 3 second or greater, maximum of 100 frames defined by available disk space. The Dynamic Speed feature supports online processing capabilities for list mode imaging allowing reconstruction of dynamic frames from list mode data while acquisition is ongoing. **Universal Physiological Monitoring Module (UPMM):** Provides patient cardiac ECG information for either CT or PET cardiac gating. Located in the patient handling system for convenient patient connection. Includes patient cable. **QualityGuard:** Utilizing the intrinsic radioactive properties of LSO detectors, QualityGuard runs during off hours, providing daily and weekly PET quality control without the need to handle the Ge-68 phantom. PET gantry status greets the user in the morning, minimizing the time needed for morning quality control prior to first patient imaging. **Auto Export:** Auto Export tool allows the configuration of when and where data is exported, including: - where the data can be exported, up to two locations - anonymous or non-anonymous export - time of export, either at exam completion or at a scheduled time. - type of data to be exported including. - Topogram - CT Recon

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jay.white@siemens-healthineers.com

PRELIMINARY PROPOSAL

Part No./Product	Description
	- CT Dose Report - CT Exam Report - MI Recon - MI RAW Data **MI View&GO Gaussian Filter:** is an option within MI View&GO to apply a Gaussian filter to All-Pass PET images. **MI Scan&GO Tablet* (2x):** MI Scan&GO is a mobile workflow that allows the operator to control scans covering the full clinical spectrum remotely, via an application on a tablet. The operator can reduce walking time and potentially accelerate patient preparation and positioning with the MI Scan&GO tablet application. At the same time, it enables users to dedicate quality time to their patients. **Table Extension:** Provides a comfortable table that extends the scan range. **Paper Roll Holder:** Holds a quick supply of paper that can be used to hygienically cover the table mattress for patient examinations. - Paper rolls not included - Dimension information for suitable paper rolls: Inner diameter > 40 mm Outer diameter < 160 mm Length < 590 mm **PHS IV Fusion Pole:** Holds IV fusion bags to the end of the patient table during scans. **Dual Monitor Acquisition Workplace:** Enables the use of a dual monitor setup in the acquisition workplace by providing an additional 24"/61 cm flat screen monitor with dual display functionality. **Please be aware that specific country approval is required for the wireless components of Biograph Trinion, such as the tablets and the remote control.* *An overview of the current status is available at the link below, please check the situation for your country before ordering, and contact your* *HQ Sales Support Team if approval is not granted. Quotations and offers are allowed in such cases but delivery date cannot be confirmed for those countries.* *https://siemens-healthineers.seismic.com/Link/Content/DCXfWDPh29jG6G9V3GF7jqd4Gj8d*
14424566 **MI Advanced Cardio (Optional)**	The MI Advanced Cardio package provides streamlined solutions tailored for efficiency and precision in advanced PET cardiology applications. Includes: Cardio Direct™ **Cardio Direct™:** Introduces an innovative time of flight data-driven motion correction (TOF DDMC) solution, leveraging ultra-fast TOF resolution to elevate PET cardiac studies. It enables precise measurement and correction of respiratory and bulk heart motion, accommodating both periodic and non-periodic movements. Cardio Direct™ corrects motion across all three types of PET cardiac perfusion images: static, gated, and dynamic.

PITTS LITTLE CORPORATION
2711 ALTON ROAD
BIRMINGHAM, AL 35210
USA

Voice: 205-833-5911
Fax: 205-833-5912

QUOTATION

Quote Number: 26796
Quote Date: Oct 15, 2025
Page: 1

Quoted To:	Ship To:
CREDIT CARD SALES	ST LUKE'S HOSPITAL PET/CT 224 S WOODS MILL RD CHESTERFIELD, MO 63017

Customer Job/Ref	Good Thru	Payment Terms	Sales Rep
	11/14/25	Prepaid	04

Quantity	Item	Description	Unit Price	Amount
1.00		Shielding for PET/CT & Stress Lab		
16.00	4587	4' x 8' x 5/8" FC DRYWALL LINED WITH 49" x 84" x 1.6mm LEAD	295.00	4,720.00
1.00	044984	49" x 84" x 1.6mm SHEET LEAD	250.00	250.00
12.00	LP23	16" x 84" x 1/2" FT PLYWOOD LINED WITH 16" x 84" x 6mm (1/4") LEAD	375.00	4,500.00
12.00		2" x 84" x 1/4" LEAD BATTEN	40.00	480.00
30.00	LP34D	12" x 84" x 3/4" FT PLYWOOD LINED WITH 12" x 84" x 12mm (1/2") LEAD	565.00	16,950.00
32.00		2" x 84" x 1/2" LEAD BATTEN	80.00	2,560.00
190.00	IB15412	1-1/2" x 4" x 12" INTERLOCKING LEAD BRICKS	67.50	12,825.00
8.00	CONST.	1" x 3" TUBE STEEL FOR BRICKS	195.00	1,560.00
1.00	G7mm	42" x 60" x 7mm THICK LEADED GLASS EQUIVALENT TO 1.6mm LEAD AT 150 KV PEAK VOLTAGE		
1.00	VW	WELDED VIEW WINDOW FRAME LINED WITH 1/16" LEAD, 5" THROAT, 42-3/8" X 60-3/8" INSIDE TO INSIDE	800.00	800.00
1.00	FRT	FREIGHT: CUSTOMER IS RESPONSIBLE FOR UNLOADING THE TRUCK	2,900.00	2,900.00
1.00	NOTE	CUSTOMER TO VERIFY LEAD HEIGHT, THICKNESS AND ALL QUANTITIES PRIOR TO PLACING AN ORDER. ANY MATERIAL NOT SPECIFICALLY LISTED IS EXCLUDED. SALES TAX IS EXCLUDED		

Subtotal	47,545.00
Sales Tax	
Freight	
TOTAL	**47,545.00**

Material to be unloaded and installed by others

PITTS LITTLE CORPORATION
2711 ALTON ROAD
BIRMINGHAM, AL 35210
USA

Voice: 205-833-5911
Fax: 205-833-5912

QUOTATION

Quote Number: 26802
Quote Date: Oct 16, 2025
Page: 1

Quoted To:	Ship To:
CREDIT CARD SALES	ST LUKE'S HOSPITAL PET/CT 224 S WOODS MILL RD CHESTERFIELD, MO 63017

Customer Job/Ref	Good Thru	Payment Terms	Sales Rep
PHASE 1	11/15/25	Prepaid	04

Quantity	Item	Description	Unit Price	Amount
1.00		SHIELDING FOR HOT LAB 2128C & INJECTION 2129		
6.00	6587	4' x 8' x 5/8" FC DRYWALL LINED WITH 48" x 84" x 2mm LEAD	400.00	2,400.00
8.00		2" x 84" x 2mm LEAD STRIPS	13.00	104.00
17.00	LP23	16" x 84" x 1/2" FT PLYWOOD LINED WITH 16" x 84" x 4mm LEAD	275.00	4,675.00
21.00		2" x 84" x 4mm LEAD BATTEN	26.00	546.00
2.00		42" x 140" x 2mm LEAD (INJECTION FLOOR)	475.00	950.00
2.00		3" x 140" x 2mm LEAD (INJECTION FLOOR)	35.00	70.00
1.00		SHIELDING FOR UPTAKE 2128 & UPTAKE 2128B	80.00	80.00
1.00		LEAD WALLS ARE BID TO A HEIGHT OF 10'		
5.00		4' x 8' x 5/8" FC DRYWALL LINED WITH 49" x 96" x 1mm LEAD	280.00	1,400.00
5.00		4' x 2' x 5/8" FC DRYWALL LINED WITH 49" x 24" x 1mm LEAD	85.00	425.00
5.00		3" x 96" x 1mm LEAD	15.00	75.00
1,100.00	IB1412	1" x 4" x 12" INTERLOCKING LEAD BRICKS	45.00	49,500.00
2.00		37" x 87" x 1/16" LEAD (UPTAKE FLOOR)	205.00	410.00
2.00		38" x 87" x 1/16" LEAD (UPTAKE FLOOR)	210.00	420.00
2.00		39" x 87" x 1/16" LEAD (UPTAKE FLOOR)	215.00	430.00
2.00		40" x 87" x 1/16" LEAD (UPTAKE FLOOR)	220.00	440.00
22.00		36" x 87" x 1/16" LEAD (UPTAKE FLOOR)	196.00	4,312.00
27.00	LP34D	24" x 24" x 3/4" FT PLYWOOD LINED WITH 24" x 24" x 6.5mm LEAD (UPTAKE CEILING)	195.00	5,265.00
12.00	LP34D	18" x 24" x 3/4" FT PLYWOOD LINED WITH 18" x 24" x 6.5mm LEAD (UPTAKE CEILING)	150.00	1,800.00
50.00		2" x 48" x 6mm LEAD	25.00	1,250.00

Subtotal	Continued
Sales Tax	Continued
Freight	
TOTAL	**Continued**

Material to be unloaded and installed by others

PITTS LITTLE CORPORATION
2711 ALTON ROAD
BIRMINGHAM, AL 35210
USA

Voice: 205-833-5911
Fax: 205-833-5912

QUOTATION

Quote Number: 26802
Quote Date: Oct 16, 2025
Page: 2

Quoted To:
CREDIT CARD SALES

Ship To:
ST LUKE'S HOSPITAL PET/CT 224 S WOODS MILL RD CHESTERFIELD, MO 63017

Customer Job/Ref	Good Thru	Payment Terms	Sales Rep
PHASE 1	11/15/25	Prepaid	04

Quantity	Item	Description	Unit Price	Amount
1.00	FRT	FREIGHT: CUSTOMER IS RESPONSIBLE FOR UNLOADING THE TRUCK	2,900.00	2,900.00
1.00	NOTE	CUSTOMER TO VERIFY LEAD HEIGHT, THICKNESS AND ALL QUANTITIES PRIOR TO PLACING AN ORDER. ANY MATERIAL NOT SPECIFICALLY LISTED IS EXCLUDED. SALES TAX IS EXCLUDED		

Subtotal	77,452.00
Sales Tax	
Freight	
TOTAL	**77,452.00**

Material to be unloaded and installed by others

PITTS LITTLE
RADIATION SHIELDING

TO: ARCHIMAGES INC ATTENTION: JIM HUBER
FROM: WALTER LITTLE DATE: OCTOBER 15, 2025
Re: St. Luke's Hospital PET/CT – Chesterfield, MO

We are quoting labor only to install the lead lined plywood, interlocking lead brick and tube steel as listed on our quotation number 26796 dated 10/15/25 in PET/CT 2126 and Stress Lab 2125.

All other materials are to be unloaded and installed by others including the lead lined drywall, view window frame, leaded glass and wrapping penetrations. The door frames and doors are excluded from our quotation.

This number is subject to change if the list of material changes. All material is to be unloaded and staged in the construction area by others prior to our arrival. All studs are to be in place prior to our arrival. Studs and framing are to be specified, furnished and installed by others.

We are not aware of any penetrations in the lead lined plywood or the lead bricks. Any wrapping of penetrations is excluded from this quotation.

-The term existing means that the studs/materials are in place prior to our arrival.
-The lead lined plywood will be screwed to the existing studs.
-The interlocking lead bricks will be stacked on the floor in front of the existing studs.
-The tube steel will be wedge anchored to the concrete floor and screwed to the studs above the lead.
-Our installation is to precede the installation of the lead lined drywall.

Any work not specifically listed above is excluded.

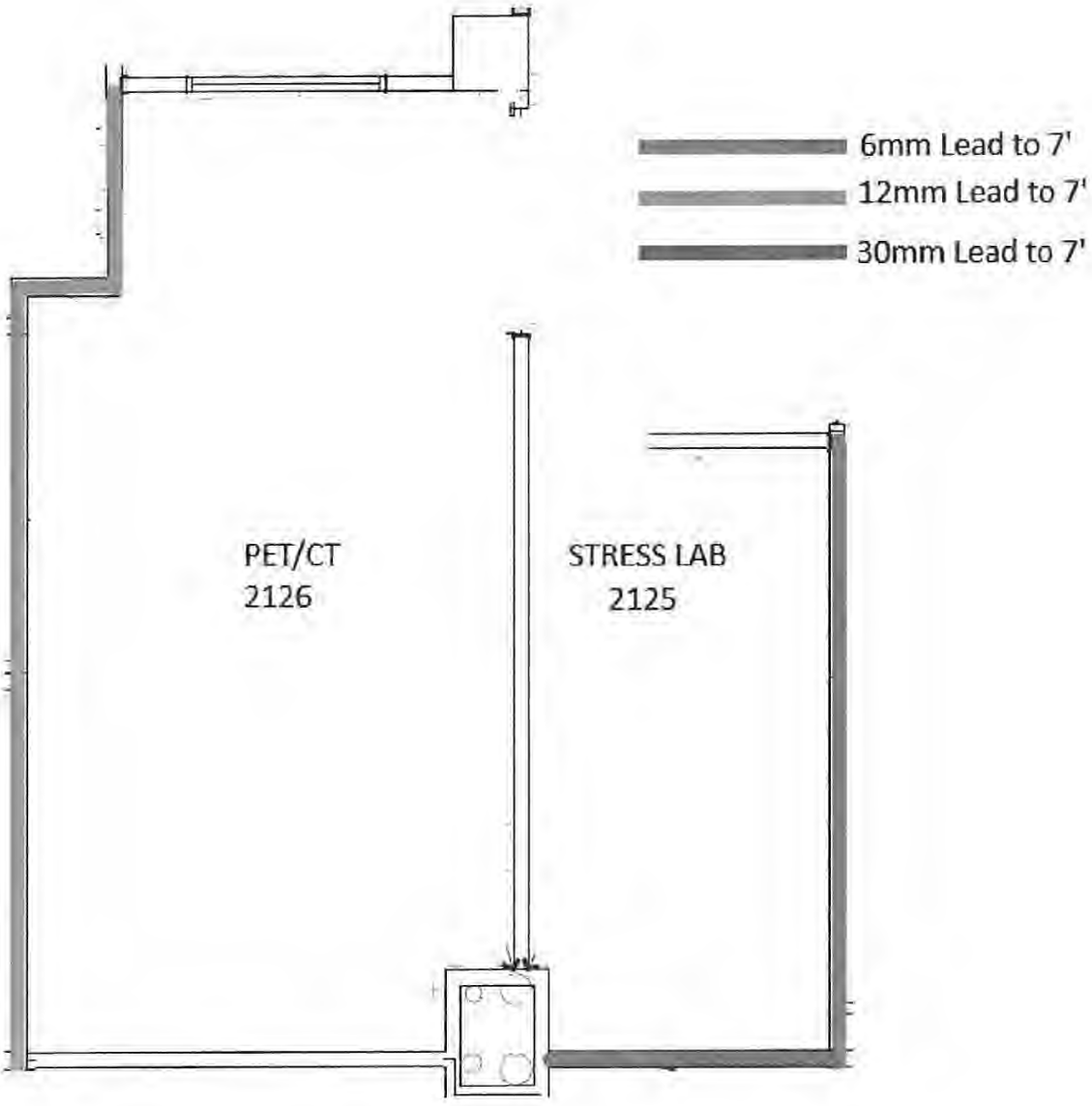
Total $30,920.00

Specifically excluded: Demolition, Utility relocation, Stud or Strut work, Drywall, Painting or finishing, Testing, Physics, Penetration shielding, Union labor, Shoring

Thank you,
Walter Little
Walter Little
Vice President

Pitts Little Corporation • 2711 Alton Road • Birmingham, Alabama 35210 • (205) 833-5911
Visit our web site at http://www.pittslittle.com or E-mail us at sales@pittslittle.com

PITTS LITTLE
RADIATION SHIELDING



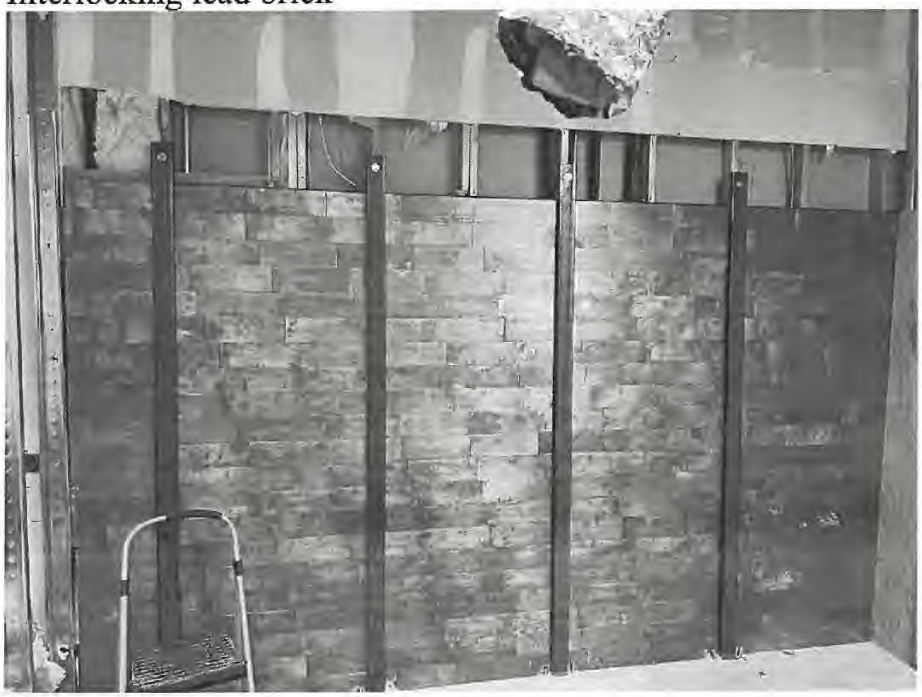
Wall shielding material to be installed:
1 wall with 6mm lead lined plywood to 7'
1 wall with 12mm lead lined plywood to 7'
1 wall with 1-1/2" interlocking lead brick to 7'

Pitts Little Corporation • 2711 Alton Road • Birmingham, Alabama 35210 • (205) 833-5911
Visit our web site at http://www.pittslittle.com or E-mail us at sales@pittslittle.com

PITTS LITTLE
RADIATION SHIELDING

Lead lined plywood

Interlocking lead brick



Pitts Little Corporation • 2711 Alton Road • Birmingham, Alabama 35210 • (205) 833-5911
Visit our web site at http://www.pittslittle.com or E-mail us at sales@pittslittle.com

PITTS LITTLE
RADIATION SHIELDING

TO: ARCHIMAGES INC ATTENTION: JIM HUBER
FROM: WALTER LITTLE DATE: OCTOBER 16, 2025
Re: St. Luke's Hospital PET/CT – Phase 1 - Chesterfield, MO

We are quoting **labor only** to install the lead lined plywood, interlocking lead brick as listed on our quotation number 26802 dated 10/16/25 in Uptake 2128 & Uptake 2128B.

All other materials are to be unloaded and installed by others including the lead lined drywall, floor lead shielding and wrapping penetrations. The door frames and doors are excluded from our quotation. This estimate includes the labor to install approximately 34 linear feet of 1" thick interlocking lead brick wall to 10' and approximately 132 square feet of 6.58mm thick lead lined plywood ceiling shielding.

This number is subject to change if the list of material changes. All material is to be unloaded and staged in the construction area by others prior to our arrival. The steel cage to support the interlocking lead brick and lead plywood ceiling is to be in place prior to our arrival. We are happy to develop the steel support plan with the design team. Steel tubes, studs and framing are to be specified, furnished and installed by others.

We are not aware of any penetrations in the lead lined plywood or the lead bricks. Any wrapping of penetrations is excluded from this quotation.

-The term existing means that the studs/materials are in place prior to our arrival.
-The lead lined plywood will placed on top of an existing steel structure.
-The interlocking lead bricks will be stacked on the floor in front of the existing tube steel cage (walls and ceiling steel).
-We will install steel tubes on the outside of the interlocking lead brick for restraints. The tubes will be wedge anchored to the concrete floor and screwed back to the steel support cage.
-Our installation is to be prior to the installation of the lead floor shield and the lead lined drywall.

Any work not specifically listed above is excluded.

Total $43,600.00

PITTS LITTLE
RADIATION SHIELDING

Specifically excluded: Demolition, Utility relocation, Stud or Strut work, Drywall, Painting or finishing, Testing, Physics, Penetration shielding, Union labor, Shoring

Thank you,

Walter Little

Walter Little
Vice President

Pitts Little Corporation • 2711 Alton Road • Birmingham, Alabama 35210 • (205) 833-5911
Visit our web site at http://www.pittslittle.com or E-mail us at sales@pittslittle.com

TKH TOUSSAINT KELLY HARTKE
HEALTHCARE FACILITY PLANNING, PROGRAMMING, DESIGN

CONSTRUCTION BID FORM

Contractors bidding on the following project are to complete the cost form below and submit bid this form for proper evaluation of all the project costs: CONTRACTOR to provide back up information, items excluded on separate sheets.

Project Name: **SLH – PET/CT**

General Conditions:	109,955
Demolition:	22,395
Carpentry Labor / Material:	3,505
Gypsum Board Labor / Material:	85,505
Door / Hardware:	38,565
Casework:	17,874
Interior Finishes Labor / Material:	73,196
Mechanical:	148,750
Electrical:	168,388
Plumbing:	With Mechanical
Sprinklers:	23,880
Night and Weekend Allowance	Included for Flooring & work in corridor.
General Contractor Overhead:	0
General Contractor Profit:	34,601
Mark-up % On Change Orders:	8 %
Mark-up % On Self Performed Work	8 %
Mark-up % On Subcontractors Work	8 %
Contractor Contingency 10%:	0

Total Cost Opinion Cost: $ _____

Calendar Days to Complete: _____

All fields may not be applicable. Highlighted categories are required.

#3397350v1

McGrath & Associates, Inc.

GENERAL CONTRACTORS-CONSTRUCTION MANAGERS

September 4, 2025

Jason Willis
Director, Facilities & Engineering
St. Luke Hospital
232 South Woods Mill Rd
Chesterfield MO 63141

RE: St. Luke's – Pet CT
Lump Sum Price

Dear Jason,

We have prepared a Lump Sum Price for the above-mentioned project. Our price for this project is $726,614 (Seven Hundred Twenty-Six Thousand Six Hundred Fourteen Dollars).

Attached you will find the following documents:

- Clarifications
- Exclusions
- Preliminary Schedule

Please let us know if you have any questions or need additional information.

Sincerely,
MCGRATH & ASSOCIATES, INC.

Tony Vansaghi

Tony Vansaghi
Senior Estimator

cc: Jared Zipprich – McGrath & Associates, Inc.

1920 S. KINGSHIGHWAY BLVD. ST. LOUIS, MISSOURI 63110
(314) 772-7600 FAX (314) 772-4894
www.mcgrathconstruction.com
Employee Owned

McGrath & Associates, Inc.

GENERAL CONTRACTORS-CONSTRUCTION MANAGERS

St. Luke's
Pet CT

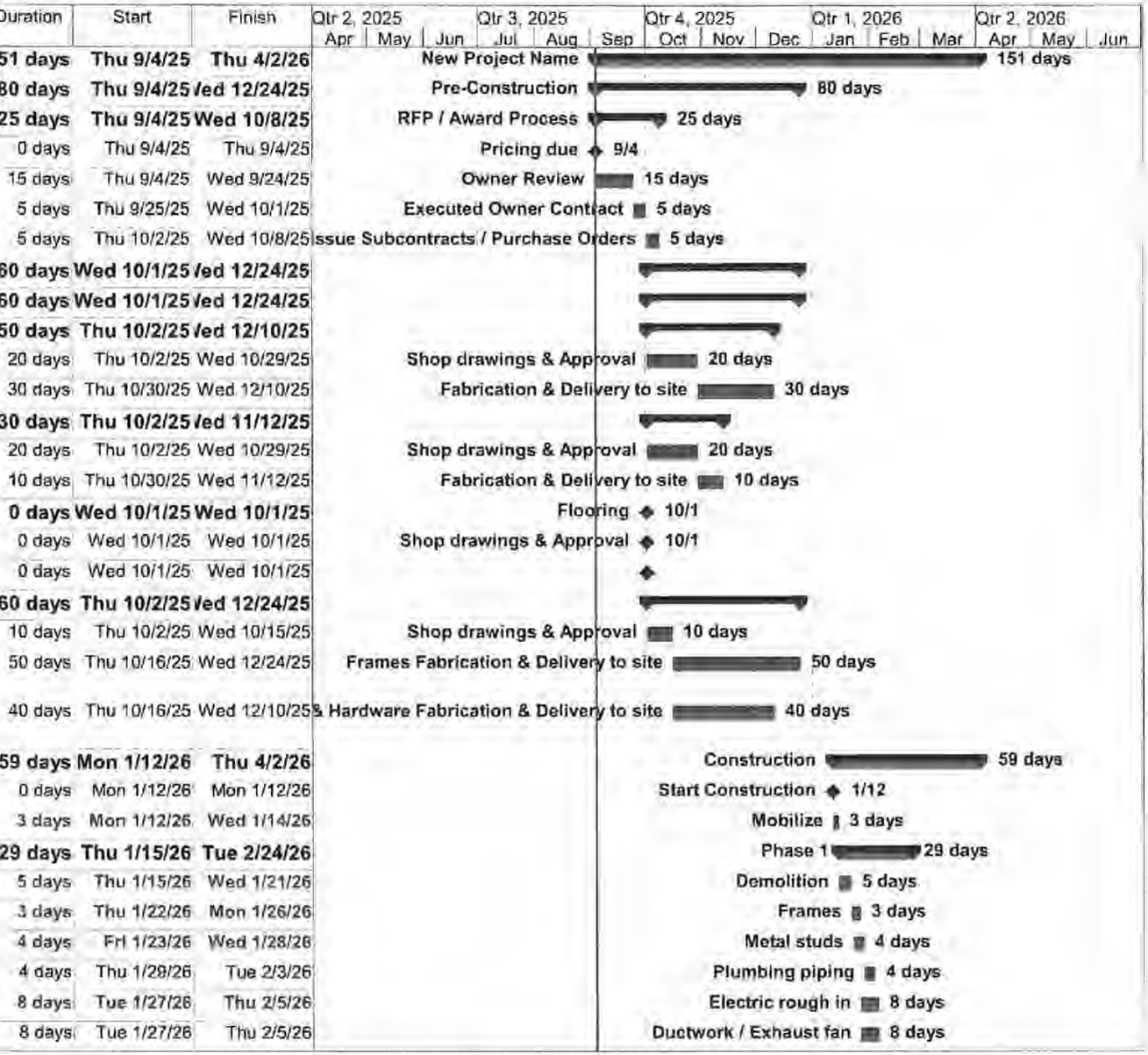
Project Clarifications

1. Our price is based on current commodity pricing as of the date of this proposal. No escalation costs have been included in this proposal. Any price increases at time of final design and purchase on commodity-based items (steel, copper etc.) will be reviewed and submitted to owner for additional costs. At this time of volatility, we cannot absorb these escalation costs.
2. Our proposal does not include any work associated with any material identified as hazardous material or subject to statutory or regulatory requirements governing handling, disposal and/or cleanup. We shall not be required to perform any work in the area of known or suspected hazardous material without written mutual agreement.
3. This proposal is based on Archimages drawings dated 08/15/2025 titled St. Lukes Healthcare Pet CT project #23097
4. Temporary partitions are included. We anticipate we will use an Edge Guard System or similar.
5. Removal of furniture does not include hospital equipment.
6. Proposal assumes Lead Lined equipment noted on drawing A4.0 elevation B is provided & installed by others.
7. Proposal assumes St Lukes is carrying referenced quote on E0.1 - Philips Equipment Quote # 1-2P202R3 REV1 Direct
8. Siemens equipment is assumed to be furnished directly by St. Luke.
9. Partition type C3A is not lead lined.

Exclusions

1. Work associated with hazardous material.
2. Code upgrades to existing conditions
3. Overtime
4. Owner furniture / equipment relocation and moving
5. Taxes
6. Pet/CT Equipment
7. Fabric Wrapped Panels – No location called out on drawings
8. Nurse call testing / work from Primary Systems
9. Fireproofing patching

ID	Task Name	Duration	Start	Finish
1	**New Project Name**	**151 days**	**Thu 9/4/25**	**Thu 4/2/26**
2	**Pre-Construction**	**80 days**	**Thu 9/4/25**	**Wed 12/24/25**
3	**RFP / Award Process**	**25 days**	**Thu 9/4/25**	**Wed 10/8/25**
4	Pricing due	0 days	Thu 9/4/25	Thu 9/4/25
5	Owner Review	15 days	Thu 9/4/25	Wed 9/24/25
6	Executed Owner Contract	5 days	Thu 9/25/25	Wed 10/1/25
7	Issue Subcontracts / Purchase Orc	5 days	Thu 10/2/25	Wed 10/8/25
8	**Procurement**	**60 days**	**Wed 10/1/25**	**Wed 12/24/25**
9	**Submittals**	**60 days**	**Wed 10/1/25**	**Wed 12/24/25**
10	**HVAC Equipment**	**50 days**	**Thu 10/2/25**	**Wed 12/10/25**
11	Shop drawings & Approval	20 days	Thu 10/2/25	Wed 10/29/25
12	Fabrication & Delivery to site	30 days	Thu 10/30/25	Wed 12/10/25
13	**Electrical**	**30 days**	**Thu 10/2/25**	**Wed 11/12/25**
14	Shop drawings & Approval	20 days	Thu 10/2/25	Wed 10/29/25
15	Fabrication & Delivery to site	10 days	Thu 10/30/25	Wed 11/12/25
16	**Flooring**	**0 days**	**Wed 10/1/25**	**Wed 10/1/25**
17	Shop drawings & Approval	0 days	Wed 10/1/25	Wed 10/1/25
18	Fabrication & Delivery to site	0 days	Wed 10/1/25	Wed 10/1/25
19	**Doors, Frames & Hardwar**	**60 days**	**Thu 10/2/25**	**Wed 12/24/25**
20	Shop drawings & Approval	10 days	Thu 10/2/25	Wed 10/15/25
21	Frames Fabrication & Delivery to site	50 days	Thu 10/16/25	Wed 12/24/25
22	Doors & Hardware Fabrication & Delivery to	40 days	Thu 10/16/25	Wed 12/10/25
23	**Construction**	**59 days**	**Mon 1/12/26**	**Thu 4/2/26**
24	Start Construction	0 days	Mon 1/12/26	Mon 1/12/26
25	Mobilize	3 days	Mon 1/12/26	Wed 1/14/26
26	**Phase 1**	**29 days**	**Thu 1/15/26**	**Tue 2/24/26**
27	Demolition	5 days	Thu 1/15/26	Wed 1/21/26
28	Frames	3 days	Thu 1/22/26	Mon 1/26/26
29	Metal studs	4 days	Fri 1/23/26	Wed 1/28/26
30	Plumbing piping	4 days	Thu 1/29/26	Tue 2/3/26
31	Electric rough in	8 days	Tue 1/27/26	Thu 2/5/26
32	Ductwork / Exhaust fan	8 days	Tue 1/27/26	Thu 2/5/26



Date: Thu 9/4/25 2:53 PM

McGrath & Associates, Inc.
GENERAL CONTRACTORS CONSTRUCTION MANAGERS

Task
Critical Path
Split
Milestone
Summary
Project Summary

ID	Task Name	Duration	Start	Finish
33	Roof Patch	2 days	Fri 2/6/26	Mon 2/9/26
34	VAV / Piping	2 days	Fri 2/6/26	Mon 2/9/26
35	Med Gas piping	3 days	Fri 2/6/26	Tue 2/10/26
36	Drywall	4 days	Wed 2/4/26	Mon 2/9/26
37	Taping	4 days	Fri 2/6/26	Wed 2/11/26
38	ACT	5 days	Mon 2/9/26	Fri 2/13/26
39	Painting	6 days	Tue 2/10/26	Tue 2/17/26
40	Flooring	5 days	Thu 2/12/26	Wed 2/18/26
41	Cabinetry	5 days	Thu 2/12/26	Wed 2/18/26
42	Doors & Hardware	5 days	Wed 2/18/26	Tue 2/24/26
43	Phase 1 Complete	0 days	Tue 2/24/26	Tue 2/24/26
44				
45	**Phase 2**	**27 days**	**Wed 2/25/26**	**Thu 4/2/26**
46	Demolition	5 days	Wed 2/25/26	Tue 3/3/26
47	Frames	3 days	Mon 3/2/26	Wed 3/4/26
48	Metal studs	4 days	Tue 3/3/26	Fri 3/6/26
49	Plumbing piping	4 days	Mon 3/9/26	Thu 3/12/26
50	Electric rough in	8 days	Thu 3/5/26	Mon 3/16/26
51	Ductwork / Exhaust fan	8 days	Thu 3/5/26	Mon 3/16/26
52	Roof Patch	2 days	Tue 3/17/26	Wed 3/18/26
53	VAV / Piping	2 days	Tue 3/17/26	Wed 3/18/26
54	Med Gas piping	3 days	Tue 3/17/26	Thu 3/19/26
55	Drywall	4 days	Fri 3/13/26	Wed 3/18/26
56	Taping	4 days	Tue 3/17/26	Fri 3/20/26
57	ACT	5 days	Wed 3/18/26	Tue 3/24/26
58	Painting	6 days	Thu 3/19/26	Thu 3/26/26
59	Flooring	5 days	Mon 3/23/26	Fri 3/27/26
60	Cabinetry	5 days	Mon 3/23/26	Fri 3/27/26
61	Doors & Hardware	5 days	Fri 3/27/26	Thu 4/2/26
62	Phase 2 Complete	0 days	Thu 4/2/26	Thu 4/2/26
63	Flooring - Night Shifts	5 days	Thu 3/19/26	Wed 3/25/26
64	Construction complete	0 days	Thu 4/2/26	Thu 4/2/26

Date: Thu 9/4/25 2:53 PM

McGrath & Associates, Inc.
GENERAL CONTRACTORS CONSTRUCTION MANAGERS

Task
Critical Path
Split
Milestone
Summary
Project Summary

Breanna M. Booker

From: Huber, Jim <jhuber@archimages-stl.com>
Sent: Wednesday, July 9, 2025 3:55 PM
To: Steve Hartke
Cc: Willis, Jason D
Subject: [EXTERNAL] RE: Fee Costs

This is the fee that I gave to Don.

Arch	$29,500
Structural	$3,500 Floor loading and path of travel for equipment evaluation. Aso study loading depending on lead sizes in the walls. Only bill the fee used.

Jim Huber
Principal

Archimages, Inc.
Architecture + Interiors

143 West Clinton Place
St. Louis, MO 63122
314-965-7445 office
jhuber@archimages-stl.com

From: Steve Hartke <shartke@tkhinc.com>
Sent: Wednesday, July 9, 2025 3:34 PM
To: Huber, Jim <jhuber@archimages-stl.com>
Cc: Willis, Jason D (Jason.Willis@stlukes-stl.com) <jason.willis@stlukes-stl.com>
Subject: RE: Fee Costs

Also need fee on PET/CT as well.

Steve Hartke, AIA ASHE
President / Principal
TKH Inc.
121 Hunter Avenue Suite #205
St. Louis, MO 63124
Phone - 314-721-1618
Fax - 314-721-8119

Cell - 314-795-9589
www.tkhinc.com

From: Huber, Jim <jhuber@archimages-stl.com>
Sent: Wednesday, July 9, 2025 11:16 AM
To: Steve Hartke <shartke@tkhinc.com>
Cc: Willis, Jason D (Jason.Willis@stlukes-stl.com) <jason.willis@stlukes-stl.com>
Subject: RE: Fee Costs

Sorry for delay. I had asked accounting to send to you but they have not. The following are the architectural and structural numbers.

Cath Lab

Arch	17,500
Structural	6,000

Ep
Phase 1

Arch	38,500 (this will be design build MEP)

Phase 2

Arch	79,900
Structural	12,500

Jim Huber
Principal

Archimages, Inc.
Architecture + Interiors

143 West Clinton Place
St. Louis, MO 63122
314-965-7445 office
jhuber@archimages-stl.com

From: Steve Hartke <shartke@tkhinc.com>
Sent: Tuesday, July 8, 2025 4:47 PM
To: Huber, Jim <jhuber@archimages-stl.com>
Cc: Willis, Jason D (Jason.Willis@stlukes-stl.com) <jason.willis@stlukes-stl.com>
Subject: RE: Fee Costs

Jim,
I need fee costs for these projects by Friday at latest.

Steve Hartke, AIA ASHE
President / Principal
TKH Inc.

121 Hunter Avenue Suite #205
St. Louis, MO 63124
Phone - 314-721-1618
Fax - 314-721-8119
Cell - 314-795-9589
www.tkhinc.com

From: Steve Hartke
Sent: Wednesday, July 2, 2025 1:51 PM
To: Jim Huber (jhuber@archimages-stl.com) <jhuber@archimages-stl.com>
Cc: Willis, Jason D (Jason.Willis@stlukes-stl.com) <jason.willis@stlukes-stl.com>; Don Miller (don.miller@stlukes-stl.com) <don.miller@stlukes-stl.com>
Subject: RE: Fee Costs

Any updates on fees?

Steve Hartke, AIA ASHE
President / Principal
TKH Inc.
121 Hunter Avenue Suite #205
St. Louis, MO 63124
Phone - 314-721-1618
Fax - 314-721-8119
Cell - 314-795-9589
www.tkhinc.com

From: Steve Hartke
Sent: Friday, June 27, 2025 3:31 PM
To: Jim Huber (jhuber@archimages-stl.com) <jhuber@archimages-stl.com>
Cc: Willis, Jason D (Jason.Willis@stlukes-stl.com) <jason.willis@stlukes-stl.com>; Don Miller (don.miller@stlukes-stl.com) <don.miller@stlukes-stl.com>
Subject: Fee Costs

Jim and Jason,
I need fee costs for Archimages and structural (if applicable) and MEP/FP for Cath Lab Replacement and EP Lab. EP Lab should be broken out by Phase 1 Pre/Post and Phase 2 EP Lab. Can you send to me by next Wednesday morning?
Need to update master budgets.
Thx.

Jim,
Cath Lab and EP Lab schedules are attached.

Steve Hartke, AIA ASHE
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July 8, 2025

Mr. Jason Willis
Director of Plant Operations
St. Luke's Hospital
232 South Woods Mill Road
Chesterfield, Missouri 63017

Re: **LETTER AGREEMENT FOR DESIGN OR OTHER CONSULTING SERVICES**
St. Luke's Hospital PET/CT
232 South Woods Mill Road
Chesterfield, Missouri 63017
CDE# 26.008653.017

Dear Mr. Willis,

This Letter Agreement (LOA) for Design or Other Consulting Services as further defined herein is between Clayco Design & Engineering, Inc. (CDE) and St. Luke's Hospital (OWNER) for the St. Luke's Hospital PET/CT project in Chesterfield, Missouri.

1. PROJECT DESCRIPTION AND UNDERSTANDING

Refer to Exhibit B for general scope and deliverables.

CDE will prepare design and construction documents for competitive bidding by general contractors.

The OWNER acknowledges it currently and upon execution of this LOA has the funds to pay and shall pay for all professional Design or Other Consulting Services and fees as further defined herein, provided by CDE and CDE's Consultants regardless of project approval or financing. If for whatever reason the project does not proceed, the OWNER shall pay CDE and its Consultants for all work performed and expenses incurred to date of notification.

The OWNER recognizes and agrees that CDE and its design Consultants have already commenced design services and have started incurring costs.

2. SCOPE OF DESIGN OR OTHER PROFESSIONAL SERVICES

Refer to Exhibit B.

Normal Additional Services are as described in the AIA B101 – 2007 OWNER/CDE Agreement or AIA C103 – 2005, at CDE's reasonable discretion.

3. COMPENSATION, REIMBURSABLE EXPENSES, & PAYMENT

Compensation - CDE's compensation for performing its Basic Design Documentation or Other Consulting Services shall be a Total Lump Sum Fee in the amount of FIFTY-NINE THOUSAND TWO HUNDRED FORTY DOLLARS ($59,240.00). This amount may change based on the final Project Scope. The Total Lump Sum Fee is composed of the following:

CDE Design Fee	**$59,240.00**

Reimbursable Expenses - In addition to compensation for the Basic and Additional Design or Other Consulting Services, CDE and its Consultants shall be authorized and reimbursed for out of pocket expenses in connection with the project. These expenses include:

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1. Expense of transportation in connection with the Project; limited to expenses in connection with authorized out-of-town travel; and fees paid for securing approval of authorities having jurisdiction over the Project.
2. For assignments where the compensation is on an hourly rate basis, postage and handling of Drawings, Specifications and other documents, and expense of long distance telecommunications.
3. Expense of reproduction of all documents for scheduled Progress Printings when incurred by CDE, postage for shipping progress print documents to the OWNER and/or Contractor.
4. Expense of photography, specially required renderings and illustrations, and models.

The OWNER shall pay directly for the above types of expenses. CDE will arrange for billing such expenses directly to the OWNER in so far as is practical. All other expenses are included in Compensation for Basic and Additional Services.

Payment - Invoices will be submitted monthly to the OWNER by the 25th of each month. Payment shall be made no later than thirty (30) days after the date of invoice submittal. Project-related expenses shall be reimbursed at 1.0 times the actual amount if paid within 30 days of invoice receipt otherwise there will be a 1% per month handling carry charge. The compensation and reimbursable expenses are net of all taxes.

4. INSURANCE

CDE shall provide the OWNER with a Certificate of Insurance in the amounts indicated in the attached Exhibit "D" Insurance Requirements.

5. FORM OF AGREEMENT

Please sign and return one signed copy of this Letter of Intent to CDE.

NOTICE TO OWNER:
FAILURE OF THIS CONTRACTOR TO PAY THOSE PERSONS SUPPLYING MATERIAL OR SERVICES TO COMPLETE THIS CONTRACT CAN RESULT IN THE FILING OF A MECHANIC'S LIEN ON THE PROPERTY WHICH IS THE SUBJECT OF THIS CONTRACT PURSUANT TO CHAPTER 429, RSMO. TO AVOID THIS RESULT YOU MAY ASK THIS CONTRACTOR FOR "LIEN WAIVERS" FROM ALL PERSONS SUPPLYING MATERIAL OR SERVICES FOR THE WORK DESCRIBED IN THIS CONTRACT. FAILURE TO SECURE LIEN WAIVERS MAY RESULT IN YOUR PAYING FOR LABOR AND MATERIAL TWICE.

Agreed,

Clayco Design & Engineering, Inc. (CDE)	St. Luke's Hospital (OWNER)
David Mills President	Jason Wilson Director of Plant Operations

Attachment:

Exhibit "B" Scope
Exhibit "D" Insurance Requirements

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6. TERMS AND CONDITIONS

1. STANDARD OF CARE: CDE and its CONSULTANTS (if applicable) shall perform its services consistent with the professional skill and care ordinarily provided by professionals in the same discipline practicing in the same or similar locality under the same or similar circumstances (the "Standard of Care"). CDE shall perform its services as expeditiously as is consistent with the Standard of Care and the orderly progress of the Project.
2. PAYMENTS are due and owing to CDE as stated above in this LOA.
3. LEGAL COSTS. The OWNER shall reimburse CDE for all costs incurred in collection of unpaid accounts, including, without limitation, all reasonable attorney's fees and legal expenses.
4. DIRECT PERSONNEL EXPENSE is defined as the direct salary of all CDE's personnel engaged on the Project and the portion of the cost of their mandatory and customary contributions and benefits related thereto, such as employment taxes and other statutory employee benefits, insurance, sick leave, holidays, vacations, pensions and similar contributions and benefits.
5. CONSULTANTS are those who provide services to CDE in support of the Project. If it is requested that CDE retain any additional Consultants on the OWNER's behalf, their charges will be in addition to the stated lump sum fee. Invoicing and payment shall be the same as in Item 1 above.
6. SEPARATE CONSULTANTS. If a firm or firms are separately engaged by the OWNER to work under the general direction of CDE, CDE shall have no responsibility or liability for the performance or technical sufficiency of the services of such separately engaged firms.
7. DISPUTE RESOLUTION. Any controversy, claim or dispute arising out of or relating to the interpretation, construction, or performance of this Agreement, or breach thereof, shall be referred to the American Arbitration Association (the "AAA") for a voluntary, non-binding mediation in the municipality where the Project is located and to be conducted by a mutually acceptable single mediator, in accordance with then applicable Construction Industry Mediation Rules, prior to resorting to litigation to any State or Federal Court located nearest to where the Project is located. Absent anything to the contrary in this LOA, the prevailing party in litigation of a dispute shall be entitled to its reasonable attorney's fees from the non-prevailing party. Neither party shall be liable for any indirect, incidental, or consequential damages of any nature or kind resulting from or arising in connection with this LOA.

   WITH RESPECT TO ANY SUCH LITIGATION, EACH PARTY TO THIS LOI HEREBY KNOWINGLY, VOLUNTARILY AND WILLINGLY WAIVES ALL RIGHTS TO TRIAL BY JURY IN ANY ACTION, SUIT, OR PROCEEDING BROUGHT TO RESOLVE ANY DISPUTE BETWEEN OR AMONG ANY OF THE PARTIES HERETO, WHETHER ARISING IN CONTRACT, TORT, OR OTHERWISE, ARISING OUT OF, CONNECTED WITH, RELATED OR INCIDENTAL TO THIS LOI, THE TRANSACTION(S) CONTEMPLATED HEREBY AND/OR THE RELATIONSHIP ESTABLISHED AMONG THE PARTIES HEREUNDER.
8. OWNER'S RESPONSIBILITIES. The OWNER shall provide CDE with all existing information relating to the Project, which CDE may request. If the OWNER becomes aware of any fault or defect in the Project or CDE's services, it shall promptly notify CDE. The OWNER shall furnish required information or services as expeditiously as necessary for the orderly performance of the work. The OWNER shall make available appropriate personnel during the engagement to participate in meetings, interviews and work sessions as may be required. The OWNER shall provide appropriate meeting space for all meetings, interviews and work sessions to be held at the OWNER's location.

   The OWNER shall furnish evidence that financial arrangements have been made to fulfill the OWNER's obligations for this project.
9. ADDITIONAL SERVICES. For services and deliverables requested by the OWNER, which are beyond the scope of the Project Understanding, work plan and/or the schedule, CDE will develop an additional fee

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for review and approval by the OWNER. CDE will proceed with these services upon receipt of written approval of the OWNER and will bill these in addition to the lump sum fee.

10. MISCELLANEOUS. Neither party may assign its interest in this Agreement to any other person without the express written consent of the other party. This Agreement constitutes the complete and entire agreement between the parties with respect to the Project, and may be amended only by a written document signed by both parties, and shall be governed by the State where the Project is located.
11. TERMINATION. This agreement may be terminated by CDE upon seven (7) days written notice should the OWNER fail substantially to perform in accordance with its terms through no fault of CDE. The OWNER upon seven (7) days written notice to CDE may terminate this agreement. In the event of termination, CDE shall be compensated for all services performed through termination date, together with Reimbursable Expenses.
12. SUSPENSION. If the Project is suspended, the OWNER shall compensate CDE for all fees and expenses incurred to the date of suspension.
13. COPYRIGHT AND USE OF DOCUMENTS. The drawings and other documents prepared by CDE for this Project are instruments of service for use solely with respect to the Project. CDE as the author of these documents shall retain all common law, statutory and other reserved rights, including copyright. OWNER shall be permitted to retain copies, including reproducible copies of the drawings and other documents for information and reference and shall have an irrevocable license to use for this Project. CDE's drawings and other documents shall not be used by OWNER or others on other projects, for additions to the Project or for completion of the Project by others unless, after good faith negotiations OWNER and CDE are unable to reach agreement as to the terms and conditions under which CDE is to continue in its role as project designer. In which event OWNER may use said documents without CDE involvement, after the OWNER reasonably compensates CDE. OWNER hereby agrees to indemnify, defend and hold harmless CDE from any and all claims, causes of actions, damages, losses, liability and expenses, including but not limited to attorney's fees arising out of any use in which CDE is not actively involved.
14. COUNTERPARTS/ELECTRONIC MAIL. This Agreement may be signed in counterparts, which collectively shall constitute a single agreement. Executed counterparts of the Agreement (or signature page thereto) which are transmitted by facsimile, or electronic mail through the internet, shall have the same binding effect as the hand-delivery of an ink-signed original document. The signature of any party thereon, for purposes hereof, is to be considered as an original signature, and the document transmitted is to be considered to have the same binding effect as an original signature on an original document.
15. SUCCESORS AND ASSIGNS. All terms, conditions and agreements herein set forth shall inure to the benefit of and be binding upon the parties and their respective permitted successors and assigns. Notwithstanding anything to the contrary in the Agreement, the rights and obligations of the parties are not assignable, except to the extent expressly provided herein.
16. WAIVER. The failure of either party to insist upon strict performance of any term or provision of this Agreement or to exercise any option, right or remedy herein contained, shall not be construed as a waiver or as a relinquishment for the future of such term, provision, option, right or remedy, but the same shall continue and remain in full force and effect. No waiver by either party of any term or provision hereof shall be deemed to have been made unless expressed in writing and signed by such party.
17. PARTIAL INVALIDITY. If any portion of this Agreement shall be decreed invalid by the judgment of a court, this Agreement shall be construed as if such portion had not been inserted herein except when such construction would constitute a substantial deviation from the general intent and purpose of this Agreement.
18. LIMITATION OF LIABILITY: The OWNER agrees, to the fullest extent permitted by law, to limit the liability of CDE to the OWNER for any and all claims, losses, costs, expenses, or damages of any nature whatsoever, including attorney's and expert-witness fees and costs, from any cause or causes, so that the total aggregate liability of CDE to the OWNER shall not exceed CDE's total fee received for services rendered on this project. It is intended that this limitation apply to any and all liability or causes of action however alleged or arising, unless otherwise specifically prohibited by law. The parties agree to subject to

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this jurisdiction of the County and State in which the Project is located. All mediation and litigation shall be filed and take place in said jurisdiction.

19. MUTUAL WAIVER OF CONSEQUENTIAL DAMAGES: The OWNER and CDE mutually waive consequential damages for claims, disputes, or other matters in question arising out of or relating to this LOA. This mutual waiver is applicable, without limitation, to all consequential damages due to either party's termination of this LOA.

20. COMPLIANCE. CDE shall also perform the work in accordance with its anti-money laundering and anti-corruption and foreign corrupt practices act policy (fcpa), in addition to its business conduct and ethics policy (collectively, the "policies") and shall require all consultants to comply with such policies. CDE shall notify Owner of any violations of the policy it discovers in the course of performance of the work and outline corrective measures it has taken to cure such violations.

21. The Parties acknowledge that this Agreement and all the terms and conditions contained herein have been fully reviewed and negotiated by the Parties. Having acknowledged the foregoing, the Parties agree that any principle of construction or rule of law that provides that, in the event of any inconsistency or ambiguity, an agreement shall be construed against the drafter of the agreement shall have no application to the terms and conditions of this Agreement.

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EXHIBIT B

GENERAL SCOPE OF WORK

A. We understand this project to be a renovation for a new PET/CT in the existing hospital. In addition, work in adjacent areas will include a relocated Hot Lab, new Office, two (2) new Uptake Rooms, and a new Injection Room. This scope of work is based on drawings we received on 6/20/2025.

B. This proposal is for a fully engineered package to support a traditional design, bid, build delivery model. The design phases shall be consolidated, and the project shall go immediately into construction bid documents.

C. CDE will provide mechanical, plumbing, electrical, and technology drawings and specifications suitable for competitive bidding and for permitting by state and local review agencies. We will provide fire protection design criteria documents, including limited scope drawings and materials specifications, suitable for bidding by design build fire protection contractors, who will become EOR for their scope of work.

D. The project will be delivered in a single delivery bid package. If the project is divided at a later date, there may be additional services requested for the development of separate bid packages.

PROJECT COORDINATION

A. CDE will perform an existing conditions verification to develop demolition drawings of the scope area. The Owners shall provide the design team with the existing MEPFP record drawings and electronic files before or during the verification survey process. If possible, the Owner should remove existing ceilings to enhance the accuracy of the survey. If not, the verification survey will be completed to the best of our ability with limited access above ceilings and occupied spaces.

B. CDE will meet with facility personnel to determine the building systems perceived capacity, historical nature of maintenance and outstanding issues. These personnel should be familiar with the building and its systems' performance and be available during normal working hours.

C. It is important to obtain existing test & balance reports for the areas to be renovated. It may be determined that pre-read testing will be needed prior to determining actual HVAC infrastructure system capacity, CDE will coordinate with the Owner to develop the required scope.

D. We anticipate two (2) Architect/Owner meetings for project development, review and coordination. CDE will attend these meetings with the Architect.

E. CDE, in collaboration with the Architect, will coordinate the submittal and review processes for state, city, and county agencies, Fire Marshall, and insurance carrier. We will adjust documents as needed to obtain approval.

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PROJECT DELIVERABLES

AutoCAD

A. The Architect/Owner shall provide building backgrounds in AutoCAD format (Version 2019 or earlier) and ready for our use with minimal editing. The setup format shall be by recognized standards. Use of other standards, such as Owner-specific layers and nomenclature, will result in additional effort and fees.

B. We practice electronic file sharing and will exchange AutoCAD files with the Architect and other team members during the design process for project coordination. CDE will provide final PDFs for contractor bidding and permit printing by others. If print copies are requested, a minimum of 24 hours shall be provided to accommodate printing.

C. CDE will utilize the proprietary software coordination tool (ACE) to assist in MEP systems coordination.

D. CDE will share .dwg files for the contractor's use and development of coordination drawings and as-built drawings.

DELIVERABLE PHASES:

	M	P	FP	E	LV
Construction Document Phase:					
Existing Conditions and Demolition Drawings	X	X		X	
Equipment and Panels to Scale	X	X		X	X
Conduit and Cable Tray Layouts				X	
Power Device Revision				X	
Technology Devices (See Systems Included)					X
Load Calculations	X	X		X	X
Equipment Selection	X	X		X	X
Ducts to Scale Coordinated with Others	X				
Piping Runs to Scale Coordinated with Others	X	X			
Schematic Diagrams as needed	X	X			
Equipment Schedules	X			X	
Lighting and Power Plans, Including Circuiting				X	
One-Line Diagrams as needed				X	
Details	X	X	X	X	X
Specifications	X	X	X	X	X

SYSTEMS INCLUDED:

Mechanical
- HVAC
- Medical Gases

Plumbing
- Sanitary Water & Vent
- Domestic Water

Fire Protection
- Applicable Standards
- Design Area and Flow Density
- Performance Specification

Electrical
- Normal & Emergency Power Systems
- Interior Lighting
- Lighting Controls

Technology
- Fire Alarm
- Nurse Call

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CONSTRUCTION ADMINISTRATION

During the construction administration phase, CDE shall provide the following services for the designed systems.

A. The AutoCAD design files developed thru bidding and negotiations will be made available to the successful contractors for their coordination use.

B. Review of required shop drawings.

C. Respond to requests for information from the contractor. CDE will maintain responses and keep the AutoCAD design files/model up to date with all design changes to the best of our ability.

D. A CDE representative will not visit the site during the construction of the systems designed unless requested by the Owner.

E. One CDE representative will attend in person construction meetings on a monthly basis or as requested by the Owner.

F. Multidiscipline final inspection of the work and creation of final punch list.

G. If the project is to be commissioned by a third-party commissioning agent, CDE will provide design intent coordination with the commissioning agent and contracting team.

H. Review of the final test and balance report submitted by the contractor.

I. CDE **will not** update the engineering design files with the contractor red marks to create an engineering record set of documents to turn over to the Owner. The contractor shall provide the Owner as-built drawings. We will deliver the AutoCAD design files and final PDF files for the Owner's records.

ASSUMPTIONS

This proposal is based upon the following assumptions. If these assumptions are not valid, CDE reserves the right to submit a change order to this proposal.

A. The design schedule is based on three (3) weeks of design effort to final project deliverable date.

B. It is assumed the existing infrastructure systems are capable of meeting the renovation proposed. If, during design, we determine the infrastructure is not capable, the fee will be adjusted for the infrastructure upgrade.

C. Existing drawings and documentation will be made available for the existing facilities.

SCHEDULE

Clayco Design and Engineering will coordinate and document the project schedule with the Owner/Architect based on the project milestones, deliverables, reviews, and any critical schedule items at each deliverable phase. We anticipate achieving a mutually acceptable project schedule.

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SERVICES NOT INCLUDED

A. This proposal does not include cost estimating. If construction cost estimating is needed, CDE can provide this through a third-party resource as an additional service.

B. Post occupancy inspection and final contractor warranty inspections are not included.

C. Whole building energy modeling for utility rebate submittal is not included in the base project, but can be performed as an additional service.

D. Coordination with utility companies and/or acting as lead for rebate program submittals local utility companies (Ameren Missouri or Spire).

E. Update/verification of existing facility one-line drawings.

F. Update of an existing or creation of a new project arc flash hazard study analysis, including short circuit and protective device coordination study. No arc flash labels are included.

G. Commissioning of building services, including functional testing.

ADDITIONAL SERVICES AVAILABLE

Clayco Design and Engineering also provides the following engineering services that have not been included as part of our scope of work.

A. Whole building energy modeling for utility rebate submittals. Our rebate submittal services also include application and contact with the appropriate local utility company to establish criteria, timeline, and estimate rebate.

B. Additional energy modeling for enhanced building component selection or enhanced equipment selection, including related return on investment calculations.

C. Existing conditions survey through electronic laser recap scanning software. This service requires the use of a subcontractor to perform the scanning. CDE will utilize this survey in development of existing conditions in a 3D platform.

D. Commissioning of building systems, including functional testing.

E. Update of facility one-line electrical drawings, if existing electronic files are made available for editing and updating.

F. CDE can update the existing arc flash study analysis with the new project work included. This could include a short circuit and protective device coordination study.

PROPOSED FEE

Clayco Design and Engineering proposes to provide professional engineering services as outlined in the scope of work above for a fixed fee of **FIFTY-NINE THOUSAND TWO HUNDRED FORTY DOLLARS ($59,240.00).**

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CHANGE MANAGEMENT

In the event there are Owner and/or Project required changes to the scope of work as outlined above, Clayco Design and Engineering will communicate the need for contract change if required. Any changes required will address scope of work change, schedule change, and fee adjustment.

We look forward to being of service to you and are eager to demonstrate the professionalism and quality of our engineering services on this project.

If this proposal is acceptable, please sign and return one copy to our office, which will serve as our written notice to proceed on the above referenced project. Should you have any questions or comments, please do not hesitate to call our office.

Sincerely,

CLAYCO DESIGN & ENGINEERING

EXHIBIT D

MINIMUM INSURANCE COVERAGES

A. Workers' Compensation Insurance

Workers' Compensation Insurance in statutory limits, including benefits provided under United States Longshoremen and Harbor Workers Act, with Coverage B - Employer's Liability limits of:

Bodily Injury by Accident
$500,000 Each Accident/ Each Employee/Policy Limit

B. Commercial General Insurance

Bodily Injury and Property Damage combined:

$1,000,000	General Annual Aggregate Per Project
$1,000,000	Products and Completed Operations Annual Aggregate
$1,000,000	Each Occurrence

C. Automobile Liability Insurance

Bodily Injury and Property Damage combined:

$1,000,000	Single Limit Each Occurrence

D. Umbrella (Excess) Liability Insurance

Bodily Injury and Property Damage combined:

$1,000,000	General Annual Aggregate

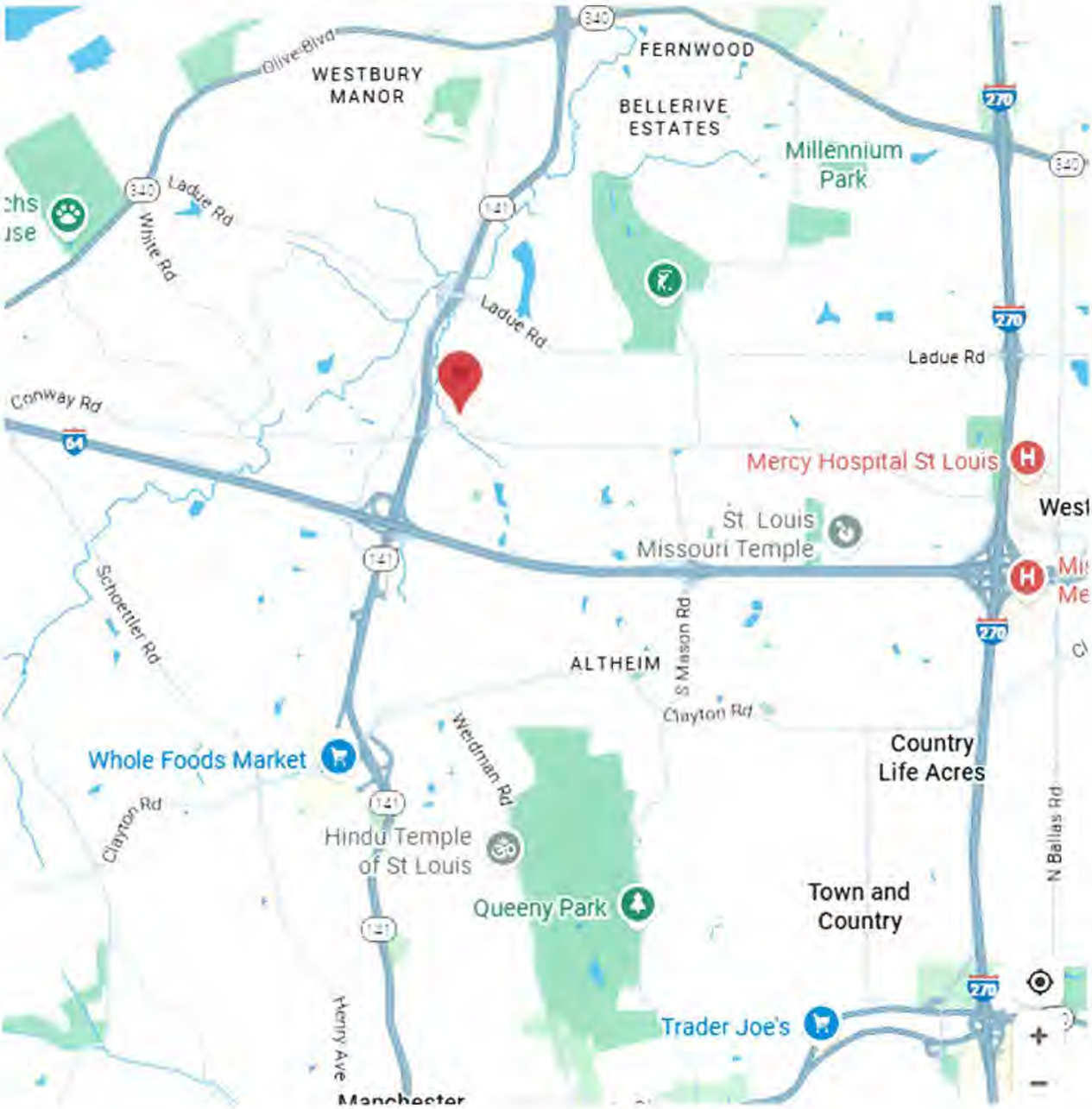
E. Professional Liability

$2,000,000	Each Claim/Aggregate

The following must appear on the certificate of insurance before work can begin or any payments can be released:

Owner of the project is named as an additional insured as respects the general liability, automobile liability and umbrella (excess) liability policies. Waivers of subrogation endorsements apply as required by written contract and where permissible by law.

Location of Proposed Facility



ST. LOUIS POST-DISPATCH

AFFIDAVIT OF PUBLICATION

LASHLY & BAER, PC
714 LOCUST STREET
St. Louis , MO 63101
Attn: Brown, Katrina A. (Affidavit Enclosed)

Ad Number: 152684 PO: Brown, Katrina A. Description: St. Luke's Episcopal Presbyterian

THE ATTACHED ADVERTISEMENT WAS PUBLISHED
In the St. Louis Post-Dispatch on the following date(s): 10/08/2025

A version of the ad also appeared on STLtoday.com Starting: 10/08/2025

St. Luke's Episcopal Presbyterian hospitals is seeking Certificate of Need Approval for an additional electrophysiology laboratory at its 232 South Woods Mill Road Chesterfield, MO 63017 location. Comments should be addressed to Richard Hall at 711 Locust Street Saint Louis MO 63101 (314) 621-2939 or at mail@lashlybaer.com

COMPANY REPRESENTATIVE

SWORN TO AND SUBSCRIBED BEFORE ME
THIS 8 October, 2025

Whitney M Donovan
NOTARY PUBLIC, CITY OF ST.LOUIS

901 N. TENTH STREET, ST LOUIS MO 63101 PHONE 314-340-8000

WHITNEY M. DONOVAN
Notary Public, Notary Seal
State of Missouri
St. Louis County
Commission # 15633211
My Commission Expires 02-25-2027

Attestation of Compliance

I, Richard Hill, certify that, to the best of my knowledge and belief, I have followed all applicable regulations regarding notifying surrounding facilities of the application submitted to the Missouri Health Facilities Review Committee by St. Luke's Episcopalian Hospitals the establishment of a PET/CT unit at 232 South Woods Mill Road, Chesterfield, MO 63017 by letter dated October 20, 2025.

Signature: _____ Date: 10/22/25

I, Mary H. Clemens, a notary public in and for said State do hereby certify that Richard Hill, whose name is signed to the writing above, has this day acknowledged the same before me.

_____ Date: 10/22/2025
Notary Public

MARY H. CLEMENS
Notary Public - Notary Seal
State of Missouri
Commissioned for St. Louis County
My Commission Expires: August 05, 2026
Commission Number: 14002478

RICHARD W. HILL
Licensed in Missouri and Illinois
DIRECT: 314 436.8317
rhill@lashlybaer.com

October 22, 2025

NAME
ADDRESS LINE
CITY, STATE ZIP

Re: Missouri Certificate of Need Project # 6247HS
St. Luke's Episcopal Presbyterian Hospitals
New PET/CT Unit

To Whom this May Concern:

Please be advised that St. Luke's Episcopal Presbyterian Hospitals will submit and/or have submitted a Certificate of Need application to purchase and install a PET/CT Unit at its 232 South Woods Mill Road, Chesterfield, MO 63017 location.

Very truly yours,

Richard W. Hill

RWH/RWH

St. Luke's Hospital
PET/CT Service Area - St. Louis, St. Charles, Franklin, Jefferson
Entities Served Notice

	A	B	C	D	E
	Entity	**County**	**Address**	**City**	**Zip**
1	Mercy Hospital Washington	Franklin	901 E. 5th St.	Washington	63090
2	Mercy Hospital Jefferson	Jefferson	Hwy. 61-67, POB 350	Crystal City	63019
3	Barnes-Jewish St. Peters Hosp.	St. Charles	10 Hospital Dr.	St. Peters	63376
4	MIA of St. Charles County, LLC	St. Charles	1475 Kisker Rd.	St. Charles	63301
5	Shared Medical Services PET/CT	St. Charles	2600 Raymond St.	St. Charles	63301
6	Advanced Medical Testing Systems	St. Louis	235 Dunn Road	Florissant	63031
7	Arch Medical Services, Inc.	St. Louis	12855 N. Outer 40	St. Louis	63141
8	Barnes-Jewish West Co. Hospital	St. Louis	12634 Olive Blvd.	Creve Coeur	63141
9	Christian Hospital NE	St. Louis	11133 Dunn Rd.	St. Louis	63136
10	Christian Hospital NW Healthcare	St. Louis	1225 Graham Rd.	Florissant	63031
11	Mercy Hospital South	St. Louis	10010 Kennerly Rd.	St. Louis	63128
12	Mercy Hospital St. Louis	St. Louis	615 S. New Ballas Rd.	St. Louis	63141
13	Missouri Baptist Medical Ctr.	St. Louis	3015 North Ballas Rd.	Town and County	63131
14	SSM Health DePaul Hospital	St. Louis	12303 DePaul Dr.	Bridgeton	63044
15	SSM Health St. Clare Hospital-Fenton	St. Louis	1015 Bowles Ave.	Fenton	63026
16	SSM Health St. Mary's- St. Louis	St. Louis	6420 Clayton Road	Richmond Heights	63117
17	St. Louis PET Center	St. Louis	12637 Olive Blvd.	Creve Coeur	63141
18	St. Luke's Ctr. for Diag. Imaging	St. Louis	#6 McBride & Sons Corp. Ctr.	Chesterfield	63005
19	St. Luke's Hospital	St. Louis	232 S. Woods Mill Road	Chesterfield	63017
20	West County Clinical PET	St. Louis	450 N. New Ballas Rd.	St. Louis	63141

Lashly & Baer, P.C.

DIVIDER III

SERVICE SPECIFIC CRITERIA AND STANDARDS

DIVIDER III. SERVICE SPECIFIC CRITERIA AND STANDARDS

1. **For new units, address the minimum annual utilization standard for the proposed geographic service area.**

   See attached. While some entities have not met the utilization standard, the majority have significantly exceeded it, demonstrating a clear, overall demand for an additional unit.

   The service area's total utilization exceeded the standard by 5,501 in 2022, 8,611 in 2023, and 10,119 in 2024.

2. **For any new unit where specific utilization standards are not listed, provide documentation to justify the new unit.**

   See attached.

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

   Not applicable.

4. **For evolving technology address the following:**
   - **Medical effects as described and documented in published scientific literature;**

     Not applicable.

   - **The degree to which the objectives of the technology have been met in practice;**

     Not applicable.

   - **Any side effects, contraindications or environmental exposures;**

     Not applicable.

   - **The relationships, if any, to existing preventive, diagnostic, therapeutic or management technologies and effects on the existing technologies;**

     Not applicable.

St. Luke's Hospital
PET/CT Service Area - St. Louis, St. Charles, Franklin, Jefferson Counties
Needs Analysis

	A	B	C	D	E	F	G	H	I	J	K
	Entity	County	Number of Units	CON Utilization Standard	Adjusted Utillzation Standard [Col. C * Col. D]	2022 Utilization	Utilization - Adjusted Utilization Standard [Col. F - Col. E]	2023 Utilization	Utilization - Adjusted Utilization Staudard [Col. H - Col. E]	2024 Utilization	Utilization - Adjusted Utilization Standard [Col. J - Col. E]
1	Mercy Hospital Washington	Franklin	1	1,000	1,000	891	(109)	1,157	157	1,204	204
2	Mercy Hospital Jefferson	Jefferson	0.08	1,000	80	695	615	728	648	919	839
3	Barnes-Jewish St. Peters Hosp.	St. Charles	0.08	1,000	80	687	607	854	774	991	911
4	MIA of St. Charles County, LLC	St. Charles	1	1,000	1,000						
5	Shared Medical Services PET/CT	St. Charles	0.08	1,000	80						
6	Advanced Medical Testing Systems	St. Louis	0.08	1,000	80						
7	Arch Medical Services, Inc.	St. Louis	0.08	1,000	80						
8	Barnes-Jewish West Co. Hospital	St. Louis	0.08	1,000	80						
9	Christian Hospital NE	St. Louis	0.08	1,000	80	1,082	1,002	1,319	1,239	1,541	1,461
10	Christian Hospital NW Healthcare	St. Louis	0.25	1,000	250	231	151	268	188	361	281
11	Mercy Hospital South	St. Louis	1	1,000	1,000	131	(119)	162	(167)	83	(167)
12	Mercy Hospital St. Louis	St. Louis	1	1,000	1,000	1,686	686	2,021	1,021	2,072	1,072
13	Missouri Baptist Medical Ctr.	St. Louis	1	1,000	1,000	1,720	720	1,901	901	2,098	1,098
14	SSM Health DePaul Hospital	St. Louis	0.08	1,000	80	1,428	428	1,774	774	2,041	1,041
15	SSM Health St. Clare Hospital-Fenton	St. Louis	1	1,000	1,000	448	368	505	425	575	495
16	SSM Health St. Mary's- St. Louis	St. Louis	0.08	1,000	80	501	(499)	706	(294)	729	(271)
17	St. Louis PET Center	St. Louis	1	1,000	1,000	464	384	534	454	607	527
18	St. Luke's Ctr. for Diag. Imaging	St. Louis	0.04	1,000	40						
19	St. Luke's Hospital	St. Louis	1.08	1,000	1,080	2,347	1,267	3,404	2,324	3,708	2,628
20	West County Clinical PET	St. Louis	1	1,000	1,000						
21	**Total Utilization in Excess of Adjusted Utilization Standard**						**5,501**		**8,611**		**10,119**

Notes

1. Utilization numbers are from hospital entities through Hospital Industry Data Institute, we have been unable to locate reliable data from non-hospital entities.
2. The data is for each calander year.

DIVIDER IV

FINANCIAL FEASIBILITY REVIEW CRITERIA AND STANDARDS

DIVIDER 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.**

   See attached.

2. **Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) full years beyond project completion.**

   See attached.

3. **Document how patient charges are derived.**

   Patient charges take into account the costs of equipment acquisition and maintenance, staffing, supplies, overhead, and regulatory requirements. Additional considerations include Medicare and commercial payer reimbursement rates, market comparisons with peer institutions, and annual cost-to charge ration analyses. This structured approach ensures that patient charges are consistent, compliant, and reflective of the true cost of providing high quality imaging services.

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

   See attached Financial Assistance Policy.

KPMG

ST. LUKE'S HEALTH CORPORATION

Consolidated Financial Statements

June 30, 2024 and 2023

(With Independent Auditors' Report Thereon)

ST. LUKE'S HEALTH CORPORATION

Consolidated Balance Sheets

June 30, 2024 and 2023

(In thousands)

Assets		2024	2023
Current assets:			
Cash and cash equivalents	$	60,844	56,084
Short-term investments		924	844
Accounts receivable, patient		110,489	129,069
Inventories		13,146	12,699
Other current assets		22,608	14,243
Total current assets		208,011	212,939
Assets limited as to use or restricted		79,441	80,120
Long-term investments		318,070	284,360
Property and equipment, net		254,970	254,816
Pension asset		3,565	4,158
Other assets		60,812	61,519
Total assets	$	924,869	897,912
Liabilities and Net Assets			
Current liabilities:			
Current maturities of long-term obligations	$	8,831	7,145
Accounts payable		19,361	21,260
Accrued liabilities		75,553	72,097
Total current liabilities		103,745	100,502
Insurance reserves and other liabilities		54,550	54,438
Long-term obligations, less current maturities		100,254	106,103
Total liabilities		258,549	261,043
Net assets:			
Without donor restrictions		641,792	608,744
With donor restrictions		24,528	28,125
Total net assets		666,320	636,869
Total liabilities and net assets	$	924,869	897,912

See accompanying notes to consolidated financial statements.

Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: St. Luke's Hospital - PET/CT Unit **Project #:** 6247 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 FY2023	Year FY2024	Year FY2025
Amount of Utilization:*	2,083	2,477	2,595
Revenue:			
Average Charge**	$9,386	$9,462	$9,800
Gross Revenue	$19,551,038	$23,437,374	$25,431,000
Revenue Deductions	13,238,507	15,761,121	17,460,230
Operating Revenue	6,312,531	7,676,253	7,970,770
Other Revenue	0	0	0
TOTAL REVENUE	**$6,312,531**	**$7,676,253**	**$7,970,770**
Expenses:			
Direct Expenses			
Salaries	331,602	449,031	508,692
Fees			
Supplies	1,780,648	2,180,547	2,784,580
Other	473,980	233,220	143,941
TOTAL DIRECT	$2,586,230	$2,862,798	$3,437,213
Indirect Expenses			
Depreciation	17,019	26,179	38,399
Interest***	2,779	4,667	4,437
Rent/Lease	0	0	0
Overhead****	350,675	460,858	500,204
TOTAL INDIRECT	$370,473	$491,704	$543,040
TOTAL EXPENSES	**$2,956,703**	**$3,354,502**	**$3,980,253**
NET INCOME (LOSS):	**$3,355,828**	**$4,321,751**	**$3,990,517**

*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.

MO 580-1865 (08/06)

Fiscal Year ends June 30. The data from Year 1, Year 2, and Year 3 are from the PET/CT located at 121 St. Luke's Center Dr., Chesterfield, MO 63017

Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: St. Luke's Hospital - PET/CT Unit **Project #:** 6247 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 1	Year 2	Year 3
Amount of Utilization:*	5,009	5,109	5,211
Revenue:			
Average Charge**	$9,658	$9,658	$9,658
Gross Revenue	$48,376,922	$49,342,722	$50,327,838
Revenue Deductions	32,320,671	32,967,060	33,626,400
Operating Revenue	16,056,251	16,375,662	16,701,438
Other Revenue	0	0	0
TOTAL REVENUE	**$16,056,251**	**$16,375,662**	**$16,701,438**
Expenses:			
Direct Expenses			
Salaries	926,566	1,074,698	1,101,500
Fees	195,000	195,000	195,000
Supplies	6,225,600	6,350,100	6,477,100
Other	403,057	411,118	419,340
TOTAL DIRECT	$7,750,223	$8,030,916	$8,192,940
Indirect Expenses			
Depreciation	318,700	318,700	318,700
Interest***	4,403	4,403	4,403
Rent/Lease	0	0	0
Overhead****	1,162,533	1,204,637	1,228,941
TOTAL INDIRECT	$1,485,636	$1,527,740	$1,552,044
TOTAL EXPENSES	**$9,235,859**	**$9,558,656**	**$9,744,984**
NET INCOME (LOSS):	**$6,820,392**	**$6,817,006**	**$6,956,454**

*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.

MO 580-1865 (08/06)

Financial Assistance Policy

Financial Assistance plain language summary brochure (English) (PDF)

St. Luke's Hospital provides care to patients consistent with its mission and values. Financial Assistance is available to those who reside in the community we serve, who are uninsured or underinsured and do not have adequate financial resources to pay for necessary healthcare services provided. Financial assistance does not apply to internationally traveling/vacationing patients who seek treatment at St. Luke's Hospital. Non-US citizens and US citizens living outside the USA are not eligible for financial assistance; this includes patients on a visa and international students. This does not include undocumented individuals living in the US. St. Luke's Hospital will use its best efforts to provide financial assistance fairly and consistently, balancing our patients' needs for financial assistance with St. Luke's Hospital's broader fiscal responsibility, and taking into consideration each patient's specific needs. Information gathered to determine whether a patient qualifies for Financial Assistance is kept confidential and is limited to only those directly involved with the determination process and is considered "protected health information" (PHI) under HIPAA.

Charity is defined as the demonstrated inability of a patient to pay, versus the unwillingness of a patient to pay. The Financial status of a patient is determined through the financial assistance application process and/or from information obtained from outside parties to distinguish a patient's ability to pay. All patients seen at St. Luke's Hospital are expected to contribute to the cost of their care, based upon their individual ability to pay.

Charity Care includes services provided to:

- Uninsured patients who do not have the ability to pay based on criteria provided on the financial assistance application
- Underinsured patients whose coverage is inadequate to cover a catastrophic situation
- Insured patients with balances remaining due to deductibles, coinsurance or copayments
- Persons whose income is sufficient to pay for basic living costs but not medical care, and those persons with generally adequate incomes who are suddenly faced with catastrophically high medical bills
- Patients who demonstrate the ability to pay part but not all of their liability
- The hospital will not discriminate based on race, ethnicity, gender, age, disability, etc., or on the basis of source of payor, when making financial assistance determinations
- The hospital will apply the policy uniformly to all hospital patients and is applicable to all hospital patients, including inpatients and outpatients who reside in the communities we serve.
- A family member or estate executor may apply for financial assistance on behalf of a deceased patient.

Charity Care excludes services such as convenience items, cosmetic procedures or service provided that are not medically necessary.

Determination for eligibility for full or partial charity will remain valid for six months from the date of charity determination for all necessary hospital services and will be applied to current episode of care and unpaid balances.

Patients may apply for Financial Assistance at any time before, during or after their care. The application requires proof of income which includes a federal tax return for all adults in the household, Social Security Income (SSI), pension statements , paycheck stubs, alimony and child support documentation, and/or declaration of income from their supporter. Patients who do not file a tax return will need to provide proof of residency. If data provided by a patient requires greater clarification than what is provided, St. Luke's may contact the patient's employer, the IRS or other sources with the patient/guarantor's consent to validate the data. Patients may also be asked to obtain written validation of data provided for consideration of financial assistance. If upon receipt of the application, all of the required documentation is not received, St. Luke's will contact the patient by phone or a follow up letter will be mailed requesting the additional information needed to complete the processing of

the application.

If there is a change in financial circumstances an updated or new financial assistance application may be completed. Patients who have had a change in income due to a job change, loss of a job, or reduced hours/inability to work for a period of 3 months or more can reapply and will be considered for financial assistance based on their current income. Patients will need to provide documentation supporting the change in income ie: previous year tax return along with W2, three months current paycheck stubs, letter from employer stating employee's current status and pay, disability letter, unemployment, etc...

Patients are expected to cooperate with the hospital's procedures for obtaining insurance and other forms of payment and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets. The hospital will exhaust all payment options including, but not limited to local, state and Federal Assistance programs (ie: completing a Medicaid application) and requiring patients to seek in-network care, before considering an application for financial assistance. Charity care discounts will not be applied to patient accounts who have elected to receive services at St. Luke's and are out of network with their insurance plan. Prior to financial assistance discounts being applied, all other resources must be applied first, including applicable health insurance coverage, payment from third party payors, and payments from Medicaid and Medicaid HMO plans. If funds are provided to the patient to purchase insurance coverage are used for basic living needs and can be documented as such, including current level of income based on Federal Poverty Guidelines, consideration of financial assistance will not be based on lack of insurance coverage.

Amounts charged to financial assistance eligible patients will not exceed Amounts Generally Billed (AGB) to patients with medical insurance. Patients can contact Patient Financial Services to obtain the current AGB. Patients without insurance who receive services at the hospital will automatically be eligible for a 40% discount and are eligible to apply for a financial assistance. Patients without insurance who receive services at St. Luke's Medical Group will automatically be eligible for a 33% discount and are eligible to apply for financial assistance.

Financial Assistance Applications

Patients may request an application for financial assistance through Social Services, Patient Billing, or any St. Luke's employee who, if unable to directly assist the patient, can direct them to the appropriate personnel. Applications are available in the hospital, at all registration areas and the cashier's office as well as on-line via the hospital website:

Download Financial Assistance Application (PDF)

Applications can also be obtained free of charge by mail or by calling 314-576-8100. Applications are available in English, Spanish, Bosnian, Chinese and Korean and interpreters are available free of charge. Patients who need assistance completing an application can call 314-576-8100 Monday – Friday 8:30 a.m. – 5:00 p.m.

Financial Assistance applications will be reviewed, and a determination will attempt to be made within 14 business days from receipt of all appropriate information. Patients are asked to comply with providing supporting documentation to assist in the determination process. A patient's failure to provide all requested information may result in a delay of determination. St. Luke's will contact the patient by phone, or a letter will be mailed to the patient requesting the missing documentation. The letter will provide the address for the patient to send the documentation, a deadline, and a phone number to call if the patient has questions. Only one application is necessary and consideration will be taken for multiple accounts for the patient/guarantor. If a patient qualifies for a partial reduction in their account balance but is not able to pay their remaining balance in full, an interest free payment plan is available so that patients can pay through monthly installments. If a patient is unable to provide the requested documentation, please call 314-576-8100 to inform us why the documents are not able to be provided.

St. Luke's Hospital reaches out to self-pay and underinsured patients in a number of ways, including raising patient awareness of Medicaid health insurance. By assisting our patients with the application process, St. Luke's Hospital helps patients obtain the benefits for which they qualify. A Financial Counselor may contact you during your stay in the hospital or after you are discharged to assist you in the application process.

Financial Assistance Determination

Financial Assistance is based on a sliding scale, taking into consideration the following: Federal Poverty Guidelines, income, assets, family size, medical need and

catastrophic costs. Patients who are between 0% - 400% of the Federal Poverty Guidelines will qualify for a financial assistance discount. Financial assistance discounts range between 25% - 100% and is available to all patients regardless of whether they have health insurance. Patients who have health insurance may qualify for assistance on their remaining balance (coinsurance/deductibles) after insurance pays.

All other resources must be applied first, including applicable health insurance coverage, payment from third party payors and payments from Medicaid, Medicaid HMO plans, or other government sponsored programs. Patients are required to seek in-network care. Financial assistance will not be applied to non-emergency services for patients who see care out-of-network.

Financial assistance is available to all hospital patients including inpatients, outpatients and those receiving services at one of our off-site or affiliate locations.

Determinations for eligibility for full or partial charity will remain valid for six months from the date of the charity determination for all necessary hospital services and will be applied to current episodes of care and unpaid balances.

There are instances when a patient may appear eligible for financial assistance, but there is no application on file due to lack of supporting documentation. Often, there is adequate information provided by the patient or through other sources, which would provide sufficient evidence to provide the patient with financial assistance. St. Luke's Hospital may use outside agencies in determining estimated income amounts for the basis of determining charity care eligibility. Patients who have been awarded a discount less than 100% using the hospitals Healthcare Scoring Tool (HFST) may submit an application for financial assistance to see if they are eligible for a larger discount.

Nothing in this policy will prohibit St. Luke's Hospital from offering reduced or more favorable financial assistance to an uninsured patient based upon individual circumstances.

See physicians who are covered under St. Luke's Hospital's Financial Assistance policy (Excel)

See physicians on St. Luke's Medical staff who are not covered under St. Luke's Hospital's Financial Assistance policy (Excel)

Uninsured Patients Billing Practices

The first statement sent to an uninsured patient will reflect a self-pay discount in the amount of 40% (medically necessary services only). The discount will be applied to services that are considered medically necessary, denied as non-covered, exceeded the allowed length of stay or exhausted benefits.

When sending a bill to a patient, the following statement will be included:

- Financial Assistance may also be available to those who have an inability to pay because they are uninsured or lack other financial resources. An application must be completed to determine eligibility. Please contact our Customer Service Department for more information.

Collection Practices

St. Luke's Hospital management has developed policies and procedures for internal and external collection practices that take into account the extent to which the patient qualifies for charity, a patient's good faith effort to apply for a governmental program or for charity from St. Luke's Hospital, and a patient's good faith effort to comply with his or her payment agreements with St. Luke's Hospital. For patients who qualify for financial assistance and who are cooperating in good faith to resolve their hospital bills, St. Luke's Hospital may offer extended payment plans, will not impose wage garnishments or force a foreclosure on primary residences, will not impose actions that force bankruptcy and will not send unpaid bills to outside collection agencies. Unpaid balances will not be reported to the credit bureau until at least 6 months from placement date and only if patients are not cooperating with paying their balance.

St. Luke's Hospital adheres to the laws of the Fair Debt Collection Practices Act and the Association of Credit and Collection Professional's Code of Ethics and Professional Responsibility and patients are treated with dignity, respect and in line with our mission and values.

Notification

Patients are informed about our Financial Assistance process in a number of ways:

- Financial counselors and Social workers are available to patients during their stay.
- Patient Financial Services attempts to contact scheduled patients prior to services to provide patients with their expected amounts due and discuss payment/discount options.
- Discussions about financial assistance occur when speaking to patients on the phone about their account balances.
- Information regarding our Financial Assistance Policy is located on our website, our billing statements as well as our registration booklets/brochures and signage in all registration areas.
- St. Luke's Pediatric Care Center is a mission-based agency of St. Luke's Hospital that provides health care to children in St. Louis City and County in a private practice setting where care is available for uninsured and low-income children.
- St. Luke's Hospital partners with Volunteers in Medicine in our primary service area and People's Health Clinic in our secondary service area which addresses the healthcare needs for those with low income. Information about our financial assistance policy is communicated to members of our community through advertisements that are mailed to approximately 68,000 homes which promote classes and events that we offer in the community. Signs informing patients about our Financial Assistance Policy are posted in all registration areas and off-site locations (approximately 50 locations). Patients can also find our policy and application information on all billing statements as well as our website.
- Applications are available free of charge by mail or phone and can be obtained on our website.

St. Luke's Financial Assistance Policy is subject to change from time to time without notice.

Financial Assistance Matrix for St. Luke's Hospital (PDF)

Financial Assistance Matrix for St. Luke's Hospital

Family Size		1	2	3	4	5	6
% of Federal Poverty Guidelines	Discount	Total Family Income					
200%	100%	$31,300	$42,300	$53,300	$64,300	$75,300	$86,300
250%	75%	$39,125	$52,875	$66,625	$80,375	$94,125	$107,875
300%	50%	$46,950	$63,450	$79,950	$96,450	$112,950	$129,450
350%	40%	$54,775	$74,025	$93,275	$112,525	$131,775	$151,025
400%	25%	$62,600	$84,600	$106,600	$128,600	$150,600	$172,600

**Add $5,500 for each family member after 6*

St. Luke's HOSPITAL
Our specialty is you.

APPLICATION FOR FINANCIAL ASSISTANCE

To be considered for Financial Assistance, please complete the information below. In addition, a complete copy of the most recent Federal Tax return and proof of income is required for the applicant and all members of the household as indicated in Section 4 of this form. If the applicant or a family member listed in Section 4 is not employed, proof of non-filing is required and can be obtained by calling the IRS at 1-800-829-1040 and requesting Form 4506-T. Incomplete or inaccurate applications may result in a delay or a denial of financial assistance.

The information on this form will be kept confidential and will allow us to do an initial assessment of our qualification for our Financial Assistance Program. We will notify you in writing within14 days of the receipt of your information with a determination of your eligibility or if additional information is needed. If financial assistance is granted, please be advised that we may share information with you other healthcare providers regarding total charges and the percentage of discount that has been awarded.

SECTION 1: APPLICANT INFORMATION	
PATIENT NAME	
DOB	
CURRENT STREET ADDRESS	
CITY/STATE/ZIP	
TELEPHONE #	
SOCIAL SECURITY NUMBER/ITIN	

SECTION 2: MEMBERS OF THE HOUSEHOLD

Please complete the following information for yourself as well as every member in your household 18 years or older. This includes members currently living in your residence and/or listed as a dependent on your Federal Tax Return. Income is also required for members in the household who are unmarried, household partners, and their dependents.

Name	Date of Birth	Relationship	Currently Employed (Y or N)	Employed in the last 6 months (Y or N)	Current and past employer name (for past 6 months)

APPLICATION FORM cont'd

SECTION 3: BANKING, NON-RETIREMENT INVESTMENTS, AND OTHER ASSETS		
CHECKING ACCOUNT	Does the applicant have a personal checking account? Y or N	
	Bank Name	
	Cumulative Balance	
SAVINGS ACCOUNT	Does the applicant have a personal savings account? Y or N	
	Bank Name	
	Cumulative Balance	
OTHER ASSETS	Do you own real property (other than primary residence)? Y or N	
	If Yes, which County and State?	
NON-RETIREMENT INVESTMENTS (e.g. non-IRAs, 401K)	Do you have non-retirement investments? Y or N	
	If Yes, what is the name of the fund and current balance?	
OTHER ASSETS	Do you own real property (other than primary residence)? Y or N	
	If Yes, which County and State?	
NON-RETIREMENT INVESTMENTS (e.g. non-IRAs, 401K)	Do you have non-retirement investments? Y or N	
	If Yes, what is the name of the fund and current balance?	

SECTION 4: GROSS ANNUAL INCOME-PAST 12 MONTHS FOR EACH MEMBER OF HOUSEHOLD

Please complete the following information for all members of the household aged 18 or older as listed in Section 2 above. Proof of income includes but is not limited to wages, tips, pension, IRA or annuities, SSI, child support, alimony, food stamps, cash gifts, grant income, or any other form of income earned. If unemployed, please provide proof from the unemployment office stating whether or not benefits have been received.

Household Member	Source of Income	Amount Received	Frequency of Payment	Form of Proof Attached

APPLICATION FORM cont'd

SECTION 5: APPLICANT CERTIFICATION	
My signature below indicates that the information I provided on this form is complete and accurate. I understand that any information provided on this form, which is found to be false, misleading, or inaccurate may result in a denial of my eligibility for financial assistance with St. Luke's Hospital now and in the future. I authorize St. Luke's Hospital to make necessary inquiries to verify information provided on this application and to release information to any Business Associates or governmental agencies that may require it. I understand that completing this application is not a guarantee of my eligibility.	
Applicant's Name and Signature	**Date**

Billing and payment plans

The first statement sent to an uninsured patient will reflect the expected payment that is in line with those offered to insurance companies. The discount will be applied to services that are considered medically necessary, denied as non-covered, exceeded the allowed length of stay or exhausted benefits.

For patients who qualify for financial assistance and who are cooperating in good faith to resolve their hospital bills, St. Luke's Hospital may offer extended payment plans and will not impose wage garnishments or force a foreclosure on primary residences, will not impose actions that force bankruptcy and will not send unpaid bills to outside collection agencies.

For more information, please contact Patient Financial Services at **314-576-8100**.

St. Luke's Financial Assistance Policy is subject to change from time to time without notice.

St. Luke's Patient Financial Services 314-576-8100

St. Luke's Financial Assistance Policy

St. Luke's HOSPITAL | St. Luke's Des Peres HOSPITAL

St. Luke's HOSPITAL | St. Luke's Des Peres HOSPITAL

Rev 3/23
1-3442

St. Luke's Hospital provides care to patients consistent with its mission and values.

St. Luke's Hospital provides Financial Assistance to all residents of the community who are uninsured or underinsured and do not have adequate financial resources to pay for necessary healthcare services provided. St. Luke's Hospital will use its best efforts to provide financial assistance with the Hospital's broader fiscal responsibility and taking into consideration each patient's specific needs. Information gathered to determine whether or not a patient qualifies for Financial Assistance is kept confidential and is limited to only those directly involved with the determination process and is considered "protected health information" under HIPAA.

Payments expected from uninsured patients are in line with those that have been negotiated with insurance companies. Amounts charged to Financial Assistance eligible patients will not exceed Amounts Generally Billed (AGB) to patients having medical insurance. Patients can contact Patient Financial Services to obtain the current percentage discount. Financial Assistance provided by St. Luke's Hospital is not a substitute for personal responsibility. All patients are expected to contribute to the cost of their care, based upon their individual ability to pay.

Applying for financial assistance

Financial Assistance Applications are available in the Patient Financial Services Department, Hospital Cashier's Office, Social Services Department, Registration areas or on our website at **https://www.stlukes-stl.com/pay/faq-financial-assistance-policy.html**

To obtain an application by phone or mail, please call **314-576-8100**. Applications are available in English, Spanish, Bosnian, Chinese and Korean and translators are available to anyone free of charge. Completed applications are processed within 14 days of receipt and letter of determination is mailed to all patients who apply. Patients are asked to comply with providing supporting documentation such as: proof of income, Federal Tax Return for all adults in the household, SSI, pension paycheck stubs, proof of alimony, child support, and/or declaration of income, etc. to assist in the determination process. Only one application is necessary and consideration will be taken for multiple accounts for the patient/guarantor. If a patient qualifies for partial reduction in their account balance but is not able to pay their remaining balance in full, an interest free payment plan is available so that patients can pay through monthly installments.

St. Luke's Hospital reaches out to self-pay patients and underinsured patients in a number of ways, including raising patient awareness of Medicaid health insurance. By assisting our patients with the application process, St. Luke's Hospital helps patients obtain the benefits for which they qualify. A Financial Counselor may contact you during your stay in the hospital or after you are discharged to assist you in the application process.

Determining financial assistance

Financial Assistance is based on a sliding scale, taking into consideration the following: Federal Poverty Guidelines, income, assets, family size, medical needs and catastrophic costs. Financial Assistance ranges between 25% - 100% and is available to all patients regardless of whether or not they have health insurance. Patients who have health insurance may qualify for assistance on their remaining balance (co-insurance/deductibles) after insurance pays. All other resources must be applied first, including applicable health insurance coverage, payment from third party payors and payments from Medicaid, Medicaid HMO plans, or other government sponsored programs. Financial assistance discounts will not be applied to patient accounts who have elected to receive services at St. Luke's and are out of network with their insurance plan.

Financial Assistance is available to all hospital patients including inpatients, outpatients, and those receiving services at one of our off-site or affiliate locations.

There are instances when a patient may appear eligible for financial assistance, but there is no application on file due to lack of supporting documentation. Often, there is adequate information provided by the patient or through other sources, which would provide sufficient evidence to provide the patient with financial assistance. St. Luke's Hospital may use outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility.