



Application for Certificate of Public Need
to Establish Coronary Artery Calcium Scoring Services
(Vienna)

COPN Request No. VA-8814

Carient Heart & Vascular, LLC

Establishment of Coronary Artery Calcium Score Services in Planning District 8

PROJECT NARRATIVE

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OVERVIEW OF THE PROJECT

We are seeking approval to establish a Coronary Artery Calcium (CAC) Scoring service within our facility. CAC scoring is a non-invasive, low-dose CT scan that detects and quantifies calcified plaque in the coronary arteries. This diagnostic tool is instrumental in assessing the risk of coronary artery disease (CAD), facilitating early intervention, precise risk stratification, and enhanced patient outcomes.

PROJECT JUSTIFICATION

Heart disease continues to be the leading cause of death in the United States, with CAD as a major contributor. Traditional risk assessment models, such as cholesterol levels and blood pressure measurements, often do not fully capture an individual's cardiovascular risk. CAC scoring provides direct, quantifiable evidence of coronary atherosclerosis, enabling physicians to tailor preventive and therapeutic strategies more effectively.

According to major global guidelines, CAC scoring is particularly recommended for asymptomatic individuals aged over 40 who are at intermediate risk, as it can significantly influence management decisions. For instance, a CAC score of zero may lead to downgrading risk and withholding statin therapy, while a score above 100 suggests the initiation of statins.

By integrating CAC scoring into our practice, we aim to improve accessibility, reduce healthcare disparities, and ensure that high-risk patients receive timely evaluations.

SCOPE OF SERVICES

The proposed project will establish a dedicated CAC Scoring service within our imaging department. The service will:

- Utilize a low-dose CT scanner optimized for coronary calcium assessment.
- Be operated by certified technologists, with images interpreted by trained cardiologists.
- Be available to our patients for risk assessment and early detection of CAD.
- Provide rapid interpretation and reporting to referring providers, ensuring timely clinical decision-making.

EQUIPMENT AND FACILITY REQUIREMENTS

We plan to utilize the CT component of our existing PET-CT scanner to perform CAC scoring, thereby leveraging current equipment without the need for additional resources. Dedicated scheduling slots will be allocated to reduce wait times and enhance patient convenience.

The implementation of CAC scoring requires minimal staff training and workflow integration. The long-term benefits, including early detection of CAD, can lead to significant reductions in hospital admissions, emergency interventions, and long-term treatment expenses.

The demand for CAC scoring has been increasing due to growing awareness of its benefits among physicians and patients. Many individuals seeking proactive cardiac screening would benefit from a local, convenient option.

ALIGNMENT WITH COMMUNITY NEEDS AND COPN CRITERIA

This project aligns with value-based care initiatives, emphasizing prevention rather than reactive treatment. While not universally covered by insurance, CAC scoring is cost-effective, particularly in patients at intermediate risk, where the results can guide more personalized treatment decisions and reduce the need for more expensive interventions down the line. It is an out-of-pocket service for patients with a modest fixed fee.

The establishment of a CAC Scoring service aligns with public health priorities by:

- Addressing an unmet need for accessible, non-invasive cardiac risk assessment.
- Reducing cardiovascular morbidity and mortality through early detection and preventive care.
- Enhancing the continuum of care within our cardiology network by offering a seamless diagnostic pathway for patients at risk of CAD.

CONCLUSION

In summary, our proposed CAC Scoring service will fill a critical gap in preventive cardiology, providing accessible, cost-effective, and potentially life-saving diagnostic capabilities to our community. This initiative will enhance early detection efforts, support evidence-based cardiovascular risk management, and ultimately reduce the burden of CAD on both patients and the healthcare system. We respectfully request approval to proceed with this project under the Certificate of Public Need (COPN) framework to better serve our patient population.

Golub, I, Termeie, O, Kristo, S. et al. Major Global Coronary Artery Calcium Guidelines. J Am Coll Cardiol Img. 2023 Jan, 16 (1) 98–117.

<https://doi.org/10.1016/j.jcmg.2022.06.018>

SECTION I FACILITY ORGANIZATION AND IDENTIFICATION

A. **Carient Heart & Vascular, LLC**
Official Name of Facility

415 Church Street, NE, Suite 101
Address

Vienna	VA	22180
City	State	Zip

571-581-1771
Telephone

B. **Carient Heart & Vascular, LLC**
Legal Name of Applicant

8100 Ashton Avenue, Suite 200
Address

Manassas	VA	20109
City	State	Zip

C. Chief Administrative Officer

Merdod Ghafouri, DO
Name

8100 Ashton Avenue, Suite 200
Address

Manassas	VA	20109
City	State	Zip

571-581-1771
Telephone

D. Person(s) to whom questions regarding application should be directed:

Lauri Garrett
Name

8100 Ashton Avenue, Suite 200
Address

Manassas	VA	20109
City	State	Zip

571-217-7103	N/A	lgarrett@carient.com
Telephone	Facsimile	E-Mail

E. Type of Control and Ownership (Complete appropriate section for both owner and operator.)

Will the facility be operated by the owner? Yes X No

Owner of the Facility
(Check one)

Proprietary

Operator of Facility
(Check one)

(1)

(1) Individual

(1)

(2) X

(2) Partnership-attach copy of
Partnership Agreement and
receipt showing that
agreement has been recorded

(2) X

See Attachments 1.E.1- Articles of Conversion

(3)

(3) Corporate-attach copy of
Articles of Incorporation and
Certificate of Incorporation

(3)

(4)

(4) Other Identify

(4)

Non-Profit

(5)

(5) Corporation-attach copy of
Articles of Incorporation and
Certificate of Incorporation

(5)

(6)

(6) Other Identify

(6)

Governmental

(7)

(6) State

(7)

(8)

(8) County

(8)

(9)

(9) City

(9)

(10)

(10) City/County

(10)

(11)

(11) Hospital Authority or
Commission

(11)

(12)

(12) Other Identify

(12)

F. Ownership of the Site (Check one and attach copy of document)

- (1) _____ Fee simple title held by the applicant
- (2) _____ Option to purchase held by the applicant
- (3) _____ leasehold interest for not less than _____ years
- (4) X Renewable lease, renewable every 10 years-attach lease
- (5) _____ Other _____ Identify

See Attachment I.F - Copy of Renewable Lease

G. Attach a list of names and addresses of all owners or persons having a financial interest of five percent (5%) or more in the medical care facility.

(a) In the case of proprietary corporation also attach:

Not Applicable

- (1) A list of the names and addresses of the board of directors of the corporation.
- (2) A list of the officers of the corporation.
- (3) The name and address of the registered agent for the corporation.

(b) In the case of a non-profit corporation also attach:

Not applicable.

- (1) A list of the names and addresses of the board of directors of the corporation
- (2) A list of the officers of the corporation
- (3) The name and address of the registered agent for the corporation

(c) In the case of a partnership also attach:

See Attachment I.G.C Carient Heart & Vascular Sole Member Consent

- (1) A list of the names and addresses of all partners.

US Health Virginia, LLC (Sole Member/Manager)
2000 Tower Oaks Blvd
Suite 480
Rockville, MD 20852

- (2) The name and address of the general or managing partner.

US Health Virginia, LLC (Sole Member/Manager)
2000 Tower Oaks Blvd
Suite 480
Rockville, MD 20852

- (d) In the case of other types of ownership, also attach such documents as will clearly identify the owner.

Not applicable.

- H. List all subsidiaries wholly or partially owned by the applicant.

Not applicable.

- I. List all organizations of which the applicant is wholly or partially owned subsidiary.

Carient Heart & Vascular, LLC is wholly owned by US Health Virginia, LLC

- J. If the operator is other than the owner, attach a list of the names(s) and addresses of the operator(s) of the medical care facility project. In the case of a corporate operator, specify the name and address of the Registered Agent. In the case of the partnership operator, specify the name and address of the general or managing partner.

Not applicable.

- K. If the operator is other than the owner, attach an executed copy of the contract or agreement between the owner and the operator of the medical care facility.

Not applicable.

SECTION II

ARCHITECTURE AND DESIGN

A. Location of the Proposed Project

1. Size of site:

Carient Heart & Vascular, LLC (“Carient”) leases approximately 3,398 rentable square feet at 415 Church Street, NE, Suite 101, Vienna, VA 22180, the building containing approximately 6,796 total rentable square feet. The Cardiac PET-CT scanner occupies approximately 435 square feet.

2. Located in Town of Vienna/Fairfax County/Planning District VIII
City/County/Planning District

3. Address or directions

415 Church Street, NE, Suite 101
Vienna, VA 22180

4. Has site been zoned for type of use proposed:

 X Yes (attach copy of zoning or use permit)

See Attachment II.A.4 Certificate of Occupancy

 No

If no, explain status _____

B. Type of project for which Certificate of Public Need is requested. (Check one)

(1) New construction

(2) Remodeling/modernization of an existing facility

(3) No construction or remodeling/modernization

(4) X Other **The addition of Coronary Artery Calcium (CAC) Scoring to the CT services provided by our PET-CT unit (VA-04825, Indefinite Extension pending)**

C. Design of the facility

(1) Does the facility have a long-range plan? If yes, attach a copy.

Carient Heart & Vascular’s long-range plan is to provide the most innovative cardiovascular care in Northern Virginia and set the industry

standard for quality of care, clinical outcomes, and patient experience. Carient's expert team offers comprehensive cardiac and vascular care. As an industry leader, Carient attracts the best-qualified medical and support staff to achieve clinical outcomes and patient satisfaction above industry benchmarks.

Carient provides patients with access to a wide variety of innovative procedures and technology that, until now, only hospitals could offer. Providing patients with access to these procedures and tests in the office setting significantly reduces wait times, procedure times, and costs to patients. The addition of Coronary Artery Calcium Scoring directly aligns with Carient's long-range plan, as it will provide patients in the region with access to a non-invasive and highly reliable method for assessing cardiovascular risk.

Its value lies in identifying subclinical atherosclerosis that traditional risk assessments may overlook, allowing for early intervention and personalized care. By guiding more accurate risk stratification, CAC Scoring supports both improved patient outcomes and cost-effective care by preventing over- or under-treatment.

- (2) Briefly describe the proposed project with respect to location, style and major design features, and the relationship of the current proposal to the long range plan.**

Carient would utilize the CT portion of their current PET-CT camera to perform Coronary Artery Calcium Scoring. This is a specific and focused screening, leveraging existing equipment, without the need for new resources. Currently the CT is being used in conjunction with the PET, and to perform CACS, the CT would be utilized alone for this very narrow purpose.

The camera is located at 415 Church Street, NE, Suite 101, Vienna, VA 22180 (COPN VA-04825, Indefinite Extension pending), and no additional construction is needed.

The current technologists will be credentialed as radiologic technologists, limited, which allows the technologists to perform radiologic procedures on patients limited to the chest for review by the physician.

CAC scoring is performed using non-invasive CT scans without the need for contrast agents, making it a safe and accessible method for routine risk assessment. The cost of CAC screening is relatively low compared to the potential costs associated with treating heart attacks or other major cardiovascular events. While not universally covered by insurance, CAC scoring is cost-effective, particularly in patients at intermediate risk, where the results can guide more personalized treatment decisions and reduce the need for more expensive interventions down the line.

- (3) Describe the relationship of the facility to public transportation and highway access.**

Patients can easily access Carient's Vienna office location by car or public

transportation. The facility is conveniently located 3.2 miles from Exit 16 on VA-267 (Dulles Toll Road), 2.3 miles from Exit 46A on I-495, and two miles from Tysons Corner. The office is also 2.5 miles and 3.1 miles from the Tysons Corner and Vienna metro stations, respectively. There is an abundance of parking on site for patients, with numerous handicapped spaces located nearest to the building.

The Fairfax Connector bus service runs multiple routes daily to the Maple Avenue-Beulah Road and Maple Avenue-East Street stops, including from the Tysons Corner and Vienna Metro Stations, at times consistent with Carient's office hours. Either stop may be reached via Route 463: Maple Avenue-Vienna or Route 467: Dunn Loring-Tysons. The Beulah Road and East Street bus stops are 0.1 miles and 0.3 miles from Carient's Vienna office, respectively. Please see Attachment II.C.3 - Visual Representation of the Ease of Access of the Facility.

- (4) Relate the size, shape, contour and location of the site to such problems as future expansion, parking, zoning and the provision of water, sewer and solid waste services.

There are no anticipated problems pertaining to future expansion, parking, zoning, and the provision of water, sewer, and solid waste services.

Carient's proposed Cardiac PET/CT scanner will be located in an existing two-story, medical office building containing approximately 6,796 square feet of space. The leased space is located on the first floor and measures approximately 3,398 square feet. The building is zoned for medical use and has 50 public parking spaces available.

The building is already serviced by all necessary utilities, including water, sewer, and solid waste services. The project will not increase demand on these services.

- (5) If this proposal is to replace an existing facility, specify what use will be made of the existing facility after the new facility is completed.

Not applicable.

- (6) Describe any design features which will make the proposed project more efficient in terms of construction costs, operating costs, or energy conservation.

The CT portion of the current PET-CT camera would be utilized to perform Coronary Artery Calcium Scoring without the need for new resources.

- D. Describe and document in detail how the facility will be provided with water, sewer and solid waste services. Also describe power source to be used for heating and cooling purposes. Documentation should include, but is not limited to:

- (1) Letters from appropriate governmental agencies verifying the availability and adequacy of utilities,
- (2) National Pollution Discharge Elimination System permits,

- (3) Septic tank permits, or
- (4) Receipts for water and sewer connection and sewer connection fees.

Not applicable due to prior existence. The current PET-CT scanner is located within a 6,796 square foot medical office building. This building is already serviced by all necessary utilities, including water, power, and gas.

E. Space tabulation – (show in tabular form)

- 1. If Item #1 was checked in II-B, specify:
 - a. The total number of square feet (both gross and net) in the proposed facility.
 - b. The total number of square feet (both gross and net) by department and each type of patient room (the sum of the square footage in this part should equal the sum of the square footage in (a) above and should be consistent with any preliminary drawings, if available).

Not applicable as the current site will not be modified.

- 2. If Item #2 was checked in II-B, specify:
 - a. The total number of square feet (both gross and net) by department and each type of patient room in the existing facility.
 - b. The total number of square feet (both gross and net) to be added to the facility.
 - c. The total number square feet (both gross and net) to be remodeled, modernized, or converted to another use.
 - d. The total number of square feet (both gross and net) by department and each type of patient room in the facility upon completion. (The sum of square footage in this part should equal the sum of the square footages in parts (a) and (b) above and should be consistent with any preliminary drawings, if available. (The department breakdown should be the same as in (a) above.)

Not applicable.

- 3. Specify design criteria used or rationale for determining the size of the total facility and each department within the facility.

The rationale for designing the space as it is currently utilized was based on the requirements of the scanner, the guidelines provided by the manufacturer, and compliance with applicable codes. The space allocated for the camera and control room is approximately 435 sq. ft.

F. Attach a plot plan of the site which includes at least the following:

- 1. The courses and distances of the property line.
- 2. Dimensions and location of any buildings, structures, roads, parking areas, walkways, easements, right-of-way or encroachments on the site.

See Attachment II.F - General Plot Plan of Site

- G. Attach a preliminary design drawing drawn to a scale of not less than 1/16"-1'0" showing the functional layout of the proposed project which indicates at least the following:

Not applicable as no modifications will be made to the current site.

1. The layout of each typical functional unit.
2. The spatial relationship of separate functional components to each other.
3. Circulatory spaces (halls, stairwells, elevators, etc.) and mechanical spaces.

- H. Construction Time Estimates

Not applicable as no modifications will be made to the current site.

1. Date of Drawings: Preliminary _____ Final _____
2. Date of Construction: Begin _____ Completion _____
3. Target Date of Opening: _____

SECTION III

SERVICE DATA

- A. In brief narrative form describe the kind of services now provided and and/or the kind of services to be available after completion of the proposed construction or equipment installation.

Our facility currently provides Cardiac PET CT imaging, which combines positron emission tomography (PET) and computed tomography (CT) to assess myocardial perfusion and viability. Under our current COPN, the CT component is used in conjunction with PET imaging for cardiac assessments.

With the proposed addition of Coronary Artery Calcium (CAC) Scoring, we seek to utilize the CT component of our existing PET-CT system independently for cardiovascular risk assessment. CAC Scoring is a non-invasive, highly reliable method for detecting and quantifying coronary artery calcification, a key marker of subclinical atherosclerosis. Unlike traditional risk assessments that rely on factors such as cholesterol levels and blood pressure, CAC Scoring provides direct visualization of arterial plaque, allowing for more precise risk stratification, early intervention, and improved patient management.

This expansion will not require new construction or additional equipment purchases, as we will leverage our current PET-CT system to perform CAC Scoring. Additionally, CAC Scoring does not impose financial burdens on state insurance programs, as it is an out-of-pocket service for patients, with a modest, fixed fee that enhances accessibility while supporting proactive cardiovascular care.

By incorporating CAC Scoring, we aim to provide a cost-effective, evidence-based tool for early cardiovascular disease detection, ultimately improving patient outcomes while maintaining efficient use of existing healthcare resources.

- B. Describe measures used or steps taken to assure continuity of care.

The qualified physicians who interpret the studies will be able to communicate results electronically or by phone for referring physicians which would be especially useful in critical cases.

A copy of the medical record will be provided to the referring physician along with other providers as needed. Carient will provide copies of final reports and medical records to providers as necessary for appropriate follow-up and continuity of care as permitted by applicable health records and privacy laws. Carient Heart & Vascular has a policy of dictating and sending all referring physicians a copy of the nuclear report within 48 hours of the patient's testing.

- C. What procedures are utilized in quality care assessment?

Carient has implemented a comprehensive quality care assessment process to ensure excellence in patient care. Our imaging modalities are accredited by the Intersocietal Accreditation Commission (IAC), which sets rigorous standards for facilities performing nuclear cardiology, nuclear medicine, and PET imaging. IAC accreditation serves as an industry benchmark, demonstrating our commitment to maintaining high-quality patient care. Our Cardiac PET program is included in this

accreditation, and we consistently perform ongoing quality assurance to uphold IAC standards and maintain our accreditation status.

In addition to accreditation, Carient has established robust policies and procedures for quality control testing, ensuring adherence to appropriate use criteria. With over 10,000 Cardiac PET imaging procedures performed, we continue to provide individualized, compassionate care to every patient. Our nuclear technologists hold NMTCB certifications, reinforcing our commitment to clinical excellence.

Over the past five years, Carient has built a strong track record of delivering high-quality imaging at a lower cost while maintaining an outstanding patient experience. Our experience with Cardiac PET has resulted in significantly improved diagnostic accuracy for coronary artery disease compared to SPECT imaging, further supporting our dedication to high-quality, patient-centered care.

- D. Describe the plan for obtaining additional medical, nursing and paramedical personnel required to staff the project following completion and identify the sources from which such personnel are expected to be obtained.

Carient plans to utilize existing personnel and does not anticipate the need to hire additional staff for the proposed Coronary Artery Calcium Scoring tests.

- E. Facilities and Services to be Provided (Check)

	<u>Existing</u>	<u>This Project To be Added</u>	<u>This Project to be Discontinued</u>
1. Outpatient Surgery	_____	_____	_____
2. Post Operative Recovery Room	_____	_____	_____
3. Pharmacy with full-time pharmacists part-time pharmacists	_____ _____	_____ _____	_____ _____
4. Diagnostic Radio- logical Services x-ray radioisotope CT scanning	_____ X _____	_____ X _____	_____ _____ _____
5. Therapeutic Radio- logical Services Specify Source(s) or Type(s) or Equipment Used	_____ _____	_____ _____	_____ _____
6. Clinical Pathology Laboratory	_____	_____	_____

7.	Blood Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Electroencephalo- graphy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Electrocardiography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Ultrasonography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Respiratory Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Renal Dialysis chronic outpatient home dialysis training	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13.	Alcoholism Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Drug Addiction Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Physical Therapy Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Occupational Therapy Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Medical Rehabilitation outpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Psychiatric Service outpatient emergency service	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
19.	Clinical Psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Outpatient Emergency Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Social Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Family Planning Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Genetic Counseling Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Abortion Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Pediatric Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Obstetric Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | | |
|-----|------------------------------|-------------------------|-------|-------|
| 27. | Gynecological Service | _____ | _____ | _____ |
| 28. | Home Care Service | _____ | _____ | _____ |
| 29. | Speech Pathology Service | _____ | _____ | _____ |
| 30. | Audiology Service | _____ | _____ | _____ |
| 31. | Paramedical Training Program | _____ | _____ | _____ |
| 32. | Dental Service | _____ | _____ | _____ |
| 33. | Podiatric Service | _____ | _____ | _____ |
| 34. | Pre-Admission Testing | _____ | _____ | _____ |
| 35. | Pre-Discharge Planning | _____ | _____ | _____ |
| 36. | Multiphasic Screening | _____ | _____ | _____ |
| 37. | Other (Identify) | | | |
| | Office Based Lab | <u> X </u> | _____ | _____ |

F. Program

1. Is (will) this outpatient facility (be) a department, unit or satellite of a hospital?
 _____ Yes (Give name of hospital) _____
 X No

2. Is this outpatient facility affiliated with or does it have a transfer agreement with a hospital?
 _____ Yes (Give name of hospital) _____
 X No (**Not applicable**)

3. Is (will) there (be) an arrangement whereby medical records can readily be transferred between this outpatient facility and an inpatient facility (ies)?

 X Yes (give name of facility)

We send medical record requests electronically via fax through our EMR to all of the local hospital systems – UVA Health Prince William Medical Center, UVA Health Haymarket Medical Center, Inova Health System, Sentara Northern Virginia Medical Center, Reston Hospital Center, Fauquier Health

 No

4. Outpatient services are (will be) available from 7:00 a.m. to 5:00 p.m. 6 days of week.

5. Does (will) the facility operate scheduled clinics?

 X Yes (Attach clinic schedule list)

Carient has a daily schedule for Cardiac PET-CT patients, generally in accordance with the below chart. If Coronary Artery Calcium Scoring is added, they would be added at the end of the day as shown below.

MANASSAS					
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1st PET-CT Patient 6:40 AM	1st PET-CT Patient 6:40 AM	1st PET-CT Patient 6:40 AM	1st PET-CT Patient 6:40 AM	1st PET-CT Patient 6:40 AM	1st PET-CT Patient 6:40 AM
Appointments every 40 minutes	Appointments every 40 minutes	Appointments every 40 minutes	Appointments every 40 minutes	Appointments every 40 minutes	Appointments every 40 minutes
Last PET-CT Patient 4:00 PM	Last PET-CT Patient 4:00 PM	Last PET-CT Patient 4:00 PM	Last PET-CT Patient 4:00 PM	Last PET-CT Patient 4:00 PM	Last PET-CT Patient 4:00 PM
CACS 4:30, 4:15, 5:00	CACS 4:30, 4:15, 5:00	CACS 4:30, 4:15, 5:00	CACS 4:30, 4:15, 5:00	CACS 4:30, 4:15, 5:00	CACS 2:45, 3:00, 3:15

VIENNA				
Monday	Tuesday	Wednesday	Thursday	Friday
1st PET-CT Patient 6:40 AM		1st PET-CT Patient 6:40 AM		1st PET-CT Patient 6:40 AM
Appointments every 45 minutes		Appointments every 45 minutes		Appointments every 45 minutes
Last PET-CT Patient 4:00 PM		Last PET-CT Patient 4:00 PM		Last PET-CT Patient 4:00 PM
CACS 4:30, 4:15, 5:00		CACS 4:30, 4:15, 5:00		CACS 4:30, 4:15, 5:00

 No

6. Are there other organized outpatient services in your primary service area?

 X Yes No

7. The outpatient facility is (will be) staffed:
- (a) Only by physicians on call: _____ Yes _____ No
- (b) By full time physicians: _____ **X** _____ Yes _____ No
- (c) By physicians who limit their practice to this outpatient service? _____ Yes _____ No
8. State specifically any limitations or restrictions for participation in the services of the facility.

Carient foresees no restrictions for participation in the service, unless the patient does not exhibit the clinical indication supporting the medical necessity for the testing.

Clinical limitations include patient body habitus, inability to fit in the camera gantry. Patients who do not meet appropriate use criteria will have limitations in participating in the services.

See Attachment III.F - Clinical Indication and Appropriate Use Criteria

- G. Please provide historical and/or project utilization statistics for the facility including number of patients, number of patient visits and number of patient services.

SERVICE VOLUME	2023	2024
New Patient	10,757	11,745
Office Visit, Tele & VV	52,041	58,550
SPECT	1,248	1,329
PET-CT	4,302	4,549
Echo/S.Echo	13,629	14,780
ETT	1,074	1,585
Vascular	8,786	8,759

- H. Staffing of Existing and/or Proposed Facility

In the following categories, indicate the number of full time equivalent personnel (at least 35 hours per week).

Carient has 194 staff members across the practice. This includes twenty (20) medical doctors, fifteen (15) advanced practice providers, four (4) registered nurses, sixty-one (61) clinical staff (licensed practical nurses, medical assistants, Cardiac Device Technicians, Telemetry Technicians, Clinical Research Coordinators, Phlebotomist, Scribes, Clinical Techs, Cath Lab Techs), seventeen (17) echo/vascular technologists, five (5) full-time radiologic technologists and several administrative staff.

Carient's Manassas office has Forty-Nine (49) staff members. This includes seven (7) providers (physicians and nurse practitioners), two (2) scribes, eleven (11) nursing staff, two (2) echo technologists, two (2) Vascular Sonographers, three (3) radiologic technologists (NUC), two (2) stress technologists, one (1) Phlebotomist, six (6) clinical research, three (3) schedulers, two (2) authorization specialists, one (1) Medical Records specialist, two (2) administration, and five (5) front desk/receptionists. As reflected in table below, no additional staff are needed to staff Carient's proposed project.

Carient's Vienna office has thirteen (13) staff members. This includes three (3) providers (physicians and nurse practitioners), one (1) scribe, three (3) nursing staff, one (1) echo technologist, one (1) radiologic technologist (NUC), one (1) stress technologist, one (1) Vascular Sonographer and two (2) front desk/receptionists. As reflected in table below, no additional staff are needed to staff Carient's proposed project.

	<u>Current</u>	<u>Additional</u>	<u>Needed</u>
	<u>Full Time</u>	<u>Vacant Positions</u>	<u>Full Time</u>
			<u>TOTAL</u>
Total number of Full-time staff	13		
Administration-Business Office			
Registered Nurses			
Licensed Practical Nurses, Nurses Aides, Orderlies/Attendants	3		
Registered Medical Records Librarian			
Registered Pharmacists			
Laboratory Medical Technologists			
ADA Dieticians			
Radiologic Technologists			
Occupational Therapists			
Physical Therapists			
Psychologists			
Psychiatric Social			

Workers	_____	_____	_____	_____
Recreational Therapists	_____	_____	_____	_____
Inhalation Therapists	_____	_____	_____	_____
Medical Social Workers	_____	_____	_____	_____
Other Health Professionals, Identify				
Scribes	1 _____	_____	_____	_____
Front Desk/ Receptionists	2 _____	_____	_____	_____
Authorization Specialists	_____	_____	_____	_____
Schedulers	_____	_____	_____	_____
Phlebotomist	_____	_____	_____	_____
NP and PA	1 _____	_____	_____	_____
Sonographers	2 _____	_____	_____	_____
Nuclear/Stress Lab	2 _____	_____	_____	_____
Research	_____	_____	_____	_____

All Other Personnel (Exclude Physicians and Dentists)

- I. Present a plan for obtaining all additional personnel required to staff the project following completion and identify the sources from which such personnel are expected to be obtained.

No additional staff will be needed.

- J. Describe the anticipated impact that the project will have on the staffing of other facilities in the service area.

Carient anticipates no impact on staffing in other facilities since we will not need to hire any additional staff for this project.

- K. Attach the following information or documents:

1. Copy of most recent licensing report from State Agency (existing facilities, excluding public health centers).

See Attachment III.K.1 - RAM licensure

2. Current accreditation status and copy of latest accreditation report from Joint Commission on Accreditation of Hospitals (existing facilities excluding public health centers).

See Attachment III.K.2 - IAC Accreditation License

3. Roster of medical staff (existing facilities). Indicate their specialty, Board Certification, Board eligibility and staff privileges (active, associate, etc.).

See Attachment III.K.3 - Medical Staff Roster

4. Copies of letters of commitment or statement of intent from physicians indicating they will staff the proposed new facility or service upon completion (existing and proposed facilities).

See Attachment III.K.4 – Statement of Intent

SECTION IV PROJECT JUSTIFICATION AND IDENTIFICATION OF COMMUNITY NEED

A. Please provide a comprehensive narrative description of the proposed project.

OVERVIEW OF THE PROJECT

We are seeking approval to establish a Coronary Artery Calcium (CAC) Scoring service within our facility. CAC scoring is a non-invasive, low-dose CT scan that detects and quantifies calcified plaque in the coronary arteries. This diagnostic tool is instrumental in assessing the risk of coronary artery disease (CAD), facilitating early intervention, precise risk stratification, and enhanced patient outcomes.

PROJECT JUSTIFICATION

Heart disease continues to be the leading cause of death in the United States, with CAD as a major contributor. Traditional risk assessment models, such as cholesterol levels and blood pressure measurements, often do not fully capture an individual's cardiovascular risk. CAC scoring provides direct, quantifiable evidence of coronary atherosclerosis, enabling physicians to tailor preventive and therapeutic strategies more effectively.

According to major global guidelines, CAC scoring is particularly recommended for asymptomatic individuals aged over 40 who are at intermediate risk, as it can significantly influence management decisions. For instance, a CAC score of zero may lead to downgrading risk and withholding statin therapy, while a score above 100 suggests the initiation of statins.

By integrating CAC scoring into our practice, we aim to improve accessibility, reduce healthcare disparities, and ensure that high-risk patients receive timely evaluations.

SCOPE OF SERVICES

The proposed project will establish a dedicated CAC Scoring service within our imaging department. The service will:

- Utilize a low-dose CT scanner optimized for coronary calcium assessment.
- Be operated by certified technologists, with images interpreted by trained cardiologists.
- Be available to our patients for risk assessment and early detection of CAD.
- Provide rapid interpretation and reporting to referring providers, ensuring timely clinical decision-making.

EQUIPMENT AND FACILITY REQUIREMENTS

We plan to utilize the CT component of our existing PET-CT scanner to perform CAC scoring, thereby leveraging current equipment without the need for additional resources. Dedicated scheduling slots will be allocated to reduce wait times and enhance patient convenience.

The implementation of CAC scoring requires minimal staff training and workflow integration. The long-term benefits, including early detection of CAD, can lead to significant reductions in hospital admissions, emergency interventions, and long-term treatment expenses.

The demand for CAC scoring has been increasing due to growing awareness of its benefits among physicians and patients. Many individuals seeking proactive cardiac screening would benefit from a local, convenient option.

ALIGNMENT WITH COMMUNITY NEEDS AND COPN CRITERIA

This project aligns with value-based care initiatives, emphasizing prevention rather than reactive treatment. While not universally covered by insurance, CAC scoring is cost-effective, particularly in patients at intermediate risk, where the results can guide more personalized treatment decisions and reduce the need for more expensive interventions down the line. It is an out-of-pocket service for patients with a modest fixed fee.

The establishment of a CAC Scoring service aligns with public health priorities by:

- Addressing an unmet need for accessible, non-invasive cardiac risk assessment.**
- Reducing cardiovascular morbidity and mortality through early detection and preventive care.**
- Enhancing the continuum of care within our cardiology network by offering a seamless diagnostic pathway for patients at risk of CAD.**

CONCLUSION

In summary, our proposed CAC Scoring service will fill a critical gap in preventive cardiology, providing accessible, cost-effective, and potentially life-saving diagnostic capabilities to our community. This initiative will enhance early detection efforts, support evidence-based cardiovascular risk management, and ultimately reduce the burden of CAD on both patients and the healthcare system. We respectfully request approval to proceed with this project under the Certificate of Public Need (COPN) framework to better serve our patient population.

Golub, I, Termeie, O, Kristo, S. et al. Major Global Coronary Artery Calcium Guidelines. J Am Coll Cardiol Img. 2023 Jan, 16 (1) 98–117.
<https://doi.org/10.1016/j.jcmg.2022.06.018>

B. Identification of Community Need

- 1. Describe the geographic boundaries of the facility's primary service area. (Note: Primary service area may be considered to be geographic area from which 75% of patients are expected to originate.)**

The primary service area for Carient is the Northern Virginia area. While the PET-CT cameras that would be utilized for the CACS are located in Manassas and Vienna, patients from our other locations would utilize this service. We have locations in Woodbridge, Annandale, Vienna, Reston, Manassas, Warrenton, Haymarket, and Stafford.

2. Provide patient origin, discharge diagnosis or utilization data appropriate for the type of project proposed.

ICD-10	Common ICD-10 Diagnosis Codes- Cardiac PET (78492) with Supporting Medical Necessity
I20.0	Unstable Angina
I21.01	ST elevation (STEMI) myocardial infarction involving Left Main of coronary artery
I25.10	Atherosclerotic heart disease of native artery without angina pectoris
I42.0	Cardiomyopathy
I48.21	Chronic Atrial Fibrillation
R06.02	Shortness of Breath
R07.9	Chest Pain, Unspecified
R55.0	Syncope
R94.31	Abnormal Electrocardiogram
Z01.810	Encounter for preprocedural cardiovascular examination

- C. 1. Is (are) the service(s) to be offered presently being offered by any other existing facility(ies) in the Health Planning Region?

Yes.

2. If Yes,

- a. Identify the facility(ies).

Because this service is not a covered service, access to records as to current utilization are not available.

- b. Discuss the extent to which the facility(ies) satisfy(ies) the current demand for the service(s).

Currently, we believe access to calcium scoring in the area is limited, requiring patients to travel to facilities with dedicated cardiac CT programs. The integration of this service into an existing PET/CT unit will increase accessibility, particularly for individuals who may not seek specialty cardiac care but could benefit from early detection. This is especially relevant for middle-aged men and women without overt symptoms but who may still be at risk due to genetic, lifestyle, or undiagnosed metabolic factors.

- c. Discuss the extent to which the facility(ies) will satisfy the demand for services in five years.

Calcium scoring using CT technology is a fast, efficient, and non-invasive screening test that takes approximately 5-10 minutes per scan. Given the efficiency of the procedure and the existing PET/CT infrastructure, we anticipate having sufficient capacity to meet demand in the near term.

In the next five years, demand for calcium scoring is expected to grow due to several factors:

- **Aging Population & Increased Awareness:** As more individuals in their 40s and 50s become aware of the benefits of preventive cardiovascular screening, demand for calcium scoring will naturally increase.
- **Expanded Clinical Guidelines:** Recent research and evolving guidelines from the American College of Cardiology and the American Heart Association continue to support calcium scoring as a valuable risk stratification tool, leading to broader adoption by physicians and increased patient referrals.
- **Primary Care & Employer Wellness Programs:** As more primary care physicians and workplace wellness initiatives integrate calcium scoring into routine cardiovascular risk assessments, there will likely be a sustained increase in screening requests.
- **Advances in Insurance & Cost-Effective Pricing:** As insurers increasingly recognize the cost-saving benefits of early detection, coverage for calcium scoring may expand, removing financial barriers and further driving demand.

Given these factors, we believe the facility will have adequate capacity to handle projected growth over the next five years. However, if demand significantly increases beyond projections, we are prepared to expand capacity by either optimizing scheduling, adding dedicated CT time slots, and investing in additional imaging equipment as necessary to meet this demand.

- D. Discuss how project will fill an unmet need in the delivery of health care in the service area including, where applicable, geographic barriers to access.

The proposed project will fill an unmet need by providing low-cost, early detection of coronary artery disease (CAD) through calcium scoring using CT technology. CAD is a leading cause of heart attacks and sudden cardiac events, often in individuals who may not present with traditional risk factors. Calcium scoring allows for the identification of atherosclerosis at an early stage, enabling lifestyle modifications and medical interventions that can prevent more severe cardiovascular conditions.

Currently, access to calcium scoring in the Vienna area is limited, requiring patients to travel to facilities with dedicated cardiac CT programs. The integration of this service into an existing PET/CT unit will increase accessibility, particularly for individuals who may not seek specialty cardiac care but could benefit from early detection. This is especially relevant for middle-aged men and women without overt symptoms but who may still be at risk due to genetic, lifestyle, or undiagnosed metabolic factors.

By making calcium scoring available within the existing healthcare infrastructure, this project will address a gap in preventive cardiology and ensure that at-risk patients receive timely, cost-effective screening without the need for unnecessary referrals to higher-cost tertiary facilities.

- E. Discuss the consistency of the proposed project with applicable Regional Health Plan, State Health Plan, State Medical Facilities Plan, or other plans promulgated by State agencies.

The proposed project aligns with the goals of Virginia's State Medical Facilities Plan (SMFP) and Regional Health Plans, which prioritize access to preventive and diagnostic services to reduce long-term healthcare costs and improve population health outcomes.

Specifically, the Virginia SMFP emphasizes the need for accessible diagnostic imaging and cardiovascular screening services as a means to prevent chronic disease progression. Calcium scoring supports these objectives by identifying patients at risk for CAD before they develop symptomatic heart disease, thereby reducing the need for more expensive interventions such as emergency cardiac catheterization, bypass surgery, or intensive inpatient care.

Additionally, this project is consistent with the broader state and regional initiatives focused on enhancing cardiac care and reducing disparities in healthcare access. By offering calcium scoring through an existing PET/CT system, the project optimizes resource utilization, ensures cost-effective service delivery, and improves patient outcomes in line with state health objectives.

- F. Show the method and assumptions used in determining the need for additional beds, new services or deletion of service in the proposed project's service area.

The need for calcium scoring services in the Vienna area is based on multiple key indicators, including population demographics, prevalence of cardiovascular disease, and the current availability of comparable screening services.

i. Demographics and At-Risk Population

- **The Vienna region has a growing population of middle-aged adults, particularly men over 50, who are at increased risk for CAD.**
- **According to the CDC and American Heart Association, approximately one in three adults over the age of 45 has some degree of coronary artery calcification.**
- **The population of Northern Virginia is expanding, with a projected increase in the number of individuals at risk for cardiovascular disease over the next decade.**

ii. Existing Gaps in Service Availability

- **Currently, calcium scoring is not widely accessible in general diagnostic imaging settings in the Vienna area. Most patients must be referred to specialized cardiology centers, creating barriers in both cost and convenience.**
- **Patients without obvious cardiac symptoms may not be referred for calcium scoring, delaying early detection of cardiovascular disease.**

iii. Clinical and Economic Benefits

- **Calcium scoring is a well-documented, non-invasive tool for predicting cardiovascular risk and guiding preventive care strategies.**
- **Studies show that early detection through calcium scoring leads to a significant reduction in major cardiac events, lowering emergency department visits and hospitalizations.**

- **The availability of calcium scoring at a local PET/CT facility allows for cost-effective utilization of existing imaging infrastructure without the need for additional bed space or resource-intensive expansions.**

By incorporating calcium scoring into an established PET/CT service, this project meets a demonstrated need while maximizing efficiency, enhancing early diagnosis, and reducing the long-term burden of cardiac disease in the Vienna community.

G. Coordination and Affiliation with Other Facilities.

Describe any existing or proposed formal agreements or affiliations to share personnel, facilities, services or equipment. (Attach copies of any formal agreements with another health or medical care facility.)

Not applicable.

H. Attach copies of the following documents:

1. A map of the service area indicating:

See Attachment IV.H.1 - Location Map

- a. Location of proposed project.
 - b. Location of other existing medical facilities (by name, type (hospital, nursing home, outpatient clinic, etc.) and number of beds in each inpatient facility).
2. Any material which indicates community and professional support for this project; i.e. letter of endorsement from physicians, community organizations, local government, Chamber of Commerce, medical society, etc.

See Attachment IV.H.2 – Letters of Community Support

3. Letters to other area facilities advising of the scope of the proposed project.

Attachment IV.H.3 – Letters to Area Medical Facilities

SECTION V

FINANCIAL DATA

It will be the responsibility of the applicant to show sufficient evidence of adequate financial resources to complete construction of the proposed project and provide sufficient working capital and operating income for a period of not less than one (1) year after the date of opening:

- A. Specify the per diem rate for all existing negotiated reimbursement contracts and proposed contracts for patient care with state and federal governmental agencies, Blue Cross/Blue Shield Plans, labor organizations such as health and welfare funds and membership associations.

Per diem rates are not applicable to the project's reimbursement methodology.

- B. Does the facility participate in a regional program which provides a means for facilities to compare its costs and operations with similar institutions?

_____ Yes X No

If yes, specify program _____
Provide a copy of report(s) which provide(s) the basis for comparison.

- C. Estimated Capital Costs

No required capital costs for this project as the equipment is already installed and in use at the facility.

Please see "Instructions for Completing Estimated Capital Costs" Section of the Certificate of Need application for detailed instructions for completing this question (attached)

Part I – Direct Construction Costs – Not Applicable

1.	Cost of materials	\$ <u> 0 </u>
2.	Cost of labor	\$ <u> 0 </u>
3.	Equipment included in construction contract	\$ <u> 0 </u>
4.	Builder's overhead	\$ <u> 0 </u>
5.	Builder's profit	\$ <u> 0 </u>
6.	Allocation for contingencies	\$ <u> 0 </u>
7.	Sub-total (add lines 1 thru 6)	\$ <u> 0 </u>


- F. Describe in detail the proposed method of financing the proposed project, including the various alternatives considered. Attach any documents which indicate the financial feasibility of the project. – **Not Applicable**
- G. Describe the impact the proposed capital expenditure will have on the cost of providing care in the facility. Specify total debt service cost and estimated debt service cost per patient day for the first two (2) years of operation. (Total debt service cost is defined as total interest to be paid during the life of the loan (s). Estimate debt service cost per patient day by dividing estimated total patient days for year one into amount of debt service for that year. Repeat for year two.) Please attach an amortization schedule showing how the proposed debt will be repaid. – **Not Applicable**
- H. Attach a copy of the following information of documents. – **Not Applicable**
1. The existing and/or proposed room rate schedule, by type of accommodation.
 2. The audited annual financial statements for the past two (2) years of the existing facility or/if a new facility without operating experience, the financial state of the owner (s). Audited financial statements are required, if available.
 3. Copy of the proposed facility's estimated income, expense and capital budget for the first two years of operation after the proposed project is completed.

SECTION VI ASSURANCES

I hereby assure and certify that:

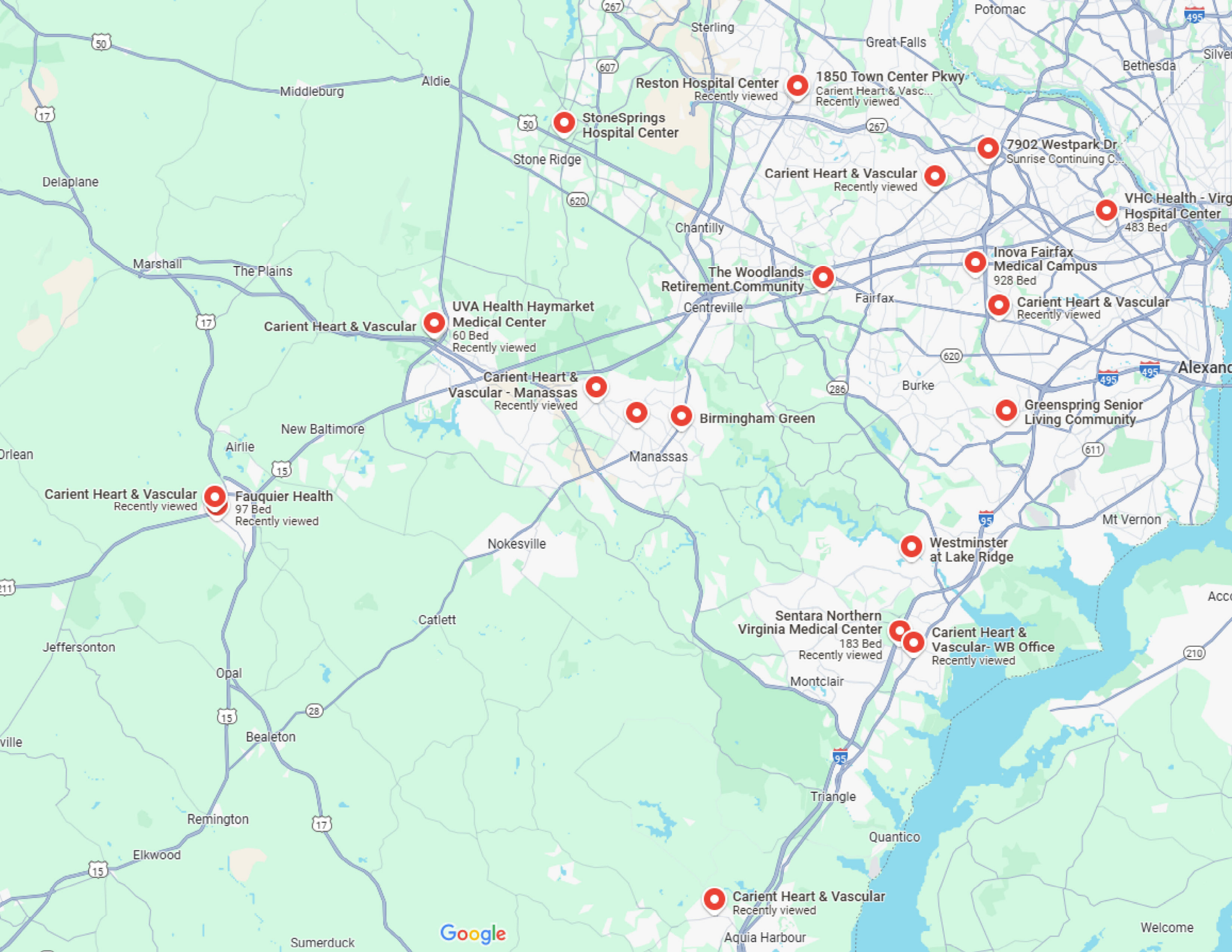
- a. The work on the proposed project will be initiated within the period of time set forth in the Certificate of Public Need; and
- b. completion of the proposed project will be pursued with diligence; and
- c. the proposed project will be constructed, operated and maintained in full compliance with all applicable local, State and Federal laws, rules, regulations and ordinances.

I hereby certify that the information included in this application and all attachments are correct to the best of my knowledge and belief and that it is my intent to carry out the proposed project as described.

Signed by:	
	8100 Ashton Avenue
Signature of Authorizing Officer	Address – Line 1
Merdod Ghafouri, DO	Suite 200
Type/Print Name of Authorizing Officer	Address – Line 2
President	Manassas, VA 20109
Title of Authorizing Officer	City/State/Zip
571-581-1771	3/27/2025
Telephone	Date

Copies of this request should be sent to :

- A. **Virginia Department of Health
Division of Certificate of Public Need
9960 Mayland Drive – Suite 401
Henrico, Virginia 23233**
- B. **The Regional Health Planning Agency if one is currently designated by the Board of Health to serve the area where the project would be located.**





Responses to Completeness Questions

COPN Request No. VA-8814

Carient Heart & Vascular, LLC Planning District 8

Introduce CT imaging for calcium scoring using the CT portion of the PET/CT

Supplemental Questions / Discussion Points

Consolidated List of Questions with Health Systems Agency of Northern Virginia (HSANV)

*The following questions are keyed to the **Roman numeral sections** and **letter and number-designated subsections** of the Certificate of Public Need (COPN) application form. Questions are further identified by a **number in parentheses** when there is more than one question for a particular subsection of the application form.*

SECTION I: FACILITY ORGANIZATION AND IDENTIFICATION

I.G.c. Please identify US Health Virginia (Rockville, MD) and the relationship between Carient and US Health.

Answer: US Health Virginia, LLC is the sole owner of Carient Heart & Vascular, LLC. US Health Partners, LLC is the national holding company for operations.

SECTION II: ARCHITECTURE AND DESIGN

II. H. 3. Please confirm that the target date of opening is immediately on receipt of the certificate.

Answer: As soon as approval is received from DCOPN, our nuclear medicine techs will submit their applications for Limited Radiologic Technologist with Virginia Department of Health Board of Medicine. Their current education meets the requirements for Limited Radiologic Technologist, and once they have received authorization from the board, they will take the AART exam.

The FAQ section on the Board of Medicine Website (link below), states: "Question: May I take x-rays under the supervision of a licensed physician without a radiologic technologist-limited license? Answer: Only if you have submitted an application and received authorization for training from the board." While they are completing the licensure requirements, they will be able to perform the CACS testing.
<https://www.dhp.virginia.gov/Boards/Medicine/AbouttheBoard/RegulatedProfessions/RadiologicTechnology/>.

SECTION III: SERVICE DATA

III. A. Please provide the proposed charge for calcium scoring cases/procedures.

Answer: \$95 per patient.

Will charity care policies and practices apply to calcium scoring patients? Please explain.

Answer: Yes, Carient will follow the same Charity Care guidelines and expectations that were a condition of approval for the PET camera (COPN VA-04825, Indefinite Extension Pending). Carient currently has partnerships with Prince William Free Clinic, Fauquier County Free Clinic, Greater Prince William Health

Center, Sentara Mobile Charities, Mother of Mercy Free Medical Clinic, and Culmore Clinic to provide charity care.

III. F. 5. Should the 4:15 time listing in the calcium scoring schedule in the appointments be 4:45 p.m.?

Answer: Yes, the 4:15 time listed in the calcium scoring schedule was a typo and should be 4:45 p.m.

III. G. Volumes appear to include both the Vienna and Manassas sites. Please provide 2023 and 2024 service volumes separately for the Manassas site.

Answer: The chart below breaks out the SPECT Volume at all four locations and the PET volume at Manassas and Vienna.

SPECT per Location	2023	2024
Manassas	689	677
Vienna	245	314
Woodbridge	277	265
Warrenton	37	73
TOTAL	1248	1329
PET per Location		
Manassas	3759	3467
Vienna	543	1082
TOTAL	4302	4549

SECTION IV: PROJECT JUSTIFICATION AND IDENTIFICATION OF COMMUNITY NEED

No questions.

SECTION V: FINANCIAL DATA

V. H. 3. Please provide the facility's estimated income, expense and capital budget for the first two years of operation after the proposed project is completed.

Carient Calcium Score P&L

Revenue

Annual Volume

Y1	600	50 combined per month
Y2	600	50 combined per month

Annual Volume Location Mix

Manassas	70%
Vienna	30%

Revenue per Unit (CPT 75771 Medicare Allowable)

Manassas	\$97	Novitas 2025 Allowable (Global)
Vienna	\$115	Palmetto 2025 Allowable (Global)

Effective Revenue per Unit \$103

Patient Cash Pay Rate \$95.00

Total Annual

	Year	Year 2
Revenue	\$57,000 to \$61,800	\$57,000 to \$61,800
Charity Care	(\$3,300)	(\$3,300)
Operating Expenses	-	-
One Time Expense	(2,760)	
Profit (Loss)	\$50,940 to \$55,740	\$53,700 to \$58,500

Notes:

Revenue: We have provided a range based on patient cash pay and Medicare. \$57,000 based on 600 procedures at a patient cash pay rate of \$95 \$61,800 based on 600 procedures at an effective unit rate of \$103

Charity Care: 5% of Revenue

Operating Expenses: No incremental expenses to operate the existing PET/CT

One Time Expenses: Application and technologist certifications